Dr. Katayoun Pirayesh

Preston Circus Dental Practice

Inspection Report

4 Rosehill Terrace
Brighton
East Sussex
BN1 4JJ
Tel:01273 605199
Website:

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Overall summary

We carried out this unannounced inspection on 3 July 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

We found that this practice was 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

Preston Circus Dental Practice is in Brighton and provides NHS and private treatment to adults and children.

Summary of findings

There is no level access for people who use wheelchairs and those with pushchairs as the practice is accessed vis a flight of steps. Car parking spaces, including some for blue badge holders, are available near the practice.

The dental team includes three dentists, 1 dental nurse, 1 student nurse,1 dental hygienist, and 1 receptionist and the practice manager. The practice has four treatment rooms.

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

On the day of inspection we did not collect CQC comment cards as this inspection was unannounced. We spoke with two patients prior to our inspection.

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

The practice is open:

Monday to Friday 9am to 5pm

Our key findings were:

- The practice staff appeared clean and well maintained.
- The practice staff did not have sufficient infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice did not have sufficient systems to help them manage risk.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures.
- 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 practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff did not have suitable information governance arrangements.

We identified regulations the provider was not meeting. They must:

- Ensure care and treatment is provided in a safe way to patients
- Ensure all premises and equipment used by the service provider is fit for use
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
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Full details of the regulation/s the provider was/ is not meeting are at the end of this report.

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 

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

The practice had some systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean but not properly maintained. The practice did not follow sufficiently the guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as good. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The practice supported staff to complete training relevant to their roles but did not have a robust system to help them monitor this.

Are services caring?

No action

We received feedback about the practice from two people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful and friendly.

They said that they were given good advice and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Summary of findings

Are services responsive to people's needs?

No action

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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to a telephone or face to face interpreter services and would make arrangements to help patients with sight or hearing loss as required.

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

Are services well-led?

Requirements notice 

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

The practice did not have sufficient arrangements to ensure the smooth running of the service. This included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept some complete patient dental care records which were, clearly written or typed and stored securely. We found that some medical histories had not been updated.

The practice did not sufficiently monitor clinical and non-clinical areas of their work to help them improve and learn. However they did ask for and listen to the views of patients and staff.

Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. 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.

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

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

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at partial staff recruitment records, as some of the documents had been locked away and the key was not available. We received copies of the remaining documents following our inspection. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. However, we did note that there was a member of staff who was not registered with the GDC but was performing clinical duties. We discussed this with the practice manager. Following our inspection we received confirmation that the member of staff had resigned.

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

There were areas of the premises which were potentially hazardous. We saw that there were numerous rips and tears in the carpeting on the stairs to the first floor treatment rooms, these provided a trip hazard. We also noted an area outside of the ground floor treatment room where the carpet was raised causing a potential trip hazard. We saw that there were sharp broken tiles in the patient toilet which were at child accessible height. We noted that the hot water in the patient toilet was extremely hot causing a potential scalding hazard without any warning signs stating caution.

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

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

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety; however these were insufficient in that they had been completed and had missed risks in relation to the premises and infection control.

The practice's health and safety policies, procedures and risk assessments were lacking in detail and although some had been completed these had missed many risks throughout the practice. The practice had current employer's liability insurance.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff did not follow relevant safety regulation when using needles and other sharp dental items. The practice had not carried out a safe sharps risk assessment in line with the Health and Safety (sharp instruments in healthcare) Regulations 2013.

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

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. However there was no risk assessment was in place for when the dental hygienist worked without chairside support.

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

The practice had infection prevention and control policy and procedures, which did not cover current guidance. They were not following guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice did not have suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We saw that there was no consistency in how the instruments were packaged, dated and stored. We found a number of packaged instruments that were not sealed correctly allowing air ingress. Many packages had not been dated and some that were dated had expired. Staff told us that they checked instruments to ensure they were reprocessed when close to expiry and shown a log which had been completed to indicate these checks had been carried out. We discussed this with staff as clearly the checks had not been completed sufficiently. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

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

The practice had little procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A risk assessment had been conducted in 2014 but only some of the actions identified had been addressed, such as water temperature monitoring. There was no process to disinfect the dental unit water lines. Following our inspection, the practice sent us evidence to confirm that the dental unit water lines were now being disinfected and a new legionella risk assessment had been booked for 20 July 2018.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

The practice 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 twice a year. The latest audit showed the practice was meeting the required standards; however we found that this was not the case.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements. However we did find some records where medical history information had not been regularly

Are services safe?

updated. We discussed this with the dentist who said that it would have been discussed verbally. Staff were aware of the risk of not recording medical history information and have ensured us that this will be addressed.

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

Safe and appropriate use of medicines

The practice had some systems for appropriate and safe handling of medicines.

There was a stock control system of the medicines which were held on site, but not stock control measures for dental materials used at the practice; we found many expired dental materials in two of the treatment rooms.

The practice stored prescription pads securely but did not keep enough detailed records of NHS prescriptions as described in current guidance.

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

Track record on safety

There were some risk assessments in relation to safety issues. However these had failed to highlight risks or initiate actions to reduce risks. The practice was not monitoring and reviewing incidents. There was a lack of understanding about risks and risk assessments. The practice did not have an accurate and current picture that would lead them to safety improvements and learning.

In the previous 12 months there had been one safety incident, where a patient collapsed and an ambulance had been called. Staff could recount the incident but no record had been made of it.

Therefore the incident was not investigated, documented and discussed with the rest of the dental practice team to learn from such occurrences or reduce the risks of similar events happening again in the future.

Lessons learned and improvements

The staff were not aware of the Serious Incident Framework

There were not adequate systems for reviewing and investigating when things went wrong.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

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

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

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

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

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they 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 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

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

Staff told us they discussed training needs at annual appraisals We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

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

Are services effective?

(for example, treatment is effective)

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

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

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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 kind and helpful. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

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

Privacy and dignity

The practice respected and promoted patients' privacy and dignity. However we did note that treatment room doors had been propped open during the day.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas did not provide privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer 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 be involved in decisions about their care and were aware of the

or requirements under the Equality Act the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials 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 leaflet provided patients with information about the range of treatments available at the practice.

The dentist/s described to us the methods they used to help patients understand treatment options discussed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. However the practice was accessible via a flight of steps. The gradient of the steps did not allow for a ramp to be used. Patients were informed at the point of enquiry that there was no level access or wheelchair accessible toilet and were given the names of other practices close by with level access.

A Disability Access audit had not been completed or an action plan formulated in order to continually improve access for patients.

Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

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

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

They took part in an emergency on-call arrangement with 111 out of hour's service.

The practice information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

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 complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them 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.

We looked at comments, compliments and complaints the practice received last 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had the experience, capacity and skills to deliver the practice strategy but more work was needed with regard to risk.

The principal dentist was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

Leaders acted on behaviour and performance inconsistent with the vision and values.

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.

Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had an partial system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff these were in the process of being updated to reflect current guidance.

There were ineffective processes for managing risks.

Appropriate and accurate information

The practice acted on appropriate and accurate information, although some operational policies did not contain up to date information for staff to refer too.

Quality and operational information was not being used to ensure and improve performance. Performance information was combined with the views of patients.

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

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.

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service.

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

Continuous improvement and innovation

There were some systems and processes for learning and continuous improvement, however these needed to be updated to reflect current guidance and legislation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control; although we found that the infection control audits had not identified gaps in the processes. They had records of the results of these audits but there were no resulting action plans and improvements made as a result.

The principal dentist showed a commitment to learning and valued the contributions made to the team by individual members of staff.

Are services well-led?

The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

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

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

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 · Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular: risk assessments had been carried out but had not identified or rectified risks associated with infection control, and legionella. · 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: addressing the trip hazards throughout the practice, addressing sharp broken tiles at child level in the patient toilet and not warning patients of the extremely hot water in the patient toilet. · There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular: staff did not follow HTM 01-05 guidance, with regard to the wrapping and storage of re-usable dental instruments, the re-use of single use items such as steel burs, no zoning of the treatment rooms to ensure that there was not cross contamination of clean and dirty instruments. **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

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 operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: risk assessments failed to identify obvious risks throughout the practice, policies and procedures were out of date and did not contain up to date information that reflected current guidance for staff to refer to.