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Knowle Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 8 January 2020 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 Care Quality Commission, (CQC), inspector who was supported by two specialist dental advisers.

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Background

Knowle Dental Practice is in Knowle, Bristol and provides private dental care and treatment for adults and children.

There is a small step upon entrance in to the practice for people who use wheelchairs and those with pushchairs. There was no patient parking available at the practice. However, the practice was on a bus route and there was the ability to park near the practice. Disabled patients could be dropped off directly outside the practice.

The dental team includes two dentists (who also managed the practice), three dental nurses and one receptionist. The practice has two treatment rooms.

Summary of findings

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 collected 16 CQC comment cards filled in by patients and spoke with four other patients.

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

The practice is open:

Monday 8am-8pm

Tuesday 8:30am-5:30pm

Wednesday 8:30am-3pm

Thursday 8:30-8pm

Friday 8:30-1pm

Our key findings were:

- 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.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.
- Staff provided preventive care and supported patients to ensure better oral health. Although we noted they were not always aware of current guidelines
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had a system to deal with complaints efficiently.

- The provider had information governance arrangements.
- The providers leadership needed to improve to ensure the service met current regulations.
- The provider had staff recruitment procedures which mainly reflected current legislation. We noted some improvements could be made.
- The practice appeared to be visibly clean and well-maintained. Although, we found some equipment had not received servicing, when it was required.
- The systems and processes to help them manage risk to patients and staff needed to be improved upon. This included managing actions from risk assessments carried out for legionella and fire safety, ensuring equipment was serviced when it is required and ensuring risk assessments were carried out for substances hazardous to health.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Full details of the regulation the provider is not meeting is at the end of this report.

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Take action to ensure the clinicians take into account the guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when promoting the maintenance of good oral health.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.
- Take action to ensure the availability of an interpreter service for patients who do not speak English as their first language.
- Take action to ensure audits of infection prevention and control should ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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	✓
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 this practice was providing safe care in accordance with the relevant regulations.

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

Staff had systems to keep patients safe. Although some of these systems could be improved.

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 saw evidence that staff had 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.

The provider also had a system to identify adults that were in other vulnerable situations such as those who were known to have experienced modern-day slavery or female genital mutilation. The provider planned to hold a learning session on these areas within the next team meeting.

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 arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. We observed that bagged instruments were not always dated, in accordance with current guidelines. The provider informed us they would start date stamping all processed instruments with the expiry date. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line

with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff carried out manual cleaning of dental instruments prior to them being placed in an ultrasonic cleaner, then sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method and an unnecessary step when automated ultrasonic cleaning was available and used. Manual cleaning carries an increased risk of an injury from a sharp instrument.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw the systems in place to reduce the possibility of Legionella or other bacteria developing in the water systems needed to be improved. We saw water sample testing had last been completed in April 2019. We saw the legionella risk assessment had been completed in 2012 and we noted that actions had not been completed following the recommendations made. For example, monthly water temperature testing. The provider informed us they planned to arrange for another risk assessment to be completed and training to enable staff to carry out the checks required.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that clinical waste bins were stored in an open area and the provider informed these would be moved into a secure outside storage area.

The provider carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. However, we noted that the audit was not summarised with an analysis of the results and any subsequent action plan, if required.

The provider had a Speak-Up (whistleblowing) policy. Staff felt confident they could raise concerns without fear of recrimination.

Are services safe?

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

The provider had a recruitment policy and procedure to help them employ suitable staff. These mainly reflected the relevant legislation. However, we did note some legislation requirements were not detailed within the systems used. The majority of staff had been working in the practice for a long time. The provider informed us they did not use agency or locum staff. We looked at one staff recruitment record. This showed the provider mainly followed their recruitment procedure. We noted that the previous conduct of employment had been taken verbally and not recorded within their file.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

The systems in place to ensure all equipment was safe to use, and that equipment was maintained according to manufacturers' instructions needed to be improved. We found the compressor was last serviced in 2018. After the inspection the provider sent us evidence that a service had been completed following the inspection. The manual X-ray developer was overdue a service. Following the inspection, the provider informed they were in the process of changing to digital X-rays and the provider would no longer need to use the manual X-ray developer. There was no evidence provided of an electrical installation safety certificate. Following the inspection, the provider had taken action to address this and works were in progress.

The systems in place to ensure fire safety met relevant legislation needed to be improved. A fire risk assessment was carried out in line with the legal requirements in 2018. We noted there were eight actions identified. Two of these actions had been completed. There was no evidence of an action plan for the outstanding six actions. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were mainly kept clear. Although, the clinical waste bins were stored in such a way that could block a fire escape. The provider informed us that these would be moved. We noted that no fire drills had been undertaken. We saw there were monthly checks

on the smoke detectors rather than weekly checks. Staff had received fire safety training inhouse by a member of staff who may not have been aware of all the fire safety requirements. The provider identified that additional training was required for staff and had implemented the checks, taking action to address identified risks from the risk assessment and organised a fire drill following this inspection.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The provider was aware there was a positioning fault with one of the dental X-ray units and planned to replace this unit as soon as possible. We noted the systems to ensure actions were addressed needed improvement. We found a recommendation had been made to contact the radiation protection advisor regarding the positioning of another dental X-ray unit in 2018 and this had not been addressed.

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

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly 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 the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken.

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

Some staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to

Are services safe?

manage patients who present with dental infection and where necessary refer patients for specialist care. The provider planned to ensure all staff had received training in this area.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support 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 they were available, within their expiry date, and in working order.

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

The provider had access to the information sheets for each hazardous product. However, the management systems had not identified that risk assessments were required in line with legislation to minimise the risk that can be caused from substances that are hazardous to health.

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 dental care records with clinicians to confirm our findings and observed that individual records were typed 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 requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help

make sure patients were seen quickly by a specialist. We saw that the system used did not include a central monitoring to ensure checks were made by the practice to ensure the referral had been received and acted upon.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

The provider informed us they would review how prescriptions were stored and kept within the practice to ensure they were kept securely.

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

We noted there had been no antimicrobial prescribing audits carried out. Staff knowledge indicated they were following current guidelines. The provider had a plan to complete an audit.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider did not have a system for receiving and acting on safety alerts. Following the inspection, the provider informed us they had now signed up to the alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We found 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 professionals up to date with current evidence-based practice. We saw clinicians assessed patients' 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 dentists did not prescribe high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The provider was not aware of the guidelines for Delivering Better Oral Health toolkit which provides preventive care and support guidelines to ensure better oral health for patients. The provider told us they would review the guidelines and implement suggested additional preventative measures for patients.

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

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. We noted that the dentists did not generally carry out a basic periodontal examination in children of an appropriate age in accordance with current guidelines. We were advised that they will reflect on this and implement into practice, where necessary.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff 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 staff

were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. 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 might 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 may give consent for themselves in certain circumstances. 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.

There was no evidence provided of any clinical record audits carried out. We noted that the records we reviewed showed the dentists were meeting requirements set through legislation and guidelines.

Effective staffing

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

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

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 for treatment the practice did not provide.

Are services caring?

Our findings

We found 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 exceptional, friendly and caring. We saw 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.

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

Information folders and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

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. If a patient asked for more privacy, the practice would respond appropriately. 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. They were aware of the requirements of the Equality Act.

The requirement of the Equality Act is to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were not available for patients who did not speak or understand English. We were advised this had not been required. However, the provider would review how this would be provided if required.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials could be made available, if required.

Staff were not aware of how they could help patients and their carers find further information and access community and advocacy services. The provider informed us they would look into local arrangements for this.

Staff gave patients clear information to help them make informed choices about their treatment. 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 website provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, study models, X-ray images and information leaflets.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found 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 about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

16 cards were completed, giving a patient response rate of 32%

100% of views expressed by patients were positive.

Common themes within the positive feedback were ease of access of dental appointments and convenient appointment times. A number of patients said the service was 'excellent'.

We were able to talk to four patients on the day of inspection. Feedback they provided aligned with the views expressed in completed comment cards.

The practice 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. This included reading glasses and there was a small step upon entrance into the building of which staff would help assist patients, where needed. The treatment rooms had the ability to see patients who used a wheelchair.

The previous provider had carried out a disability access audit in 2003, which was prior to new legislation in 2010.

We noted that there were no systems to identify how patients requiring translation or British Sign Language services would be supported. The provider informed us they would complete an audit which followed current legislation and current practices.

Staff described an example of a patient who needed extra support when they visited. This had worked well and the patient was not worried about visiting the practice because they knew what to expect.

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

Timely access to services

Patients could 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 on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients 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.

The staff took part in an emergency on-call arrangement with another local dental practice and the other dentist working there and patients were directed to the appropriate out of hours service.

The practice's website 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

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint.

Are services responsive to people's needs? (for example, to feedback?)

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

The provider 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 provider had dealt with their concerns.

The practice had not received complaints in the last year.

Are services well-led?

Our findings

We found 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

We found the principal dentist had the capacity, values and skills to deliver high-quality, sustainable care. Although improvements needed to be made with how the practice was managed to ensure regulation requirements were met at all times.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. This included a future plan to upgrade the practice so they could improve services provided, such as installing a separate decontamination room, refurbishing the treatment rooms and installing digital X-rays.

The principal dentist and associate dentist (who also managed the practice) were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

Culture

The practice had a culture of ensuring staff were supported to complete their role effectively and patients were happy with the service provided. We found the majority of staff had worked in the practice for a long time and patients were highly satisfied with the service provided.

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

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. Staff had completed training in Dementia awareness and this had been discussed during a team meeting to help understanding and support patients and their carers with this condition.

We saw the provider had systems in place to deal with staff poor performance.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management. However, governance of the practice overall needs to be improved to ensure compliance with regulations.

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

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.

The provider did not have effective systems in place to monitor the quality and safety of the service provided. The provider had not identified the issues that we identified during the inspection. This included completing actions from the legionella and fire safety risk assessments, taking action to manage fire safety, substances hazardous to health, equipment, radiation, patient safety alerts, referrals and patient access effectively to ensure it met with current guidelines and legislation.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example, patient surveys and audits were 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.

Engagement with patients, the public, staff and external partners

Are services well-led?

Staff involved patients, the public, staff and external partners to support the service. For example, the principal dentist provided treatment for some patients through a payment plan service and the company provided additional support to the practice on a wide range of areas including in-house training in key areas.

The provider used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. Some patients had commented on being able to park their bike safely at the practice when visiting. The provider had purchased a bike rack and this was waiting to be installed for patient use. The patient survey carried out in September 2018 showed a high patient satisfaction.

The provider 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

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had some quality assurance processes to encourage learning and continuous improvement. Although some of these could be improved. These included audits of radiographs and infection prevention and control. We noted that the infection control audit was not fully completed and required an analysis of results and any follow up actions. We found the provider had not completed any clinical record or antibiotic prescribing audits, as recommended by guidelines.

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development. We noted that how fire safety training had been previously delivered needed improvement to ensure it met with requirements in legislation.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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.</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The systems to manage legionella need to be improved.• The systems to ensure equipment was safe to use needed improvement.• Fire safety should be managed effectively to ensure it met with current legislation requirements.• Substances hazardous to health require practice specific risk assessments to meet legislation requirements.• Systems should be implemented to ensure actions are addressed in relation to radiation.• Referrals must be monitored to ensure patients receive treatment in a timely manner.• A system must be implemented to ensure patient safety alerts are monitored.• There must be a system in place to ensure patient access has been assessed under current legislation to ensure the practice can meet all patient's needs, where possible. <p>Regulation 17 (1)</p>