Ishak Practices Ltd

Highbury Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 16 September 2019 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 not 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

Highbury Dental Care is in the Bulwell area of Nottingham and provides NHS and private dental treatment to adults and children.

The dental team includes three dentists, three trainee dental nurses, one receptionist and a practice manager. The practice has three treatment rooms and an instrument decontamination room. All three treatment rooms are located on the ground floor. There is a ramp with handrails to provide ease of access into the practice for people who use wheelchairs and those with

Summary of findings

pushchairs. Car parking spaces are available at the practice and on local roads. There is parking space at the front of the practice for blue badge holders and those with restricted mobility.

The practice is owned by an organisation and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at Highbury Dental Care is the provider. The registered manager is not based at Highbury Dental Care.

On the day of inspection, we collected 21 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, two dental nurses, the practice manager and the provider. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from: 9am to 8pm, Tuesday to Thursday from: 9am to 5pm and Friday from: 9am to 2pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, with the exception of a full set of clear oxygen face masks
- Improvements could be made to the provider's systems to help them identify and manage risk to patients and staff.
- The provider had systems for managing sharp instruments.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Improvements could be made to ensure staff understood who was the lead person for safeguarding.
- The provider needed to make improvements to the system for assessing materials and substances that are hazardous to health.
- Improvements were needed to the provider's system for appraising staff performance.
- Actions identified in the fire risk assessment had not been completed.
- Improvements were need to the provider's staff recruitment procedures and checks of staff immunity to the Hepatitis B virus.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The provider's system for identifying and recording significant events needed to be reviewed.
- Improvements were needed to the systems for ensuring the security of NHS prescription pads.
- The audit of infection prevention and control in the practice was not robust.
- Staff provided preventive care and supporting patients to ensure better oral health.
- Staff were not aware of the risk of sepsis.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- Improvements were needed to the provider's system for quality assurance.
- The provider had suitable 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.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Full details of the regulations the provider was not meeting are at the end of this report.

Summary of findings

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

- Improve staff awareness of their responsibilities in relation to the duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Review the practice protocols regarding audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

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?	**Requirements notice** ✖
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**Requirements notice** ✖

Are services safe?

Our findings

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 section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff systems to keep patients safe required improvement.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We noted there were inconsistencies in the different safeguarding policies in the practice, as they identified different people as the safeguarding lead. When asked staff were unsure who was the safeguarding lead. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records. We saw examples of how this information was recorded within dental care records.

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

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

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

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at five staff recruitment records. The records showed that not all the information required by the regulations was present. For example, not every staff member had photographic identification, references, or a full employment history. The staff records did not show that all staff had received a Disclosure and Barring check (DBS). The registered provider told us that DBS checks had been applied for but could not show us evidence to support this. There were three trainee dental nurses working at the practice.

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

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. A fire risk assessment had been completed externally and last reviewed in January 2019. We saw evidence that actions had been identified in the risk assessment and some had been completed, there were some actions which had not, for example fitting a fire door to the room containing the compressor. Staff told us that six-monthly fire drills had not been completed.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. We saw evidence that the dentists justified, graded and reported on the radiographs they took. The registered provider had not completed annual radiography audits in line with current guidance and legislation. Records showed the most recent X-ray audit had been completed in October 2017.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography. The provider had registered with the Health and Safety Executive in line with changes to legislation relating to radiography. Local rules for the X-ray units were available however, the information contained within them was incorrect, as it referenced wet X-rays rather than the digital X-rays being used. The local rules did not identify who could take X-rays at the practice and did not mention the need to monitor staff radiation exposure if more than 150 X-rays were taken a week. The local rules also referred to a Radiation Protection Supervisor who was not trained in radiography.

Risks to patients

Are services safe?

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items.

The provider had a system in place for clinical staff to receive appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. The staff records did not demonstrate that all staff had effective immunity following vaccination. We identified one trainee dental nurse who was mid cycle and awaiting a further vaccination. The registered provider told us this staff member was not working in a clinical situation, but there was no risk assessment to support this.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. However, we noted that not all the different sizes of clear oxygen face mask were available as identified in national guidance. Regular checks of the equipment had failed to identify this.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The provider did not have suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. There were product safety data sheets available but no risk assessments, which was contrary to the Control of Substances Hazardous to Health Regulations (2002). The practice manager assured us this would be attended to.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems and records of water testing and dental unit water line management were in place. A risk assessment had been completed by an external company in January 2019. The risk assessment had highlighted various action to be taken and the practice manager demonstrated all actions had been addressed. Those actions included staff training and completing sentinel water checks.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

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

The practice carried out infection prevention and control audits. The national guidance (HTM 01-5) says they should be completed twice a year. We noted the latest audit had been completed in September 2019, but there was no record of any further audits since April 2018. The practice manager told us that an audit had been completed in March 2019, but a computer problem had meant this had not been saved.

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

Are services safe?

looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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

Patients updated their medical histories at each visit using an electronic tablet and they were then uploaded directly into the dental care records and were checked by the dentist.

Safe and appropriate use of medicines

The systems for appropriate and safe handling of medicines required improvement.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw records of NHS prescriptions did not provide a clear audit trail. There was no system for ensuring the security of prescriptions through tracking of individual scripts.

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

Antimicrobial prescribing audits had not been completed in line with recognised guidance.

Track record on safety and lessons learned and improvements

The practice had a good safety record.

There were risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the 12 months up to this inspection there had been no accidents recorded. There was a system for recording and analysing accidents. The records showed no significant events had been recorded in the year up to this inspection. However, we noted four events which had occurred, and which should have been recorded as such and investigated to prevent re-occurrence.

The dentist was unaware of what never events were, and there were no strategies in place for their identification and prevention.

There was a system for receiving and acting on safety alerts. The practice received safety alerts centrally and they were sent on to dental practices within the group. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' 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 equipment such as digital X-rays which were used 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 that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. We saw evidence of these discussions in dental care records. The practice provided health promotion leaflets to help patients with their oral health. There were displays in the waiting room and entrance relating to health promotion issues.

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

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. Patients with more severe gum disease were recalled at more frequent intervals for review 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 dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act (MCA) 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy contained information on Gillick competence, by which a child under the age of 16 years of age may give consent for themselves.

The consent policy outlined the principles which underpinned the MCA and defined best interest decisions.

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

We saw that dental care records had last been audited for each dentist in April 2018. The audits had not been analysed and improvements had not been identified.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles, for example all staff had completed basic life support training, and this was updated annually.

The registered provider told us they were actively trying to recruit more dentists, as there was a shortage at the practice, which had seen the current dentist working under increased pressure to meet patient needs.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Are services effective?

(for example, treatment is effective)

We discussed staff appraisals with the practice manager. Only one person's appraisal record was available for review.

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.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems 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 referrals through an electronic referral and tracking system to make sure they were dealt with promptly.

Staff were not aware of the risks associated with sepsis. The practice had not displayed posters or made risk assessments available to clinical staff. There was no evidence that staff had completed relevant sepsis training.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

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

Patients commented positively that staff were excellent, caring, helpful and kind We saw that staff treated patients with respect and were welcoming. Staff were friendly towards patients at the reception desk and over the telephone.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The costs for both NHS and private dental treatments were available in the practice.

Patients said staff were compassionate and understanding.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into a private room near the reception desk. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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 and were aware of the requirements under the Equality Act.

- The practice had access to an interpreting service, who could provide both face to face and telephone translations. There were staff at the practice who could speak and understand Polish, Bengali and Farsi. A poster in the waiting room outlined the different languages available through the interpreting service.
- Staff communicated with patients in a way that they could understand, for example, communication aids were available.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's information leaflets 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

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Some patients described high levels of satisfaction with the responsive service provided by the practice. However, we were also told that appointments had been cancelled at short notice.

The practice had some patients for whom they needed to make adjustments to enable them to receive treatment. These included having ramped access to the front door with hand rails for additional support. Entry was through an automatic sliding door, and ground floor treatment rooms were available, an induction hearing loop and an adapted ground floor toilet were also available.

Staff sent e-mails and telephoned patients with their permission/in line with their contact preferences? to remind them they had an appointment as there was a high failure to attend rate among patients. The e-mails and telephone calls were a positive attempt to address this issue.

Timely access to services

Patients could usually access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, outside the front door and included it in their practice information leaflet.

The practice had an efficient appointment system to respond to patients' needs. The practice used a sit and wait system for patients who were in pain or who telephoned in an emergency. Patients told us they had enough time during their appointment and did not feel rushed.

If patients required emergency out-of-hours treatment, they could ring the NHS 111 emergency telephone line. This information was displayed outside the practice and was available on the telephone answering machine.

The practice opened until 8pm on Mondays and had offered Saturday opening. The registered provider told us the Saturday opening had been suspended due to staff shortages, particularly dentists. The late opening was of benefit to patients who worked regular hours or who were in full time education. We saw that some patients had had their appointments cancelled at short notice because of the staff shortages.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. This was displayed within the practice for the benefit of patients. The practice information leaflet explained how to make a complaint. The registered provider was responsible for dealing with these. Staff told us they would tell the provider about any formal or informal comments or concerns as soon as possible so patients could receive a quick response. The complaints policy identified the time scale in which the practice would respond to any complaints received.

The provider told us they aimed to settle complaints in-house and invited patients to speak with the provider in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice had received one formal complaint in the year up to this inspection. The records showed the practice had followed their complaints policy when dealing with this complaint.

Are services well-led?

Our findings

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). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The practice was part of a larger organisation and had a management structure to support the practice and the manager. The registered manager was based at the location and day to day management and staff support was with the practice manager.

Following this inspection, we were sent information about the steps taken to address some of the issues highlighted in this report.

Culture

Staff stated they felt respected, supported and valued. Staff were proud to work in the practice. The practice focused on the needs of patients. The provider had systems to identify and act on behaviour and performance that was not consistent with the vision and values of the practice.

The practice held regular staff meetings to share information and support staff.

Openness, honesty and transparency were demonstrated when responding to complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. The registered provider was unable to show us a duty of candour policy during the inspection. Following the inspection, a duty of candour policy was sent to the Care Quality Commission.

Systems to respond to incidents and significant events required improvement to ensure these are documented and investigated appropriately. The records showed no significant events had been recorded in the year up to this inspection. However, we noted four events which had occurred in the past which had not been identified and recorded as such.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

Staff knew the management arrangements and their roles and responsibilities within the practice, except for the identity of the safeguarding lead.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Systems to identify and manage risks were not effective. We identified risks in relation to:

- Staff records showed that not all the information required for the safe recruitment of staff by the regulations was present. For example, not every staff member had photographic identification, references, or a full employment history. Disclosure and barring checks (DBS) were not in place for every member of staff at point of recruitment.
- Staff records also failed to demonstrate that all staff had effective immunity to the Hepatitis B virus or had risk assessments in place.
- Fire risks were not effectively managed and not all recommendations from the fire risk assessment had been acted on. Staff told us that six-monthly fire drills had not been completed.
- Systems to respond to medical emergencies were not as described in national guidance. Regular checks of the equipment had failed to identify this.
- There were limited risk assessments in place contrary to the Control of Substances Hazardous to Health Regulations (2002).
- The system for the security of NHS prescriptions was not robust as it did not provide a clear audit trail, and individual prescriptions could not be tracked.

Appropriate and accurate information

Staff acted on appropriate and accurate information. There were regular staff meetings and systems and processes to share information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Are services well-led?

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

Patients were 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. The most recent analysis showed 11 patients had responded with 10 patients saying they would recommend the practice to their friends and family.

The practice used patient surveys and verbal comments to obtain patients' views about the service. The patient survey had last been completed in July 2019 with 30 patients providing feedback. The results showed 75% of patients were satisfied with the service.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

There had been 16 reviews on the NHS Choices website. Twelve reviews had provided positive feedback. There had also been 19 reviews about the practice on-line. Feedback from these reviews about the practice was mixed.

Continuous improvement and innovation

There systems and processes for learning, continuous improvement and innovation required review.

The quality assurance processes to encourage learning and continuous improvement were not reviewed to encourage improvement. Audits were not completed as part of a regular cycle and often did not include an analysis or produce an action plan. For example, audits of dental care records had not been completed since April 2018 and there was no action plan, analysis or learning points from this audit. The audits of X-rays in the practice had not been completed since October 2017, again with no analysis, action plan or learning points identified. The provider told us that audits of antimicrobial prescribing had not been completed.

Staff completed 'highly recommended' training as per the General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete their continuing professional development to meet the professional standards.

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: • The registered person had not completed all of the actions identified in a fire risk assessment completed by an external company in January 2019. A fire door had not been fitted to the room containing the compressor. • Records did not demonstrate that six-monthly fire drills had been completed. Staff told us that fire drills had not been completed. • The system for the security of NHS prescriptions was not robust as it did not provide a clear audit trail, and individual prescriptions could not be tracked. • The registered provider could not demonstrate that staff at the practice were aware of never events or what constituted a significant event. **Regulation 12(1)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

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.

The registered person had systems or processes in place that were operating 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:

- The registered person's systems for monitoring quality and safety at the practice were ineffective. The provider did not have a radiography audit completed within the last 12 months. The registered person could not demonstrate that infection prevention and control audits had been completed consistently on a six-monthly basis as identified in recognised guidance. Where audits were in place, there were no action plans or identified learning points.
- The registered person's system for checking emergency equipment was not effective. The practice did not have all the different sizes of clear oxygen face mask available as identified in national guidance. Systems to check equipment had failed to identify this.
- The registered person's system for assessing the risks associated with the Control of Substances Hazardous to Health (COSHH) was not effective. Not every substance had a risk assessment in place contrary to the Control of Substances Hazardous to Health Regulations (2002).
- The registered person's system for recording and analysing significant events was not robust. The records showed no significant events had been recorded in the year up to this inspection. However, we noted four events which had occurred in the last calendar year which should have been classed as significant events and had not been identified or recorded as such.
- The registered person had ineffective recruitment procedures. They did not follow their policy which reflected Schedule 3 regulation.

Regulation 17(1)

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person's recruitment procedures did not ensure that only persons of good character were employed. The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work. The registered person's recruitment procedures did not establish whether staff were able, by reasons of their health and after reasonable adjustments, to properly perform tasks intrinsic to the work for which they would be employed. In particular: • The registered person's system for ensuring fit and proper persons were employed was no effective. Staff records showed that not all the information required by the regulations was present. Not every staff member had photographic identification, references, or a full employment history. Disclosure and barring checks (DBS) were not in place for every member of staff. Where the registered person told us that DBS checks had been applied for, there was no evidence to demonstrate they had. • The registered person's system for checking that all staff had been vaccinated against the Hepatitis B virus was not effective. Staff records failed to demonstrate that all staff had effective immunity to the Hepatitis B virus, and there were no risk assessments for staff awaiting confirmation of their immunity. **Regulation 19(1)&(2)**