

Mazdak Eyrumlu and Azad Eyrumlu Unique Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 22 July 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 not providing safe care in accordance with the relevant regulations

Are services effective?

We found that this practice was not 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

Unique Dental Care is located in the London Borough of Lambeth. It is a subsidiary of Southern Dental, an organisation that owns a number of dental locations in London and the South of England. The premises consist of three treatment rooms and one dedicated decontamination room. There are also toilet facilities, a waiting area, a reception area, an administrative office and a staff kitchen area.

The practice provides care to both NHS and private patients, and treats both adults and children. The practice offers a range of dental services including examinations, treatment and dental hygiene.

At the time of the inspection, the staff in the practice consisted of two dentists, and a hygienist who worked in the practice one day per week. There were also three nurses at the practice, all of whom were trainees. There was a practice manager and a receptionist. A senior member from the organisation had made themselves available at the practice on the day of our inspection. The practice's opening hours are 9am – 6pm Monday to Friday and 9am – 3pm on Saturdays

At the time of the inspection the practice manager was the registered manager at the practice. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The inspection took place over one day and was carried out by a lead inspector and a dental specialist adviser.

We received no Care Quality Commission feedback cards which had been left with the practice in the two weeks leading up to the inspection. We spoke to three patients during the visit who stated that they were happy with the care which they had received.

Our key findings were:

- Patients were assessed and treated in line with National Institute for Health and Care Excellence (NICE) guidance.
- The practice worked with other providers to ensure that co-ordinated care was provided for patients.
- Recruitment policies in the practice were appropriate, and relevant checks were carried out.
- There were limited processes in place to identify report and learn from incidents.
- The practice did not have adequate infection control processes and procedures.
- There was equipment in the practice that was not appropriately maintained.
- There were limited governance procedures in place at the practice.
- The practice did not have sufficient policies and procedures to mitigate risk.
- The practice did not demonstrate active learning from the care provided to patients. This included limited involvement in audit.
- There were no staff appraisals in place at the practice, and staff training was not managed appropriately. There were no comprehensive records of training undertaken by staff.

We identified regulations that were not being met and the provider must:

- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical

Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's protocols for undertaking radiography giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000 and Ionising Radiation Regulations (IRR) 1999.
- Ensure that staff inductions and appraisals are formalised and in place and that they are supported with formal meetings with all staff.
- Ensure that structured governance arrangements supported by clear policies and procedures are in place at the practice, and ensure that all staff are aware of these
- Ensure that there is clarity on the responsibility of strategic leadership in the practice. This must include having clearly defined leadership roles within the practice for safeguarding and clinical issues.

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 practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Monitor and record the temperature of the fridge where dental products and medicines are stored to ensure temperatures remain within the recommended range.
- Ensure all staff are aware of their responsibilities under the Mental Capacity Act (MCA) 2005 as it relates to their role.

Summary of findings

- Review the suitability of all areas of the premises and the fixtures and fittings, specifically carpets that might be a trip hazard, and access for patients with disabilities

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 not providing safe 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 at the end of this report).

The practice did not have appropriate infection control processes in place. The clinical areas of the practice were noted to be mostly clean. However, some of the equipment used had neither been serviced, nor had it been regularly checked to ensure that it was working appropriately. The practice was not following national guidance in the use of rubber dams for root canal treatments.

There was a lack of appropriate governance systems in place to ensure that safe care could be provided. There was no safeguarding lead in the practice, and there were no meetings in place at the practice to ensure that safe care was being provided.

The practice had policies and equipment in place for managing emergencies. However, the equipment had not been regularly checked to ensure that it was fit for use.

Medicines stored in the fridge were not well maintained or checked regularly. There was no temperature monitor for the fridge used to store medicines and the radiation protection file was incomplete and not up to date.

The practice had not ensured that all clinicians remained up to date with their training to undertake X-rays.

Members from the organisation's senior management team assured us on the day of the inspection and following our visit that they would address these issues by notifying staff of the correct procedures to follow, provide staff training, and put immediate procedures in place to manage risks.

Are services effective?

We found that this practice was not providing effective 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 at the end of this report).

There were insufficient policies and management systems in place at the practice to ensure effective care. There were no regular meetings in place at the practice to ensure that guidance including that for the National Institute for Health and Care Excellence (NICE) could be discussed.

There were no staff appraisals in place at the practice, and staff training was not managed appropriately. There were no comprehensive records of training undertaken by staff.

Are services caring?

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

Patients that we spoke to said that they were happy with the service being provided and that staff always treated them with respect and dignity. The dentists in the practice also took time to ensure patients were kept involved in their care and treatment planning.

Dental care records were stored electronically, with some records (such as consent records) being stored in paper files. Electronic records were password protected and regularly backed up. Paper records were stored in lockable filing cupboards in the reception area. However, we noted during the inspection that the reception area was occasionally left unattended and neither the computer nor the cupboards were locked.

Summary of findings

Are services responsive to people's needs?

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

The practice provided appointments which could be booked either in advance or in the case of emergencies on the same day. Patients and staff told us that appointments were of an appropriate length.

The building (a former house) had been extensively renovated to provide accessibility for patients. All areas on the lower floor were wheelchair accessible, and systems were in place to ensure that those patients who could not use stairs could be seen by the dentist of their choice downstairs.

There was a complaints procedure in place. However, it was unclear in three of the complaints that we looked at how the policy had been applied, and copies of responses were not available. It was also unclear how complaints were used to inform learning in the practice.

Patients were invited to provide feedback via a satisfaction survey available in the waiting area, including the use of the 'Friends and Family Test'.

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 provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The practice did not have appropriate governance systems in place. We were told the parent body- Southern Dental provided template documents which could be amended and implemented in the practice. However, some of the policies had not been adapted to the practice. There was also no forum where policies could be discussed. The practice did not provide evidence of any audits having been completed as part of a regularly reviewed cycle.

The leadership in the practice was poor. The practice did not have clear and designated leads in place. The practice did not have a co-ordinated approach to training, and staff had not received appraisals as part of their professional development.

Unique Dental Care

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 22 July 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dentist specialist advisor.

During our inspection visit, we reviewed policy documents and staff records. We spoke with five members of staff, including the management team. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed the dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

We looked at reviews posted on the NHS Choices website.

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

There was a lack of effective systems in place for responding to and learning from incidents. Staff we spoke with did not demonstrate a clear understanding of identifying and recording incidents. We noted that incidents such as two sharps injuries required to be recorded under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 had not been recorded correctly.

There was no policy in place which described the actions that staff needed to take in the event that something went wrong or there was a 'near miss', and the practice manager was not aware that near misses needed to be identified.

The dentist told us that if patients were affected by something that went wrong, they would apologise to the patient and inform them of any actions taken as a result, although we were unable to see this from any of the complaints that had been managed.

Reliable safety systems and processes (including safeguarding)

The practice did not have a child protection and safeguarding policy that had been adapted for use in the practice. There was no formal safeguarding lead in the practice. The practice manager reported that all staff in the practice had been trained in child protection to the correct level. In most cases this was correct but the receptionist had not undertaken this training. The dentist that we spoke with was aware of her responsibilities in safeguarding and was also aware of to whom any concerns should be escalated.

The practice had a whistle blowing procedure, but it had not been tailored to the practice from the provider's generic template and staff were not aware of it.

The practice had not routinely carried out health and safety audits or risk assessments. Risk assessments had been reviewed the day before the inspection but there was no evidence that they had been reviewed before that. Portable appliance testing had taken place, but only twice in the last five years and servicing and calibration of equipment had not been undertaken on a regular basis. It was reported that since December one of the autoclaves had not been

working properly, but had still been used. Another autoclave had a broken printer for two months but had still been used, and had only been repaired the day before the inspection visit.

All these concerns were brought to the attention of the provider. A representative from Southern Dental sent us an action plan following the inspection visit showing how the organisation would address these concerns.

Medical emergencies

The practice did not have appropriate systems in place to deal with medical emergencies. There were policies in place to deal with medical emergencies, and all staff had received training in emergency resuscitation and basic life support within the last 12 months. The staff we spoke with were able to explain the practice protocols for responding to an emergency.

Medical oxygen was available and staff had access to an automated external defibrillator. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). However, the equipment had not been regularly checked since March 2015 to show that it was fit for use. There was evidence of only one check undertaken on the day before our visit.

Emergency medicines as per national guidance were available. Some medicines were stored in a refrigerator at the practice. However, there had been no check of temperatures or expiry dates since March 2015.

Staff recruitment

The practice staff consisted of two dentists, a part time hygienist, three dental nurses, a practice manager and a receptionist. We were told that all recruitment at the practice was undertaken by the parent organisation-Southern Dental. We reviewed staff files which showed that relevant checks were undertaken before staff took up post, and copies of relevant information were kept in personnel folders. This included the checking of qualifications, identification, and registration with the General Dental Council (where relevant), references and checks with the Disclosure and Barring Service (DBS).

Monitoring health & safety and responding to risks

Arrangements to monitor health and safety and respond to risk had been put in place in the two weeks prior to the

Are services safe?

CQC inspection when the inspection date was announced. A health and safety policy which covered hygiene, equipment, first aid, hazardous substances (as defined by the Control of Substances Hazardous to Health 2002 (COSHH) regulations), safe access and fire was now in place. We noted that the policy was signed as having been in place since the day before the inspection. A Southern Dental representative confirmed that no such integrated policy had been in place beforehand. There was a risk register in place at the practice, which had also been implemented in the previous two weeks.

We noted that carpets in the practice were loose fitting, including at the bottom of the stairs and could have been a trip hazard.

The practice did not have a formal system in place to demonstrate how it responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) alerts.

The practice did not have a business continuity plan in place to ensure continuity of care in the event that the practice's premises could not be used for any reason. We were told there was a branch practice nearby that would assist to see urgent patients if there was an emergency closure.

Infection control

Infection control processes at the practice were not adequate.

The practice had a cleaning policy and contract in place with a cleaner and the premises appeared to be mostly clean and tidy. The schedule covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spread. Cleaning logs were also in place.

There were sharps bins available in each of the clinical rooms and a securely locked bin at the front of the practice where clinical waste was stored until collection. We noted that the non-clinical waste bins at the front of the practice were overflowing at the time of the inspection.

Infection control at the practice was not supported by adequate systems. There had been no infection control or decontamination policy available for staff, although one had been implemented in the days running up to the inspection. There was no designated infection control lead at the practice.

We examined the facilities for cleaning and decontaminating dental instruments. There was a decontamination room which had areas for both dirty and clean instruments. The appropriate processes were in place in the room for decontamination, and personal protective equipment, such as heavy duty gloves and eye protection. Items were manually cleaned before being placed in an ultrasonic cleaner.

Although the process for cleaning instruments was appropriate, the systems and equipment was not. There was lack of daily and weekly checks being conducted in the practice to ensure cleaning and decontamination processes were done correctly. The practice was using a locum nurse on the day of the inspection and she had not been provided with instruction on decontamination procedures. Neither of the autoclaves had been checked since 27 April 2015, yet both machines had been used throughout the period.

There was also an ultra-sonic cleaner at the practice. This had been in use for over one year and there had been no checks during that period to ensure that it was fit for purpose and working correctly. There were no logs or audits available to evidence daily cleaning of the unit, frequency of the solution changes and following discussion it was not known whose responsibility this was.

The practice were not able to provide us with infection control audits, and as such we could not review infection control efficacy.

We were told that the last Alpron water testing had taken place in August 2014. These tests should be carried out every three months. Records showed that an external company had carried out a Legionella risk assessment in December 2014. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). This process assessed the practice to be low risk.

Equipment and medicines

The practice did not undertake appropriate maintenance of its equipment. Equipment in the practice had not been serviced regularly. When machines were faulty no immediate action had taken place to address the fault, and the machines had still been used.

There were two autoclaves in the practice. Neither of the autoclaves were working correctly at the time of the

Are services safe?

inspection, although both were still being used. The first autoclave had a broken printout mechanism from 27 April 2015 until 21 July 2015, during which time it had been in continuous use. The practice had therefore not been able to check that the machine was working correctly. The second autoclave had been tested as not suitable for use in December 2014. The data log card of the device showed that it had been used between 12 January 2015 and 19 January 2015, as well as between 18 June 2015 and 26 June 2015.

The practice had a refrigerator to store medicines. There had been no appropriate checks on either the temperatures of the refrigerator or medicine expiry dates, from 24 February 2015 until 21 July 2015 when a representative of Southern Dental had ordered new medicines noting, that many were expired. Two checks had taken place in March 2015, but the person undertaking the checks had not noted that two of the medicines had already expired.

Radiography (X-rays)

The practice did not have appropriate systems in place for radiation protection. The practice kept a radiation protection file which is required for the use of X-Ray equipment. The folder was not up to date and was in some

areas incomplete. For example there was no Health and Safety Executive notification, and no maintenance logs were in place. These are all requirements for practices carrying out radiography on site. Local rules relating to the equipment had only been implemented the day before the inspection. Prior to this no local rules were in place.

The practice had a radiation protection advisor (RPA) registered. One of the dentists in the practice was the radiation protection supervisor (RPS). The RPS needed to renew qualifications in September 2015 but had not been able to secure a retraining date until 16 October 2015. The other dentist's qualification had already expired and was not currently undertaking X-rays. Risk from this situation where, neither of the two dentists in the practice would be qualified to take x-rays during the period 21 September until 16 October 2015 had not been identified and not mitigating procedures put in place. We have shared our concerns around this lack of robust radiography arrangements with the Health and Safety Executive (HSE).

Members from the organisation's senior management team assured us on the day of the inspection and following our visit that they would address these issues by notifying staff of the correct procedures to follow, provide staff training, and put immediate procedures in place to manage risks.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had some measures in place to monitor and improve outcomes for patients. Of the ten dental care records that we looked at, nine had suitable documentation of the care provided for the presenting conditions. One record showed deficiencies where information relating to a root canal was not recorded.

The dentist that we spoke with said that they regularly assessed patient's gum health and soft tissues (including lips, tongue and palate). The practice had a mechanism for checking medical histories which were rechecked on each attendance at the practice.

The dentist that we spoke with said that they used guidelines such as those issued by the National Institute for Health and Care Excellence (NICE) to decide on treatment options and when follow ups were required.

Health promotion & prevention

The practice had appropriate systems in place for health promotion. The dentist said that they discussed oral health with patients and would advise patients on issues such as diet and smoking cessation where required. These discussions were noted in patient records.

We noted that there was a range of health promotion material on display and equipment was available for purchase at the practice.

Staffing

Mandatory training was managed centrally at the practice, and in most instances staff were up to date, although one member of staff had not completed relevant child protection training at the time of the visit.

The practice had not taken appropriate action to ensure that all staff were supported appropriately in undertaking their responsibilities. There were no one-to-one meetings or team meetings in place at the practice, and as such it

was unclear how learning needs were identified. Staff had neither been appraised, nor had they received an appropriate induction to the practice as there were no formal induction procedures in place. The registered manager said there was no centralised system for dentists to keep up to date with their professional development. The dentists in the practice had attended appropriate courses, but they had undertaken these courses at their own instigation.

We noted that the dentist undertaking the X-rays would be very soon out of date in their radiography training.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. Referral forms were e-mailed to other providers and the receptionist would call them to ensure that they had been received. The practice had a system to follow up patients every six months even if they had been referred elsewhere. The dentist told us they kept a record of the referral on the computer system. When the patient had received their treatment they were discharged back to the practice for continued care and monitoring.

Consent to care and treatment

The practice kept paper copies of consent forms. The consent form included any discussions that the patient had with the dentist. It also included treatment options, risks and benefits and costs. The patient signed the form before treatment could commence.

The dentist was aware of the Mental Capacity Act (MCA) (2005), and their responsibilities in making a best interest decision if the patient lacked capacity. However, there were no training records provided to show that any staff in the practice had attended MCA training. The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that staff were polite and professional when speaking to patients, and that staff informed patients if there were likely to be any delays. Staff in the practice were also able to build a rapport with younger patients. The patients that we spoke with at the practice said that staff treated them with dignity and respect and that they were happy with the care being provided.

The practice had a zero tolerance policy in place regarding staff abuse, a copy of which was displayed in the waiting room. Those staff that worked on reception were able to explain an appropriate means of how they would deal with an unhappy patient.

Dental records were stored both electronically and paper based. Electronic records were password protected and

paper records were stored in lockable filing cupboards. However, we noted that during the inspection the receptionist stepped away from her desk to take her work-breaks, and the cupboards were left opened and the computer screen left un-locked.

Involvement in decisions about care and treatment

The practice provided information about treatment options and costs within the consent form which patients were required to sign before treatment could commence. The practice displayed information in the waiting area which gave details of NHS and private dental charges or fees. Staff told us that they took time to explain the treatment options available. The dentist explained that they would explain potential benefits and drawbacks to specific treatment options. They also explained which treatments were available with the NHS and which were not.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided enough time for consultations with patients. We spoke to the receptionist and she detailed a process that was in place to ensure that she was aware of how long to schedule appointments. There was a "traffic light" system in place to determine both the time of the next follow up and the length of the next appointment. The practice manager stated that emergency appointments were at the beginning of each session and that there was enough time to treat these patients. The dentist told us they had enough time to treat patients and that patients could generally book an appointment in good time to see them.

Tackling inequity and promoting equality

The practice had taken some steps to ensure that the practice met the needs of different groups. The practice was wheelchair accessible with a ramp leading to the front door. There were treatment rooms on other floors and the practice manager reported that the dentist would move to one of the lower floor treatment rooms if a patient was unable to use the stairs. However, the patient toilet in the practice had not been adapted such that it was wheelchair accessible.

Dentists at the practice spoke Portuguese, Spanish and Farsi. We were told that Portuguese and Spanish were

widely spoken in the environs of the practice. A language line was also available. However we noted there were no aids available for people with visual impairments or hearing problems.

Access to the service

The practice is open 9:00am to 6:00pm Mondays to Fridays and from 9:00am to 3:00pm on Saturdays. There were two dentists at the practice, one full time and one who worked three days per week. There was also a hygienist who attended one day per week. Out of hours information was provided on the answerphone when the practice was closed and information was also available on the practice leaflet.

There was a high turnover of staff and we noted that the dentist names on the front door of the practice did not correspond with the dentists who worked in the practice.

Concerns & complaints

There was information about how to make a complaint that was displayed in the reception area and on the practice website. This informed patients when they would receive an acknowledgement and a response. The practice manager was responsible for managing complaints in the practice.

We saw four complaints received by the practice. These were kept electronically. Although it appeared that a response had been provided, in two cases only a draft of the letter to the patient was available, and we were therefore unable to determine if an appropriate response had been submitted or not.

Are services well-led?

Our findings

Governance arrangements

The practice did not have effective governance in place. We reviewed the practice's policies and protocols. We were told by a representative of Southern Dental that the organisation provided templates to the practice manager and that these were then adapted to the practice. In many cases the policies had not been updated. In the two weeks before the inspection a thorough Health and Safety risk assessment had been put in place. It was evident and confirmed by staff that prior to this there had not been one in place.

There were no formal meetings in the practice and staff did not have one-to-one meetings with their line manager. There was no clinical lead in place at the practice, and as such we were not able to formally determine to whom clinical staff reported.

We were told that the organisation had taken an approach of delegating complete control of the practice to the practice manager. However, we noted that governance arrangements had not been embedded and there was lack of regular audits and other monitoring arrangements to manage risks.

Leadership, openness and transparency

Leadership in the practice was lacking. There were no formal mechanisms in place such that staff could raise issues of concern with the manager of the practice. There were longstanding issues in the practice, such as the non-functioning autoclaves, and it was unclear what action if any had been taken to address this. On the day of the inspection neither of the longer standing permanent nurses were at the practice so we were not able to ask them whether or not they felt supported.

We noted that there had been a high turnover of staff in the practice, and there were names of clinicians in the dental care records (who were presumed to be locums) of which the practice manager was unaware.

Strategic leadership in the practice was unclear. The practice manager reported that she had been told that strategic leadership was the responsibility of Southern Dental, whereas a representative of Southern Dental told us that it was the responsibility of the practice manager. We were not able to determine from practice policies and protocols which was the case.

Learning and improvement

We found that the practice did not have a formalised system of learning and improvement. There was no schedule of audits at the practice and we were not provided with copies of any completed audits. With no meetings in place at the practice there were no formal mechanisms to share learning.

We found that there was no centralised monitoring of professional development in the practice. The dentists in the practice had attended appropriate courses, but they had undertaken these courses at their own instigation. The practice manager stated that new staff received an induction. However, this consisted of a walk around and an introduction to other staff. No formal induction procedures were in place.

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

The practice collected feedback from its patients using the "NHS Friends and Family Test". These forms were prominent in the reception area. However, at the time of the inspection none of these forms had been completed. The practice manager stated that information had been requested in the previous year, but as yet this had not been collected together in a formal report.

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 How the regulation was not being met: The provider had not ensured that care and treatment were provided in a safe way for service users. Regulations; 12 (1), 12 (2) (a, b, c, d, e, f, g and h).

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not have effective systems in place to: <ul style="list-style-type: none">Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activityAssess, 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.Ensure that their audit and governance systems were effective Regulation 17 (1), 17 (2) (a, b and f)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

The provider had not ensured that staff had received appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.

Clinical staff were not proactively offered the support that they required to meet their regulatory requirements.

Regulation 18(2)(a and c)