A J Cale Limited

Anthony J Cale & Associates

Inspection Report

55 Racecommon Road
Barnsley
South Yorkshire
S70 6AB
Tel: 01226 203531
Website: www.anthonyjcale.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 24 February 2017 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

Anthony J Cale & Associates is situated in Barnsley, South Yorkshire. The practice provides dental treatment to adults and children on an NHS or privately funded basis. The services include preventative advice and treatment and routine restorative dental care.

The practice has three surgeries, an X-ray developing room, two waiting areas, a reception area and staff facilities. There are two surgeries, the reception area, a waiting area, the X-ray developing room and toilet facilities on the ground floor. The other surgery, second waiting area and staff facilities are on the second floor.

There are three dentists (one of whom is a locum), seven dental nurses (one of whom is a trainee), and an office manager. The dental nurses also cover reception duties.

The opening hours are Monday and Wednesday to Friday from 9:00am to 5:30pm, Tuesday from 9:00am to 7:00pm and Saturday from 9:00am to 12:00pm.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

During the inspection we received feedback from three patients. The patients were positive about the care and

Summary of findings

treatment they received at the practice. Comments included staff were excellent and friendly. They also commented they had sufficient privacy during treatments.

Our key findings were:

- The surgeries were cluttered but appeared clean and hygienic.
- Systems in place to assess and manage risks to patients and staff including fire and Control of Substances Hazardous to Health (COSHH) were ineffective.
- Staff were qualified and had received training appropriate to their roles.
- The recruitment process was ineffective.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Dental care records showed treatment was planned in line with current guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed patients were treated with kindness and respect by staff.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- Patients were able to make routine and emergency appointments when needed.
- The governance systems were not effective.
- Clinical audit was not embedded within the practice.

We identified regulations that were 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 the storage of records relating to service users and people employed by the registered provider are in accordance with current legislation and guidance.
- Ensure audits of various aspects of the service, such as radiography and infection prevention and control are undertaken at regular intervals to help improve the quality of service. The practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure products identified under the Control of Substances Hazardous to Health (COSHH) 2002 Regulations are stored appropriately.

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 arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the process for the storage of documentation relating to the servicing and maintenance of equipment.
- Review the security of prescription pads in the practice.
- 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

Staff told us they felt confident about reporting incidents and accidents. There was an effective system for the analysis of such events.

The practice did not have a system in place to receive safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS).

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The surgeries were cluttered but did appear clean. Environmental cleaning was carried out in line with national recommendations.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use. We noted staff were not provided with the appropriate personal protective equipment when manually scrubbing instruments. Bagged instruments were not stamped with a date of when they were processed or to be used by.

An effective system was not in place for the storage of documentation relating to the servicing and maintenance of equipment.

Security of records relating the patients was not adequate.

Are services effective?

No action

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and provided treatment when appropriate.

The practice followed current guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). The practice focused strongly on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were suitably qualified and had completed training relevant to their roles.

Summary of findings

Referrals were made to secondary care services if the treatment required was not provided by the practice.

Are services caring?

No action

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

During the inspection we received feedback from three patients. The patients commented staff were excellent and friendly.

We observed the staff to be welcoming and caring towards the patients.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

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 they understood.

Are services responsive to people's needs?

No action

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

The practice had an efficient appointment system in place to respond to patients' needs. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice had made reasonable adjustments to enable wheelchair users or patients with limited mobility to access treatment.

Are services well-led?

Requirements notice

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

Governance arrangements were not effective. Policies were not always up to date or followed and the recruitment process was not adhered to.

The storage of records relating to service users and people employed by the registered provider was not in accordance with current legislation and guidance.

Risks associated with the undertaking of the regulated activities were not appropriately managed. For example those associated with fire and the storage of substances hazardous to health.

Audit was not embedded within the practice. For example, the Infection Prevention and control audit had not been completed since April 2012 and the X-ray audit had not been completed since April 2014.

Summary of findings

They were currently undertaking the NHS Friends and Family Test (FFT). Actions which had been taken as a result of patient feedback were displayed in the waiting room.

Anthony J Cale & Associates

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 led by a CQC inspector who was supported by a specialist dental adviser.

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

We spoke with three dentists and three dental nurses. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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 guidance for staff about how to report incidents and accidents. Staff were familiar with the importance of reporting significant events including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We reviewed the significant events which had occurred in the last 12 months. These had been documented and analysed. Any accidents or incidents would be reported to the registered manager.

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

The practice did not have an effective process in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and through the Central Alerting System (CAS). We saw alerts from 2013 had been stored but no evidence of any alerts since then.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. Staff had access to contact details for both child protection and adult safeguarding teams. The registered manager was the safeguarding lead for the practice and staff had undertaken level two safeguarding training.

We spoke to with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A safer sharps system was not in use but a risk assessment was seen to mitigate risk of sharps injury. We were told that the clinicians were responsible for handling local anaesthetic syringes.

The dentists told us they routinely used a rubber dam where possible when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

We saw patients' clinical records were paper based. These records were not always stored securely. For example, when patients had finished a course of treatment their dental care records were stored underneath the reception desk until the forms had been sent off for processing. There were also numerous paper record cards in the X-ray developing room which were not held securely.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. Staff had completed training in emergency resuscitation and basic life support within the last 12 months.

The practice kept an emergency resuscitation kit, medical emergency oxygen and emergency medicines. Staff knew where the emergency kits was kept. We checked the emergency equipment and medicines and found them to be in date and in line with the Resuscitation Council UK guidelines and the BNF.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (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.).

Records showed regular checks were carried out on the AED, emergency medicines and the oxygen cylinder. These checks ensured the oxygen cylinder was full and in good working order, the AED battery was charged and the emergency medicines were in date. We saw the oxygen cylinder was serviced on an annual basis.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. This policy was not up to date as it still referenced Criminal Records Bureau (CRB) checks

which were replaced by Disclosure and Barring Service (DBS) checks. DBS 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 who may be vulnerable.

We reviewed 10 staff files and found the recruitment procedure had not been followed. For example we noted there were no DBS checks carried out for three members of staff. We noted the DBS checks which had been sought for staff were kept in a folder in the reception area. These were not held securely.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessments were in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them.

There were policies and procedures in place to manage risks at the practice. These were generic dental practice risk assessments including the use of pressure vessels and manual handling.

A fire risk assessment had been carried out in June 2015. This had been completed by the registered provider. We saw in the fire risk assessment the back door was detailed as a fire escape. There was no fire exit signage above this door. This door was locked and required two keys to open it and a rusty bolt at the base of the door. The keys for this door were stored in a drawer behind the reception desk. In the event of a fire this door would not be easy to open. No fire drills and no regular checks on the fire alarm (except bi-annual services) had been carried out. The fire extinguishers were due to be serviced in December 2016 and a small one behind the reception desk was due to be serviced in November 2015. There was no evidence these had been done.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. Staff were unaware of where this folder was kept. When we found the folder it did not include all the substances used in the practice. For example, there was no evidence chemicals used when developing X-rays were included in the folder.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. Staff were unaware if there was an infection control lead within the practice.

Staff had received training in infection prevention and control. We saw evidence staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the work surfaces in the treatment rooms to be cluttered. There were plastic storage units on the work surfaces. These would make effective cleaning difficult.

There was a cleaning schedule which identified and monitored areas to be cleaned and colour coded equipment was used. There were hand washing facilities in the treatment rooms and posters promoting good hand hygiene were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed clinical waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in the treatment rooms. A decontamination room was available but this was not used.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05).

The practice had systems in place for daily and weekly quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

Are services safe?

We did note the nurses did not wear disposable aprons whilst manual scrubbing instruments. Heavy duty gloves were not changed on a weekly basis.

The practice had not carried out an infection prevention and control audit since April 2012. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. HTM 01-05 states this audit should be completed on a bi-annual basis.

Records showed a risk assessment process for Legionella had been carried out (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients, flushing infrequently used outlets each week and monitoring cold and hot water temperatures each month.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves and the compressor. On the day of inspection the service certificates for the servicing of the autoclaves indicated they were now overdue. We were given a verbal assurance that these services had been done.

Portable appliance testing (PAT) had been completed in January 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

We saw the practice was not storing NHS prescription pads securely. We noted prescriptions were pre-stamped and were not locked away at night.

Radiography (X-rays)

The practice did not have a dedicated radiation protection file. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only.

We reviewed records of the service history of the X-ray equipment. The most current certificates indicated they were now due for a routine test. We were given a verbal assurance that these tests had been done.

Local rules were available in the surgeries. We saw a justification, grade and a report was documented in the dental care records for all X-rays which had been taken.

An X-ray audit had last been carried out in April 2014. This included assessing the quality of the X-rays which had been taken. These audits should be completed at least every year.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentist carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

Medical history checks were updated every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentist followed the guidance from the FGDP before taking X-rays to ensure they were required

Health promotion & prevention

The dentists provided preventative care and support to patients in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentists applied fluoride varnish to children who attended for an examination. High fluoride toothpastes were recommended for patients at high risk of dental decay.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that smoking cessation advice and alcohol awareness advice was given to patients where appropriate. There were health promotion leaflets available in the waiting room to support patients.

Staffing

Staff were responsible for maintaining their own continuous professional development (CPD) for registration with the General Dental Council (GDC). The practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with current guidance. We saw policies and procedures relating to the referral of patients to secondary care. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics, oral surgery and sedation.

The practice had a procedure for the referral of a suspected malignancy. This involved sending an urgent letter the same day and a telephone call to confirm the letter had arrived.

Consent to care and treatment

Patients were given information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. The dentists described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. The dentists were familiar of the concept of Gillick competency clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Are services effective?

(for example, treatment is effective)

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given a written treatment plan which outlined the treatments which had been proposed and the associated costs. Patients were given time to consider and make informed decisions about which option they preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. This included keeping surgery doors shut during consultations and treatment.

We observed staff to be helpful, discreet and respectful to patients. Staff told us if a patient wished to speak in private an empty room would be found to speak with them.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Patients were also informed of the range of treatments available on leaflets and notices in the waiting area. NHS treatment fees were displayed in both waiting areas.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen within 24 hours if not the same day. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included step free access to the premises and a ground floor accessible toilet. The ground floor surgeries were large enough to accommodate a wheelchair or a pram. There were hearing loops and interpreter services available.

Access to the service

The practice displayed its opening hours on the premises, in the practice information leaflet and on the practice website.

Patients could access care and treatment in a timely way and the appointment system met their needs. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service. Information about the out of hours emergency dental service was available on the telephone answering service. The information about the out of hour's service in the practice information leaflet was not up to date.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. The registered manager was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially. We reviewed the complaints which had been received in the past 12 months and found they had been dealt with in line with the practice's policy.

Are services well-led?

Our findings

Governance arrangements

The practice was a member of a 'Good Practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

The registered manager was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. These policies were stored in several different folders. These were disorganised and many policies were duplicated which made locating the most current policy difficult. Staff were not confident about locating policies.

Governance arrangements were not effective.

Policies and procedures were not always followed. For example, the recruitment policy was not followed. We reviewed staff recruitment folders and found the three newest members of staff had not had DBS checks carried out and there was no evidence references had been sought prior to employment.

The storage of records relating to service users and people employed by the registered provider was not in accordance with current legislation and guidance. We found DBS checks which had been carried out were not stored securely. These were held in a folder which was easily accessible to any staff member. Patients' dental care records were not always held securely. We found many were not locked away at night and could easily be taken when the reception desk was not manned.

Risks associated with the carrying on of regulated activities were not appropriately managed.

Risks associated with fire were not managed. For example, the fire escape was locked, no fire drills had been carried out and the extinguishers had not been serviced in line with the manufacturers guidance.

Substances which are hazardous to health were not stored appropriately. We noted that solution used for the developing of X-rays was held in a non-secure and poorly ventilated room. The material data safety sheet for these solutions states they should be stored securely, out of reach of children and in a well ventilated area.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. Staff told us they felt comfortable to raise issues and make suggestions. We were told staff had suggestions relating to the way the practice was run. These suggestions had not been adopted.

Learning and improvement

Audit was not embedded within the practice. The infection prevention and control audit had last been completed in April 2012. This should be completed every six months. An X-ray audit had not been completed since April 2014. This should be done at least every year.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service We were told as a result of feedback from patients an additional handrail had been put up on the staircase and comfier seats had been installed in the waiting area.

The practice also undertook the NHS Friends and Family Test (FFT). The FFT is a feedback tool which 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 100% of patients asked said they would recommend the practice to friends and family.

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 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** **The registered person does not have effective systems in place to ensure that the regulated activities at Anthony J Cale & Associates are compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities).** • The risks associated with fire had not been appropriately assessed or managed. • The system for monitoring the quality of X-rays and infection prevention and control was not effective. • Substances hazardous to health were not stored appropriately. • Records relating to service users and people employed were not stored securely. **Regulation 17(1)**

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 **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

- The provider did not always acquire the documents in Schedule 3 when employing staff. Three members of staff had not been subject to a Disclosure and Barring Service check before they had contact with patients.
- The provider did not acquire satisfactory evidence of conduct in previous employment to ensure staff were safe to work with vulnerable adults and children.

Regulation 19(1) & 19(2)