

Mr. Christopher Bee

Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 24 November 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

The Dental surgery is situated in the town of Whitby, North Yorkshire. The surgery provides a comprehensive range of dental services and offers National Health Service dental care or private treatment options, the services include preventative advice and routine restorative dental care.

The practice has two surgeries both situated on the ground floor, a decontamination room, a reception area, a waiting room and a staff room. There is one dentist and two dental nurses working at the practice.

The Practice is open:

Monday, Wednesday Thursday and Friday 09:00 – 17:00

Tuesday: 09:00 – 19:00.

On the day of inspection we received 26 CQC comment cards providing feedback and spoke to three patients. The patients who provided feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be caring and considerate and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- Staff had been trained to manage medical emergencies.

Summary of findings

- Infection prevention and control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- Governance arrangements were in place for the smooth running of the practice; however the practice did not have a structured plan in place to audit quality and safety beyond the mandatory audits for infection control and radiography. They planned to establish a more detailed system for this.
- The appointment system met patients' needs.
- The practice sought feedback from staff and patients about the services they provided.

We identified two regulation that was not being met and the provider must:

- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.

- Ensure all audits have documented learning points and the resulting improvements can be demonstrated.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure they are stored securely, also update the policy and COSHH folder.
- Establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users also ensure this is easily accessible to patients.
- Review and update the safeguarding policy, to include local contacts and guidelines for referral should the need arise.
- Review all staff receive performance appraisals and are suitably supported in undertaking their activities.

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?

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

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency equipment and medicines were found to be in date.

We saw that staff had received training in infection prevention and control although this was due for renewal for a few members of staff. There was a decontamination area and guidance for staff on effective decontamination of dental instruments. Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

The practice did not have a recruitment policy to ensure suitably trained and skilled staff met patients' needs. The last member of staff to join the practice was in 2014. There was always sufficient numbers of staff available at all times. If staff were absent, patients' treatment had to be cancelled or they were seen as an emergency at another local practice.

We reviewed the legionella risk assessment dated December 2014; there was evidence of regular water testing being carried out in accordance with the assessment.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and recorded. Any changes in risk factors were also discussed and recorded if required.

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice. Patients' dental care records provided information about their current dental needs and past treatment.

During the course of our inspection we discussed patient care records with the registered provider including discussions about treatment options, relevant X-rays including grading and justification. The practice monitored any changes to the patient's oral health and made referrals for specialist treatment or investigations where indicated in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

Are services caring?

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

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which patients understood.

Summary of findings

Comments on the 26 completed CQC comment cards we received included statements saying the staff were excellent, efficient, caring and they were treated with dignity and respect in a clean and tidy environment. Patients we spoke with on the day confirmed this.

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone.

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice had good disability access with all surgeries having adequate space to accommodate a wheelchair.

The practice had a complaints process for patients who wished to make a complaint, however this was not easily accessible to patients. Staff recorded complaints and cascaded learning to staff. They also had patient advice leaflets available on reception, comment cards and feedback forms.

Are services well-led?

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

There was a clearly defined management structure in place. The registered provider was responsible for the day to day running of the practice and also delegated tasks to the dental nurses.

Staff reported that the registered provider was not always approachable; they did not feel supported in their roles and were not able to freely raise any issues or concerns with them at any time. Staff told us that they had enjoyed working at the practice until recently when changes to the ownership of the practice had started.

The practice regularly undertook patient satisfaction surveys and were also undertaking the NHS Family and Friends Test. The practice regularly sought feedback from patients in the form of a satisfaction survey in order to improve the quality of the service provided.

The practice held regular staff meetings which were minuted, gave everybody an opportunity to share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

The practice undertook various audits to monitor its performance and help improve the services offered. The audits included infection prevention and control and X-rays. The X-ray audit findings were not within the guidelines of the Faculty of General Dental Practice (FGDP) – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. Discussions with the registered provider took place to discuss a process that was in line with the current guidelines.

Dental Surgery

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 24 November 2015 and was led by a CQC inspector and a specialist advisor.

We informed the NHS England area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the registered provider and two dental nurses. We saw policies, procedures and other records relating to the management of the service. We also reviewed 26 CQC comment cards that had been completed.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered provider.

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). The registered provider told us that any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book which had no entries recorded in the last 12 months; historical incidents had been followed up in accordance with their policy and reviewed at a staff meeting to prevent further incidents.

The registered provider told us they received alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, actioned and stored for future reference.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for child protection and vulnerable adults using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies; however this had last been reviewed in 2004. The registered provider was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw all staff had received safeguarding training in vulnerable adults and children. In respect of safeguarding children, all staff were trained to level two. The registered provider demonstrated an awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The registered provider told us they routinely used a rubber dam when providing root canal treatment to patients. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patients' airway.

The practice did not have a whistleblowing policy which staff were aware of; however staff told us they felt confident that they could raise concerns about colleagues without fear of recriminations.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept.

We saw that the practice kept logs which indicated that the emergency equipment, emergency oxygen and AED were checked monthly. Emergency medicines were also checked monthly. We brought to the attention of the registered provider that this should be done weekly. This would help ensure that the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found that they were of the recommended type and were all in date. The medical oxygen cylinder had been serviced but there was no supporting evidence on the day to support this.

Staff recruitment

The practice did not have a policy for the safe recruitment of staff which should include seeking references, proof of identity, checking relevant qualifications and professional registration.

The practice had evidence when the last Disclosure and Barring Service (DBS) checks for all staff had been carried out, the registered provider told us this was done in 2011. The newest member of staff had not had a new DBS check when joining the practice in 2014. This was brought to the

Are services safe?

attention of the registered provider. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults whose circumstances may make them vulnerable.

All qualified clinical staff were registered with the General Dental Council (GDC). We saw copies of current registration certificates for all staff. The registered provider had indemnity insurance cover and one of the dental nurses was covered by their own personal indemnity policy (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered other employees working at the practice.

Monitoring health & safety and responding to risks

The practice had no recent evidence of undertaking any risk assessments to cover the health and safety concerns that may arise in providing dental services generally and those that were particular to the practice. The last review was completed in 2004 although the registered provider said this was done annually. The practice had a Health and Safety policy which included guidance on fire safety and manual handling of clinical waste. We saw the policy had not been reviewed recently.

The practice had a Control of Substances Hazardous to Health (COSHH) folder and risk assessments that had been completed for some materials used on the premises. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We brought the fact the folder had not been reviewed in some time to the attention of the registered provider during the inspection.

We observed the fire extinguishers had been checked annually to ensure that they were suitable for use if required. We noted the fire extinguishers had been checked in October 2015.

Infection control

The practice had a decontamination room that was set out according to the Department of Health's guidance, Health

Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination area from the 'dirty' to the 'clean' zones.

There was a separate hand washing sink for staff, in addition to two separate sinks for decontamination work. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We observed staff wearing appropriate personal protective equipment when working in the decontamination area this included disposable gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. For example, instruments were placed in an ultrasonic bath, examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination area in sealed boxes.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure that it was functioning properly.

We saw from staff records that all staff had received infection prevention and control training in 2012.

There were adequate supplies of liquid soap, paper hand towels in the decontamination area and surgeries and a poster describing proper hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap were also available in the toilets.

We saw all sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was stored securely for collection inside the practice in a designated, locked area. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste although this was about to change to be in line with the rest of the organisation.

The staff files we reviewed showed that all clinical staff had received inoculations against Hepatitis B. It is

Are services safe?

recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We reviewed the last legionella risk assessment report dated December 2014. Legionella is a term for particular bacteria which can contaminate water systems in buildings. There was evidence that all water tests were regularly completed by one of the dental nurses.

Equipment and medicines

We reviewed the Portable Appliance Testing (PAT) certificates. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) This was undertaken annually and had been completed in April 2015.

We saw that the fire extinguishers had been checked annually to ensure they were suitable for use if required. We saw that the fire extinguishers had been checked in October 2015.

We saw maintenance records for equipment such as autoclaves and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Other than emergency medicines no other medicines were kept on the premises.

Radiography (X-rays)

The X-ray equipment was located in each of the surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used. We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine needed to be operated safely. The local rules were also displayed in each of the surgeries and the dental panoramic X-ray room. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw that the dentist was up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The registered provider told us that they undertook annual quality audits of the X-rays taken. We saw the results of the August 2015 audit and discussed with the registered provider the audit process was not in accordance with the National Radiological Protection Board (NRPB). Action plans were not in place to continuously improve the procedure and reduce future risks.

The practice used chemical processing of films but a quality control test film was not taken regularly. This would ensure the process of developing and taking of an X-ray had no problems before the start of each working day and prevent the need to retake an X-ray.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients returning to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information within the patients' dental care records for future reference. In addition, the dentist told us they discussed patients' lifestyle and behaviour such as smoking and drinking and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

The dental care records we looked at with the registered provider showed that at all subsequent appointments patients were always asked to review and update a medical history form. This ensured the dentist was aware of the patient's present medical condition before offering or undertaking any treatment. The dental care records showed that dental examination appointments included checks for gum disease and oral cancer had taken place.

There was evidence that patient dental care records had been regularly audited; however they did not comply with the guidance provided by the Faculty of General Dental Practice (FGDP) due to no action plan or learning outcomes in place to address the issues that arose. The last audit that was undertaken in August 2015.

The patient dental care records we looked at showed that they were in accordance with the guidance provided by the FGDP. For example, evidence of a discussion of treatment needs with the patient was routinely recorded. The practice recorded that medical histories had been updated prior to treatment. Soft tissue examinations, a diagnosis and a basic periodontal examination (BPE) – a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums, had also been recorded.

The dentist told us that they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. By reviewing the dental care records we found these discussions were always recorded and signed treatment plans were scanned into the patient dental care records.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the dental care records that the dentist was following the NICE guidelines on recalling patients for check-ups.

Patients requiring specialist treatments that were not available at the practice such as orthodontics or oral surgery were referred to other dental specialists. Their oral health was then monitored after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception and waiting area contained a range of information that explained the services offered at the practice and the NHS and private fees for treatment. Staff told us they offered patients information about effective dental hygiene and oral care in the surgeries.

The registered provider advised us that they offered patients oral health advice and provided treatment in accordance with the Department of Health's policy, the 'Delivering Better Oral Health' toolkit, this included fluoride applications. Fluoride treatments and fissure sealants are a recognised form of preventative measures to help protect patients' teeth from decay.

Staffing

We saw that all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration with the General Dental Council.

Staff training was being monitored and recorded by the registered provider. Records we reviewed showed all staff had received training in basic life support, and safeguarding children and vulnerable adults.

Staff told us they did not have annual appraisals where training requirements could be discussed at these times. The registered provider said this was done on a more informal basis and not recorded.

Working with other services

Are services effective?

(for example, treatment is effective)

The dentist explained they would refer patients to other dental specialists when necessary, for example patients for minor oral surgery and orthodontic treatment when required.

The referrals were based on the patient's clinical need. In addition, the practice followed a two week referral process to refer patients when oral cancer was suspected. The registered provider said they did not have a good line of communication with local services and patients would be required to travel long distances to receive treatment. Updates of referral requirements did not get shared with the practice from local hospitals or orthodontic services however they did not find the need to refer very often.

Consent to care and treatment

Staff demonstrated awareness and its relevance to their role of the Mental Capacity Act (MCA) 2005. The MCA

provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions for themselves. The dentist demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff ensured patients gave their consent before treatment began. The dentist informed us verbal consent was always given prior to any treatment. In addition, the advantages and disadvantages of the treatment options were discussed before treatment commenced. We noted this was not always recorded. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware consent could be removed at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially, they would speak to them in the surgery or in a private room.

Staff understood the need to maintain patients' confidentiality. All staff had undertaken training in information governance to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient's dental care records were held securely both paper records and electronically.

We received 26 CQC comment cards providing feedback and spoke to three patients. The patients who provided

feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be pleasant and efficient and caring and they were treated with dignity and respect.

Involvement in decisions about care and treatment

Comments made by patients confirmed that patients were involved in their care and treatment.

When treating children the dentist told us to gain their trust and consent they explained the reasons for the treatment and what to expect. For patients with disabilities or in need of extra support staff told us that they would be given as much time as was needed to provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the reception and waiting area described the range of services offered to patients and opening times.

The dentist told us they offered patient information leaflets on oral care and treatments in the surgery to aid the patients' understanding if required or requested.

The practice was open:

Monday, Wednesday Thursday and Friday 09:00 – 17:00

Tuesday: 09:00 – 19:00

For patients in need of urgent dental care during normal working hours, the practice offered same day appointments, for example those patients in pain. We saw there were slots available for emergency patients every day but if they were full an option for patients to sit and wait was provided. Patients commented it was easy to make appointments both generally and if they needed an emergency appointment.

Tackling inequity and promoting equality

Both surgeries were located on the ground floor of the building. There were three steps at the entrance of the building and step free access to the side of the practice

from the street to help access for patients with limited mobility. Staff told us they would be aware of when a patient was due with any accessibility requirements and would open the gate and door beforehand.

We saw staff had received equality and diversity training and staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day. Patients in need of urgent care out of the practice's normal working hours were directed to the NHS 111 service and for private patients a local rota was in place to provide care.

Concerns & complaints

The practice had a policy and processes to deal with complaints. However, this was not practice specific and was not accessible to patients. This was not in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The practice had not received any complaints in the last year.

The staff were aware of the complaints process and told us that they would refer all complaints to the registered provider to deal with.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was an infection prevention and control policy. Staff were aware of their roles and the registered provider was in charge of the day to day running of the service. We saw they had patient surveys in place to monitor the quality of the service; however these systems were not always followed through.

There was evidence that patient dental care records had been regularly audited although the process and information collated was not within the guidance provided by the Faculty of General Dental Practice. The last audit was undertaken in June 2015 and no action plan was in place to address the issues that arose.

Leadership, openness and transparency

There was historical evidence the practice had an open culture and they could raise any issues at any time or during staff meetings where relevant, however this evidence was difficult to corroborate on the day of the inspection. All staff were aware of whom to raise any issues with and told us that the registered provider was not responsive to their concerns and would not act appropriately.

The registered provider was aware of their responsibility to comply with the duty of candour and told us that they preferred to address any concerns or issues immediately should they arise.

Learning and improvement

The practice maintained records of staff training which showed that staff were up to date with their training. We saw staff had personal files that showed training was accessed through a variety of sources including formal courses and informal in house training. Staff stated they were given sufficient training to undertake their roles and given the opportunity for additional training.

The registered provider said they undertook annual quality audits of the X-rays taken. We saw the process and information collated from the August 2015 audit was not in accordance with the National Radiological Protection Board (NRPB). Action plans were not in place to continuously improve the procedure and reduce future risks. The Infection prevention and control audit also had no action plan or learning outcomes.

Practice seeks and acts on feedback from its patients, the public and staff

The registered provider explained the practice had a good longstanding relationship with its patients. The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that patients were extremely likely to recommend the practice to family and friend.

We saw that the practice held regular practice meetings which were minuted and gave everybody an opportunity to share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>The registered provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>This was because:</p> <p>No action plans and learning outcomes for audits including patient dental care records, infection prevention control and x-ray audits. The X-ray audit and patient dental care record audit were not robust enough to comply with the recommended guidelines.</p> <p>Regulation 17 (1)(2)(a)(b)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered provider failed to have recruitment procedures in place to ensure that persons employed meet the conditions in— (a) paragraph (1).</p> <p>This was because:</p> <p>No recruitment policy was in place within the practice.</p> <p>Regulation 19 (2) (a)</p>