

BRL Dentos Ltd

# Diamond Dental and Medical Clinic

## Inspection Report

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### Overall summary

We carried out an unannounced comprehensive inspection on 18 October 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

#### **Background**

Diamond Dental and Medical Clinic is located in the London Borough of Barnet and provides private dental treatment to both adults and children. The premises are on the ground floor and consist of four treatment rooms, an X-ray room, a reception area and a dedicated decontamination room. The practice is open Monday to Sunday 9:00am – 9:00pm.

The staff consists of two associate dentists and the practice manager.

The practice manager 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.

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

#### **Our key findings were:**

- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and child protection.

# Summary of findings

- Patients were treated with dignity and respect and confidentiality was maintained.
  - The practice had implemented clear procedures for managing comments, concerns or complaints.
  - Patients had good access to appointments, including emergency appointments, which were available on the same day.
  - There were ineffective processes in place to reduce and minimise the risk and spread of infection.
  - Recruitment checks were not undertaken suitably.
  - Patients' needs were not assessed and care was not planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
  - We found the dentists did not regularly assess each patient's gum health and took X-rays at appropriate intervals.
  - Patients were not involved in their care and treatment planning so they could make informed decisions..
  - Leadership structures were unclear and there were no processes in place for dissemination of information and feedback to staff.
  - The registered manager was not aware of their responsibilities under the Duty of Candour.
  - Ensure the training, learning and development needs of individual staff members are reviewed at appropriate intervals and an effective process is established for the on-going assessment and supervision of all staff.
  - Ensure audits of various aspects of the service, such as radiography, infection control and dental care records are undertaken at regular intervals to help improve the quality of service. The practice should also check that where applicable audits have documented learning points and the resulting improvements can be demonstrated.
  - Ensure the practice undertakes a Legionella risk assessment and implements the required actions 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'.
  - Ensure the current staffing arrangements are appropriate and the dentists are adequately supported by a trained member of the dental team when treating patients in a dental setting.
  - Ensure current policies and procedures for obtaining patient consent to care and treatment reflect current legislation and guidance, and that staff follow them at all times.
- We identified regulations that were not being met and the provider must:**

- Ensure the practice's infection control procedures and protocols are suitable taking into account 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'.
- 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.

## **There were areas where the provider could make improvements and should:**

- Review the practice protocol and ensure staff are aware of their responsibilities as per the Duty of candour under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Review availability of equipment to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- 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).

# Summary of findings

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.
- Review the storage of records related to people employed and the management of regulated activities taking into account current legislation and guidance.
- Review the practice's protocols for completion of dental records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. Improvements were however required to ensure all medicines and equipment as per national guidelines were available at all times. The practice did not have an incidents and accident reporting procedure and a system for receiving patient safety alerts from relevant external organisations. The registered manager we spoke with was not aware of reporting procedures including recording them in the accident book.

The practice did not have effective systems in place to reduce the risk and spread of infection. The practice had a written infection control policy. However, we observed the practice did not follow their infection control policy. The practice infection control procedures required improvement in line with guidance issued by the Department of Health, 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'. The practice had not undertaken a Legionella risk assessment.

Recruitment checks were not undertaken suitably and the practice had not appropriately stored records related to people employed and the management of regulated activities giving due regard to current legislation and guidance. The registered manager did not understand their responsibilities under the Duty of Candour.

We noted that a rubber dam was not used for root canal treatment in line with national guidelines. Following our inspection the provider sent us an action plan which showed how the practice would address our concerns. We are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

### Enforcement action



### Are services effective?

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

One clinical member of staff had completed continuing professional development to maintain their registration in line with requirements of the General Dental Council. Improvements were required to ensure that the training, learning and development needs of individual staff members were reviewed at appropriate intervals and an effective process was established for the on-going assessment and supervision of all staff.

We did not see evidence in the dental care records which showed that the practice provided evidence-based care in accordance with relevant, published guidance, for

### Enforcement action



# Summary of findings

example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), Department of Health (DH) and the General Dental Council (GDC). The practice did not have arrangements in place for working with other health professionals to ensure suitable quality of care for their patients.

We did not see evidence in the dental care records which showed the practice monitored patients' oral health, staff gave appropriate health promotion advice and explained treatment options to patients to ensure they could make informed decisions about any treatment. Staff did not understand the requirements of the Mental Capacity Act 2005 (MCA).

Following our inspection the provider sent us an action plan which showed how the practice would address our concerns. This included staffing arrangements to ensure the dentists are adequately supported by a trained member of the dental team when treating patients in a dental setting. We are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

## Are services caring?

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

The practice had been open for less than 12 months and had not yet undertaken a patient satisfaction survey. Comments for the practice website indicated patients were treated in a professional manner and staff were very helpful.

We observed staff in the reception area arranging appointments over the telephone. We noted that patients were treated with respect and dignity during interactions over the telephone. We observed that patient confidentiality was maintained. Treatment and decontamination room doors were lockable and dental care records were stored appropriately.

No action



## Are services responsive to people's needs?

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

Patients had good access to appointments, including emergency appointments, which were available on the same day. The practice had extended opening hours until 9:00 pm Monday – Sunday. In the event of a dental emergency outside of normal opening hours, patients were directed to the practice emergency number and the contact details were available for patients' reference.

Patients had access to information about the service.

The practice had systems in place for patients to make a complaint about the service if required. However, information about how to make a complaint was not readily available to patients. We did not see evidence which showed the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

No action



# Summary of findings

## Are services well-led?

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

The practice had policies and procedures in place to help undertake the regulated activities.

However, the policies and procedures were not effective to ensure the smooth running of the service because of a lack of understanding of these procedures by staff.

We noted that the practice did not have robust systems in place to identify and manage risks such as those related to infection control, recruitment of staff and use of radiography equipment.

The practice did not have staff meetings to update or support staff. There was lack of overarching processes in place for staff development and no evidence which showed staff were supported suitably in undertaking their role.

The registered manager was not aware of their responsibilities under the Duty of Candour. Leadership structures were not clear and there were no processes in place for dissemination of information and feedback to staff.

The practice did not have suitable clinical governance and risk management structures in place. There were no mechanisms in place for obtaining and monitoring feedback for continuous improvements. We are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

## Enforcement action



# Diamond Dental and Medical Clinic

## 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an unannounced, comprehensive inspection on 18 October 2016. The inspection was carried out by a CQC inspector and a dental specialist advisor.

During our inspection visit, we reviewed policy documents and staff records. We spoke with the practice manager who is also the registered manager. We conducted a tour of the

practice and looked at the storage arrangements for emergency medicines and equipment. We reviewed the practice's decontamination procedures of dental instruments and also observed staff interacting with patients on the telephone.

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 an incidents and accident reporting procedure. The policy described the process for managing and investigating incidents. The practice did not have an accident book. Staff we spoke with were not aware of the procedure for accident reporting including recording in the accident book.

The practice did not have a procedure in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The staff member we spoke with did not understand the requirements of RIDDOR. The practice had carried out a risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). Improvements were required to ensure the COSHH risk assessments were comprehensive and included dental materials.

### Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for safeguarding adults and child protection. The policy contained details of the local authority safeguarding teams, whom to contact in the event of any concerns and the team's contact details. The staff member we spoke with were able to give us examples of the type of incidents and concerns that would be reported and outlined the protocol that would be followed in the practice. There were no reported safeguarding incidents in the last 12 months.

The practice did not have a safeguarding lead. We saw evidence that one member of staff had completed child protection and safeguarding adults training to an appropriate level. We did not see evidence for two other members of staff.

The practice had a health and safety policy and had undertaken a range of risk assessments.

The practice had a rubber dam kit which had expired in May 2011. We did not see evidence in the dental care records which showed that a rubber dam was used for root canal treatment in line with guidelines issued by 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 should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

### Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. The practice had an automated external defibrillator (AED). (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). Adrenaline, oxygen cylinder, oxygen mask and tubing, portable suction and a spacer device were not available at the practice on the day of our inspection. We discussed this with the registered manager who later showed us confirmation that these items had been ordered.

All other emergency drugs and equipment were within the expiry date ensuring they were fit for use. We did not see evidence which showed that regular checks had been carried out to the emergency medicines to ensure they were not past their expiry and in working order in the event of needing to use them.

The registered manager was aware of where medical equipment was kept and knew how to respond if a person suddenly became unwell. Staff told us they were confident in managing a medical emergency. We saw evidence that two members of staff had completed training in emergency resuscitation and basic life support. The practice did not have evidence of training for one clinical member of staff.

### Staff recruitment

The practice had a recruitment policy. We noted the practice did not follow its recruitment policy. We reviewed the recruitment records for all members of staff. The records contained some of the evidence required to satisfy the requirements of relevant legislation including evidence of professional registration with the General Dental Council (where required).

There were records which showed that identity checks and eligibility to work in the United Kingdom, where required, were carried out for two members of staff. The practice carried out Disclosure and Barring Service (DBS) checks for staff. [The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on



# Are services safe?

an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable]. The practice did not have evidence of DBS checks and immunisation for one clinical member of staff and evidence of professional indemnity for two clinical members of staff in line with guidance issued by the General Dental Council.

## **Monitoring health & safety and responding to risks**

There were arrangements in place to deal with foreseeable emergencies and the practice had a fire safety policy in place. The practice had undertaken a fire risk assessment in January 2016. Fire safety signs were clearly displayed, and staff were aware of how to respond in the event of a fire. We saw records of a fire evacuation plan and fire drills had been carried out.

The practice had undertaken a risk assessment of the business and there was a business continuity plan in place. The business continuity plan detailed the practice procedures for unexpected incidents and emergencies including a flood, equipment, electricity or failure of the computer system. It included the name and contact details for another dental practice where patients could be referred for treatment if necessary.

The registered manager told us that the practice did not have systems in place to receive and act upon patient safety alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA) and other external organisations. When asked they were not aware of these requirements.

## **Infection control**

The practice did not have effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments and hand hygiene. The policy had been written in September 2015. The practice had not followed the guidance on 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)'.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a dedicated decontamination room. We observed a lockable

lid container with toilet paper in the decontamination room. Toilet paper which appeared to be damp and used was on the counter by the rinsing sink in the decontamination room. When asked the registered manager told us the toilet paper was used to dry instruments. We observed a solution in a plastic container. We were told the solution was used to soak dental instruments and was only changed twice per week. This was not in line with guidance issued by HTM 01-05.

The registered manager told us the dentists carried out the decontamination of dental instruments as there was no nurse employed at the practice. We reviewed the infection control training for staff and did not find evidence of training in infection control for one of the dentists.

We saw instruments were placed in pouches after sterilisation. We found daily and weekly tests were performed to check that the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks. The practice had an ultrasonic bath but had not undertaken validation checks such as the foil test and protein residue test. When asked the registered manager was not aware of these requirements.

The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. We observed that the clinical waste bin had to be held open by hand to dispose of clinical waste rather than being foot operated.

The registered manager confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance. The treatment rooms where patients were examined and treated and equipment appeared visibly clean. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective decontamination of hands. Patients were given a protective bib and safety glasses to wear when they were receiving treatment. There were good supplies of protective equipment for patients and staff members.

The practice had not undertaken a Legionella risk assessment. (Legionella is a bacterium found in the

# Are services safe?

environment which can contaminate water systems in buildings). We noted water temperatures were not being monitored. When asked the registered manager was not aware of these requirements.

## **Equipment and medicines**

There were service contracts in place for the maintenance of equipment such as the X-ray equipment. The practice did not have a contract in place for the servicing of the autoclave. The practice had portable appliances and had carried out portable appliance tests (PAT) in January 2016.

We did not see records of a pressure vessel check or evidence the compressor was new and was not yet due for servicing.

## **Radiography (X-rays)**

The practice had a well maintained radiation protection file. We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with the registered manager about its use. We found there were arrangements in place to ensure the safety of the equipment including the local rules. The radiation protection file contained the maintenance history of X-ray equipment. We saw records which showed a critical examination had been undertaken in January 2016.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

During the course of our inspection we checked dental care records to confirm our findings. We did not see evidence in the dental care records which showed that patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) and Faculty of General Dental Practice (FGDP). The dental care records did not show that the dentist gave preventive advice in line with current guidance. There was no evidence in the dental care records to show that the dentist regularly assessed each patient's gum health and took X-rays at appropriate intervals. Where X-rays were taken there was no justification, grading or reporting.

We saw evidence of some assessments to establish individual patient needs such as completing a medical history, outlining medical conditions and allergies. An assessment of the periodontal tissue was not recorded using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums]. We did not see evidence in the dental care records which showed oral cancer screening was routinely undertaken and oral hygiene advice was given to patients.

Some of the dental care records were written in Polish which was not in line with guidance issued by the General Dental Council. The practice did not ensure all dental care records were clear, legible, accurate, and could be readily understood by others.

### Health promotion & prevention

The practice website provided some health information for patients on gum disease and tooth decay. The registered manager however could not retrieve or have to hand health promotion information that would be provided to patients such as related to caring for children's teeth, toothbrushing, flossing, sealants, dry mouth, caring for dentures and gum disease.

### Staffing

The practice did not have a dental nurse. When asked the registered manager told us a dental nurse had not been employed. We were concerned that routine dental

procedures, such as root canal treatment, fillings and crowns were being undertaken without the presence of suitable staff support including dental nurses in line with guidance issued by the General Dental Council.

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff were required to complete the induction programme.

We reviewed the training records for all three members of staff. We noted that opportunities existed for some staff to pursue continuing professional development (CPD). There was evidence to show that some staff members were up to date with CPD and registration requirements issued by the General Dental Council. Staff had completed training in health and safety, complaints handling and information governance. We did not see evidence of training in medical emergencies and infection control for one clinical member of staff. We did not see evidence of training in radiation and radiation protection for two clinical members of staff.

The practice had a policy and procedure for staff appraisals to identify training and development needs. The practice manager showed us the practice training policy which proposed using appraisals to identify staff's individual training needs. The practice manager told us appraisals had not yet been undertaken.

### Working with other services

The practice did not have a referral policy and appropriate arrangements were not in place for working with other health professionals to ensure quality of care for their patients. Staff told us it had not been necessary to make any referrals to date.

### Consent to care and treatment

We did not see evidence in the dental care records which showed the practice obtained valid consent for care and treatment. Staff told us individual treatment options, risks and benefits and costs were discussed with each patient. However, we checked dental care records and noted that patients did not routinely receive a detailed treatment plan and estimate of costs.

The dental care records did not show options, risks and benefits of the treatment were discussed with patients in line with guidance issued by the General Dental Council.

# Are services effective?

(for example, treatment is effective)

We noted the practice had consent forms for crowns, bridges, orthodontic treatment, dentures and oral surgery. However, we did not see evidence which showed the consent forms were routinely used.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff had not

received formal training on the MCA. Staff we spoke with did not demonstrate an understanding of the principles of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

During the inspection we observed the registered manager in the reception area arranging appointments over the telephone. They were polite, courteous, welcoming and friendly towards patients.

The practice had a policy on confidentiality which detailed how a patient's information would be used and stored. Staff explained how they ensured information about patients using the service was kept confidential. Patients' dental care records were both paper based and computerised. The computers were password protected and dental care records were stored securely and regularly backed up. Staff told us patients were able to have confidential discussions about their care and treatment in the treatment room. The treatment and decontamination room doors were lockable.

Staff told us that consultations were in private and that staff never interrupted consultations unnecessarily. We observed that this happened with treatment room doors being closed so that the conversations could not be overheard whilst patients were being treated. The environment of the surgeries was conducive to maintaining privacy.

The practice had been opened for less than 12 months and had not yet undertaken a patient satisfaction survey. Comments for the practice website indicated patients were treated in a professional manner and staff were very helpful.

### **Involvement in decisions about care and treatment**

There were no patients available for us to seek their comments as all procedures for the day had been cancelled by the registered manager.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We viewed the appointment book and saw that there was enough time scheduled to assess and undertake patients' care and treatment. The registered manager showed us the appointment diary and told us staff had an adequate amount of time to undertake procedures and prepare for each patient.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy. The demographics of the practice were mixed and staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions.

The registered manager told us the practice had undertaken a disability risk assessment and recognised the needs of different groups in the planning of its service. The treatment rooms were located on the ground floor so that persons with wheelchairs or limited mobility could access the service. The practice had a ramp and an accessible toilet.

### Access to the service

The registered manager told us that if patients called the practice in an emergency they were seen on the same day. Emergency appointments were available in the morning and afternoon for patients who required urgent treatment. The practice had extended opening hours until 9:00pm Monday – Sunday.

In the event of a dental emergency outside of normal opening hours details of the practice emergency number were available for patients' reference. These contact details were given on the practice answer machine message when the practice was closed.

### Concerns & complaints

The practice had a code of practice for patient complaints which described how formal and informal complaints were handled including the details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. Information about how to make a complaint was not readily accessible to patients.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. The practice had received one complaint in the last 12 months. We reviewed the complaint which the registered manager explained was ongoing. Improvements could be made to ensure the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

# Are services well-led?

## Our findings

### **Governance arrangements**

There was no evidence to show that adequate governance arrangements were in place at the practice. The practice did not have arrangements for identifying, recording and managing risks through the use of risk assessments, audits, and monitoring tools. Although the practice had policies and procedures in place there was a lack of understanding of key procedures and policies.

The practice had not identified various risks such as those related to infection prevention and control and those arising from employing staff without the necessary pre-employment checks such as undertaking DBS checks, immunisation, references and adequate professional indemnity.

The practice did not have records of the staff meetings. There was no evidence to show that clinical governance issues and matters regarding the management of the practice were discussed. The registered manager told us there were informal discussions on a regular basis.

### **Leadership, openness and transparency**

The practice manager had responsibility for the day to day running of the practice. Leadership in the practice was lacking. Responsibilities to undertake key aspects of service delivery had neither been assumed by the practice manager nor suitably delegated. The practice did not have a decontamination or safeguarding lead.

There was evidence to show that the standard of infection control was not in line with guidance issued by HTM 01-05 guidance. The practice manager had not assessed this risk and provided appropriate guidance and staff development. There was a lack of effective communication within the practice.

### **Learning and improvement**

We found that the practice did not have a formalised system of learning and improvement. There was no schedule of regular audits at the practice.

We reviewed the infection control audit that had been undertaken and noted it had not been completed appropriately. We noted the audit stated the practice had records of infection control training for all staff, an infection control lead, validation of the ultrasonic bath and the monitoring of water temperatures. When asked the registered manager was unable to provide evidence of this.

We found that there was no centralised monitoring of professional development in the practice.

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

The practice did not have a procedure for monitoring the quality of the service provided to patients.