

Newcastle Denture Services Limited

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Inspection Report

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Overall summary

We carried out this announced inspection on 23 January 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

We found that this practice was 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

Newcastle Denture Services Ltd is in Newcastle-under-Lyme in Staffordshire and provides private treatment mostly to adults.

There is level access for people who use wheelchairs and those with pushchairs. There is car parking available at the practice including spaces for blue badge holders.

Summary of findings

The dental team includes one Clinical Dental Technician, three part-time dentists, one dental therapist, one qualified dental nurse, one receptionist, three laboratory technicians and the practice manager. The practice has two treatment rooms, both of which are on the ground floor.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Newcastle Denture Services Ltd is the practice owner and Clinical Dental Technician.

On the day of inspection, we collected 22 CQC comment cards filled in by patients and spoke with two other patients.

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

The practice is open: Monday to Friday: from 8.30am to 5.30pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Systems for checking that medical emergency equipment was in date were ineffective.
- The practice had systems to help them manage risk to patients and staff.
- The information relating to the Control of Substances Hazardous to Health required review.

- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had the staff recruitment information required by the regulations.
- 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 were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider's systems and processes for leadership and continuous improvement were not always effective.
- Staff felt involved and supported and worked well as a team.
- The staff annual appraisals were overdue.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.
- Audits at the practice did not always have action plans or learning points to demonstrate that improvements had been achieved.

We identified a regulation 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.

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 providing safe care in accordance with the relevant regulations.

The practice had 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 people 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 and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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

No action



Are services effective?

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 personalised, professional and excellent. 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 provider supported staff to complete training relevant to their roles and had systems to help them monitor this. Staff annual appraisals were overdue.

No action



Are services caring?

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

We received feedback about the practice from 24 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, friendly, approachable and helpful.

They said that they were given the opportunity to ask questions, were treated like their opinion mattered and treated with compassion. Patients said their dentist listened to them. Patients commented that staff 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.

No action



Summary of findings

Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to a translation and interpreter service and had arrangements to help patients with sight or hearing loss.

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

No action



Are services well-led?

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).

Systems and processes for the monitoring of safety issues within the practice were ineffective. The COSHH file did not contain all the information for staff to be able to safely manage chemicals in the practice. All staff were overdue for their annual appraisals. Audits did not have action plans or identified learning points. Systems to check that equipment were in date had been ineffective.

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The provider was asking for and listening to the views of patients and staff.

No action



Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and 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 designated lead person for safeguarding alerts within the practice. They had completed basic safeguarding training, arrangements were being made for them to complete level three.

The practice had 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. We saw examples of how this information was recorded within care records.

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

The practice specialised in dental implants and dentures. They did not offer general dentistry or endodontic treatment.

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

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at six staff recruitment records. The files contained the required information. We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. A fire risk assessment had been completed by an external specialist with the most recent review in January 2019.

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. The provider had registered with the Health and Safety Executive in line with changes to legislation relating to radiography. Local rules for each X-ray set were available and were updated following this inspection to ensure they were specific to each X-ray machine. The provider used digital X-rays to reduce the dose of radiation received by patients. The practice used a hand-held X-ray unit to take intra oral X-rays. The hand-held X-ray unit was stored securely when not in use. Following the inspection, we were sent evidence that a rectangular collimator for this machine had been ordered which would further reduce the dose of radiation received by patients.

The practice had a cone beam computed tomography machine. Staff had received training and appropriate safeguards were in place for patients and staff.

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

Risks to patients

There were 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 practice had current employer's liability insurance.

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

The provider had a system in place 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.

Are services safe?

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support. Staff involved in sedation had completed Immediate life support training.

Emergency equipment and medicines were available as described in recognised guidance. We noted the system for checking the medical emergency equipment was not effective as some emergency equipment was missing and the contents of the first aid box had passed their use by date. Following the inspection, we were sent evidence that the missing equipment had been purchased together with a replacement first aid box. Staff kept records of their checks of the emergency medicines to make sure these were available and within their expiry date.

The practice was aware of the risks associated with sepsis. There was a poster in the practice to give staff information and raise awareness. A copy of the sepsis decision support tool for primary dental care was available in the practice.

A dental nurse worked with the dentists and the dental hygiene therapist when they treated patients in line with GDC Standards for the Dental Team.

The file containing information relating to the control of substances that are hazardous to health (COSHH) needed review. There were no risk assessments and very few product data sheets for each chemical in the practice. This was not in line with the COSHH Regulations 2002. The provider said the COSHH file would be reviewed following this inspection.

The practice 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 (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. We noted that the infection control and prevention audits had not Identified the necessary actions which had been highlighted as necessary by the audit.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. Following the inspection, we were sent copies of records which showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed. A specific policy was available to guide staff in this process.

The provider had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed by an external water specialist company. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

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

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately and securely 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.

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 mostly complete, legible, and were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

The practice had introduced electronic record keeping in the six months up to this inspection, and was moving away from a paper based system.

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 reliable systems for appropriate and safe handling of medicines.

Are services safe?

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

Antimicrobial prescribing audits were carried out for each dentist. The most recent audit demonstrated the dentists were following current guidelines.

Track record on safety and lessons learned and improvements

The practice had a good safety record.

The provider said there had been no accidents or significant events in the 12 months up to this inspection.

There were risk assessments in relation to safety issues. The provider said the practice monitored and reviewed incidents to understand risks and have a clear, accurate and current picture that led to safety improvements. As there had been no accidents or significant events recorded, there were no records to demonstrate this.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice.

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. We saw they were shared with the team and acted upon if required.

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.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

The practice had access to equipment such as digital X-rays, digital camera and a cone beam computed tomography machine. This additional equipment was used to enhance the delivery of care to patients.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist told us that where applicable they discussed smoking and alcohol consumption with patients during appointments. We saw evidence of these discussions in dental care records.

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.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance. The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

During the inspection we identified the practice's consent policy needed review. Following the inspection an updated

copy was sent to the Care Quality Commission. The practice's consent policy included information about the Mental Capacity Act 2005 (MCA). The dental team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy included information relating to best interest decisions as identified in the MCA. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give 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 dentist assessed patients' treatment needs in line with recognised guidance. The relevant information was recorded in a detailed and clear manner and was easily accessible for clinical staff.

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

The practice carried out conscious sedation for patients who were nervous. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists (ASA) classification system in accordance with current guidelines. We noted that the ASA

Are services effective?

(for example, treatment is effective)

system was not always recorded in dental care records. We also noted the cannulation site was not always recorded in the dental care record. The provider said that the dental record keeping procedures would be amended to include this information.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood. We noted the sedation staff had not practiced any emergency procedure scenarios, for example what to do if the fire alarm goes off during sedation. Following a discussion between the provider and the sedationist we were informed that these would be introduced.

The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record. We saw the sedationist was due to update their training in line with the General Dental Council's requirements. We were provided with details of a training course in April 2019.

We discussed auditing the sedation with the provider. No audits had been completed. Following the inspection, the provider informed us that they had identified a specific audit tool for sedation and this was going to be introduced going forward.

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.

We saw evidence of completed appraisals, however, the most recent appraisals were dated 2016. The provider said that no appraisals had been completed since then. The provider said this issue would be addressed, and a schedule of appraisals for all staff would be introduced as a matter of urgency.

Co-ordinating care and treatment

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

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

The practice had systems for referring patients with suspected oral cancer under the national two weeks wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The provider gave two examples of where the two-week referral system had worked, and patients had been seen quickly at the local hospital.

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 polite, approachable and helpful. We saw that staff treated patients with respect, care and dignity. Staff were friendly towards patients at the reception desk and over the telephone.

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

The costs for private dental treatments were available to patients in the practice.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standards and the 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 understand or speak any English.
- Staff communicated with patients in a way that they could understand, for example, communication aids were available.

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

The practice's information leaflets provided patients with information about the range of treatments available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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.

The practice had some patients for whom they needed to make adjustments to enable them to receive treatment. These included level access to the front door, ground floor treatment rooms, an induction hearing loop for patients who wore a hearing aid and an assisted toilet compliant with the requirements of the Equality Act (2010). There was car parking available next to the practice.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Staff used text messaging and e-mails to remind patients they had an appointment.

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 in their practice information leaflet.

The practice had an efficient appointment system to respond to patients' needs. 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.

The 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 policy providing guidance to staff on how to handle a complaint. This was displayed within the practice for the benefit of patients. The practice information leaflet explained how to make a complaint. The 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 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.

The practice had not received any complaints in the year up to this inspection. The complaints policy was accessible to patients with a copy displayed in the waiting room.

Are services well-led?

Our findings

Leadership capacity and capability

Managers had the capacity and skills to deliver high-quality, sustainable care. They also had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

We saw that many of the practice policies were not dated, and did not have an identified review date. Staff were aware of the contents of the policies, although some such as the consent policy needed review.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. Staff were proud to work in the practice. The practice focused on the needs of patients. Managers acted on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. The provider discussed the duty of candour policy, and showed a clear understanding of the principles that underpinned it.

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

Governance and management

The provider was the registered manager and had overall responsibility for the day to day running of the practice. Staff knew the management arrangements and their roles and responsibilities.

The provider had ineffective systems and processes to support the governance of the practice. For example: the staff appraisals were well overdue. The information relating to the Control of Substances Hazardous to Health (COSHH)

was not complete, as there were no risk assessments or product safety data sheets in place. This was not in compliance with the COSHH Regulations 2012. We noted that very few policies were dated and no review date had been identified. We were therefore not able to be certain that policies and procedures were up to date or contained the latest information and guidance. For example, the consent policy was not up to date and was reviewed following the inspection.

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, comment cards and verbal comments to obtain staff and patients' views about the service. The latest information covered the period November 2017 to November 2018 and provided positive feedback.

There were six reviews on-line which had been received in the year up to this inspection. Five provided positive feedback. The sixth had been responded to appropriately by the provider.

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

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. We noted these were not effective. They included audits of radiographs and infection prevention and control. Both audits had identified action required and learning points, but there were no subsequent actions recorded. For example, the radiograph audit had identified issues with the quality of X-ray images using the hand-held unit. The infection control audit had identified issues relating to the cleaning of dental instruments and recording of information relating to the process. There was no action plan relating to infection control in place.

Are services well-led?

The whole staff team had received annual appraisals in the past. These were overdue, and had not been completed in the year up to this inspection. Historically, the appraisals showed staff discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of historic completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per the General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete their continuing professional development to meet the professional standards. Not all the information was available on the day of the inspection, but the provider sent this to CQC the following day.

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>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none">• The registered person's systems and processes for checking that emergency equipment such as the contents of the first aid box and medical emergency equipment were in date, were ineffective.• The registered person had not completed staff appraisals since 2016. The system for monitoring staff performance and reviewing training needs and development was ineffective.• Regular audits were not being completed in line with policies and guidance. Where audits had been completed the results had not been evaluated and action plans had not been produced. Particularly in respect of infection control, sedation and radiography.

Requirement notices

- The registered person was not following the practice's policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments were undertaken and product data safety sheets were available.
- The registered person was not able to demonstrate that policies were kept under review as many were not dated or had a review date identified.

Regulation 17 (1)