Goodwood Court Dental Surgery

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Inspection Report

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Overall summary

We carried out this unannounced inspection on 19 July 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

Goodwood Court Dental Surgery is in Hove, East Sussex and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces for blue badge holders are available outside the practice.

Summary of findings

The dental team includes the principal dentist, one dental nurse and one trainee dental nurse who performs a dual role as receptionist. The practice has one treatment room.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with the principal dentist. Neither the dental nurse, nor the trainee dental nurse were present during the inspection but were contacted via telephone. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Friday from 8.30am to 5.30pm
- Saturday from 9am to 1pm (one Saturday a month by appointment only)

Our key findings were:

- The practice was providing preventive care and supporting patients to ensure better oral health.
- The practice required improvements to ensure that it appeared clean and well maintained.
- The practice had infection control procedures although we noted that the storage of dental instruments did not always reflect published guidance.
- The practice staff had some safeguarding processes although we noted that not all staff had received training in safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures although improvements were required to ensure that documentation for each staff member reflected the information specified in Schedule 3 of the Health and Social Care Act 2008.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect although improvements were required to ensure that staff took care to protect their personal information.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk although improvements were required to ensure that these were always kept updated.
- The practice staff had some safeguarding processes although we noted that not all staff had received training in safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures although improvements were required to ensure that documentation for each staff member reflected the information specified in Schedule 3 of the Health and Social Care Act 2008.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect although improvements were required to ensure that staff took care to protect their personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had undergone a change in management and was working to develop effective leadership and a culture of continuous improvement.
- Staff felt involved and supported.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

There were areas where the provider could make improvements. They should:

- Review the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.
- Review the practice's storage of dental care records to ensure they are stored securely.

Summary of findings

- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice was reviewing its systems and processes to ensure that these effectively enabled the practice to provide safe care and treatment. The practice used learning from incidents and complaints to help them improve.

Not all staff had received training in safeguarding although we received information that training had been provided following the inspection.

Staff were qualified for their roles although improvements were required to ensure that the practice completed essential recruitment checks.

The treatment room was clean but cluttered. Improvements were required to ensure that the reception and waiting area was clean and decluttered. Equipment was properly maintained. The practice did not always follow national guidance for cleaning, sterilising and storing dental instruments although improvements were made following the inspection.

The practice had arrangements for dealing with medical and other emergencies and medicines and equipment were present as specified in national guidance.

Are services effective?

No action

We found that this practice was providing effective care in accordance with the relevant regulations.

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice was reviewing its systems to ensure that staff were supported to complete training relevant to their roles, and the systems to help them monitor this were effective.

Are services caring?

No action

We found that this practice was providing caring services in accordance with the relevant regulations.

The practice had systems in place to identify patients with specific needs such as those patients who were anxious about visiting the dentist or those with specific mobility impairments.

We saw that staff protected patients' privacy and helped patients to be involved in decisions about their care.

Summary of findings

Are services responsive to people's needs?

No action

We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice understood the needs of the local population and the practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

The practice provided facilities for disabled patients and families with children. The practice had access to interpreter services.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

Requirements notice 

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The practice had some arrangements to ensure the smooth running of the service although improvements were required to ensure that all risks were identified and actions taken to mitigate the risks were discussed with staff and documented.

Staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly typed. Improvements were required to ensure that patients' information was always kept securely.

The practice monitored some clinical areas of their work to help them improve and learn although we noted that audits of radiographs had not been undertaken. The practice asked for and listened to the views of patients and staff.

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

The practice had clear systems to keep patients safe.

The principal dentist knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Not all staff had received safeguarding training.

There was a system to highlight vulnerable patients on records, for example, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. We looked at all staff recruitment records. Improvements were required to ensure that all necessary documentation was available for all staff. For example, we identified missing documentation in the form of references, identification and qualification certificates.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. Improvements were required to ensure that the practice carried out radiography audits every year in order to follow current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

The practice had current employer's liability insurance.

There were systems to assess, monitor and manage risks to patient safety although that some practice health and safety policies and procedures required updating.

We looked at the practice's arrangements for safe dental care and treatment. A sharps risk assessment had been undertaken although we noted that improvements were required to ensure that staff followed relevant safety regulation when using needles and other sharp dental items.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

The dentist knew how to respond to a medical emergency although we found that not all staff had completed training in emergency resuscitation and basic life support (BLS) every year. Staff were booked onto a course to receive this training following the inspection.

Emergency equipment and medicines were available as described in recognised guidance.

On the day of the inspection the dentist was working alone and we were told that patients were frequently seen without the presence of chairside support; a requirement of the GDC standards for the Dental Team. A lone worker risk assessment was in place but this did not adequately

Are services safe?

address how patients would be appropriately supported in the absence of chairside support. We brought this to the attention of the provider who told us that patients would not be seen without the presence of a dental nurse or trainee dental nurse.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures although improvements were required to ensure that these followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Not all staff had completed infection prevention and control training.

The practice had arrangements for transporting, cleaning, checking and sterilising instruments in line with HTM01-05. However, we noted that a bur brush was being used to clean instruments which is not advised as it can cause surface abrasion to the instrument. We found drawers which contained undated and open wrapped instruments so that it was not possible to determine when the instruments had been sterilised. We also found instruments which had passed their sterility date.

The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. We saw evidence that improvements had been made to ensure that logs of the checks on the sterilising equipment were being completed as required by national guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. We noted that improvements were required to ensure that these were followed and that all surfaces were decluttered, dust free, floorings were cleaned and that this was monitored.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice had carried out infection prevention and control audits twice a year but the systems in place were ineffective in that the required standards had not been maintained.

We brought these findings to the attention of the provider who took immediate action to reduce the risks. The practice was deep-cleaned, clutter was removed and staff received training in infection prevention and control.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, and legible. Improvements were required to ensure that patient information was kept securely and complied with General Data Protection Regulation (GDPR) requirements and not left lying unattended where members of the public could access it.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice did not store and keep records of NHS and private prescriptions as described in current guidance. Prescription pads were not stored securely but in unlocked drawers in surgeries.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety

Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues although we noted that some required updating.

Are services safe?

There were adequate systems for monitoring safety incidents and reviewing when things went wrong. All incidents were investigated and documented. The practice discussed incidents with the rest of the dental practice team and took necessary actions to improve safety and prevent such occurrences happening again. This helped the practice to understand risks and gave a clear, accurate and current picture that led to safety improvements.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw that the dentist assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice had access to an intra-oral camera, radiograph images and clinical photographs to enhance the delivery of care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

Staff new to the practice had a period of induction although improvements were required to ensure that staff were inducted into the decontamination procedures carried out at the practice. Staff had the skills, knowledge and experience to carry out their roles. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

As staff were new to the practice appraisals had not yet been undertaken. We were told that these would be completed annually. We saw evidence that staff had received clinical supervision and issues with performance had been addressed appropriately.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Are services effective?

(for example, treatment is effective)

The practice had systems and processes to identify and manage patients when presenting with bacterial infections. This involved managing patients' symptoms and completing treatment as required.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals on a weekly basis to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

The practice displayed various information, for example, information on NHS charges and private fees and complaints. Information leaflets on oral health were available for patients to read.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the patient waiting area provided limited privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screen was not visible to patients. We noted that patients' personal information was left unattended and visible to other patients. We brought this to the attention of the provider who removed the information immediately.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. Whilst the practice had not come across any situations where patients were unable to access and understand information given by the practice, they were reviewing the requirements of the Accessible Information Standards. Staff told us that they would review the format of information in order to meet patient's specific needs.

Staff communicated with patients in a way that they could understand. Interpretation services were available for patients who did not have English as a first language. Staff in the practice also spoke Urdu and Hindi.

The practice gave patients clear information to help them make informed choices. The dentist described to us the methods they used to help patients understand treatment options discussed. These included, for example, models, clinical photographs, radiograph images and an intra-oral camera. The intra-oral cameras enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice took account of patients' needs and preferences in organising and delivering services.

The practice had completed a Disability Access Audit and had made reasonable adjustments for patients with disabilities. This included step free access and an accessible toilet with hand rails and a call bell.

Staff were clear on the importance of emotional support needed by patients when delivering care. For example, staff at the practice recognised when nervous patients needed additional emotional support. Patients would be given extra time during appointments to facilitate meaningful conversations and would be given multiple appointments to ensure that treatment plans were understood and patients' felt supported.

Staff told us that they telephoned and/or emailed all patients on the morning of their appointment to make sure they could get to the practice.

Staff told us that patients were telephoned following complex or lengthy treatments to review their wellbeing.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

Staff told us that patients who requested an urgent appointment were seen the same day. Staff told us that they worked flexibly, for example, providing appointments earlier in the day and later in the evening to accommodate patients' needs.

The practice displayed its opening hours on their website and in their information leaflet.

Patients needing emergency dental treatment when the practice was not open were seen by the local emergency dental service. The practice answerphone provided telephone numbers for patients to contact.

Listening and learning from concerns and complaints

The principal dentist was responsible for dealing with complaints. The practice had received no complaints over the previous 12 months but told us that they would take any complaints or concerns seriously and respond to them appropriately to improve the quality of care.

The practice manager told us that they would aim to settle complaints in-house and invite patients to speak with them in person to discuss these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice displayed its complaints policy in the waiting room. This explained how patients could make a complaint and contained information about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had the experience, capacity and skills to lead on the delivery of the service. We were told that staff recruitment had been difficult, but there was recognition of the need to employ further dental nurses for the purpose of enhancing service delivery.

Vision and strategy

Culture

The practice vision was to provide patients with high quality dentistry with a focus on building trust between dental care professional and patient. The practice strategy was to increase staff numbers and to develop the team cohesion.

Staff stated that they felt respected and supported. The practice was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Governance and management

The principal dentist had overall responsibility for the management, clinical leadership and day to day running of the service.

All staff understood their roles and responsibilities and there were clear systems of accountability to support the governance and management.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. We noted that some policies required updating.

There were processes for managing risks, issues and performance and improvements were underway to ensure that all risks were identified and mitigated.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. However, systems and processes to support the confidentiality of people using the service required improvements to ensure that patients' personal information remained secure and confidential.

Engagement with patients, the public, staff and external partners

The practice involved patients and staff to support high-quality sustainable services.

The practice used verbal comments to obtain patients' views about the service. Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We saw that patients were extremely likely or likely to recommend the service to friends and family. We saw examples of suggestions from patients the practice had acted on. For example, a patient had commented that appointments felt rushed. As a result, the practice increased the allocated appointment times for all patients.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, staff had implemented checklists to improve the consistency of decontamination of dental instruments as well as reception duties.

Continuous improvement and innovation

There were systems and processes for learning and encouraging improvements within the practice although these needed to be expanded upon. Whilst audits of infection prevention and control and clinical records were undertaken the practice had yet to complete a radiography audit. We noted that audits did not always have resulting action plans and improvements when required.

The principal dentist strongly valued the contributions made to the team by individual members of staff. The General Dental Council also requires clinical staff to complete continuing professional development. Work was underway to ensure that staff were supported to learn and complete training to enhance their future professional development. The dentist had a personal development plan in place.

Qualified staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users **How the regulation was not being met** The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • We observed that the dentist was working without the chairside support of a qualified or trainee dental nurse at all times, in contravention of GDC Standards for the Dental Team. Whilst a lone worker risk assessment was in place this did not adequately address the risks to the health and safety of service users receiving care and treatment.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 **How the regulation was not being met**

This section is primarily information for the provider

Requirement notices

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- A radiography audit had not been completed, this is a mandatory requirement of the Ionising Radiations Regulations 2017 (IRR17) and the Ionising Radiations (Medical Exposure) Regulations 2017 (IR(ME)R2017).
- Infection prevention and control audits had been completed but the practice systems were ineffective in that the required standards had not been maintained.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- The practice systems for maintaining adequate environmental cleaning were ineffective. We found that surfaces were dusty, floors were dirty and surfaces were cluttered.
- Prescriptions pads were not stored suitably, but unsecured in an unlocked drawer in the treatment room.
- Systems in place to provide staff with a comprehensive induction were ineffective.
- Trainee staff did not receive an effective induction to ensure that required duties around infection prevention and control and decontamination were carried out as per current guidance.
- Infection prevention and control and decontamination processes were not embedded within the team. Bur brushes were being used to manually scrub instruments. We found that drawers contained instruments which were wrapped but not dated so that it was not possible to determine when the instruments had been sterilised. We found instruments which were pass their sterility date.

This section is primarily information for the provider

Requirement notices

- Systems in place to monitor and track staff training were ineffective in that not all staff had received training in infection prevention and control, safeguarding vulnerable adult and children or medical emergencies training.
- Staff lacked awareness and knowledge of The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice was not using 'safer' sharps, nor was the practice was aware of the requirement to use 'safer sharps' where reasonably practicable to do so.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- Documentation pertaining to the recruitment of staff did not meet the requirements as set out in Schedule 3 of the Health and Social Care Act (2008).
- Proof of identity was unavailable for all staff.
- References were not obtained for all staff.
- Up to date information on the medical indemnity of all clinical staff was unavailable.