

## Portman Healthcare Limited

# Portman Dental Clinic

## Inspection Report

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### Overall summary

We carried out this announced inspection on 15/07/19 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**

Portman Dental Clinic is in Maidenhead and provides NHS to children and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available near the practice on street and in the supermarket car park next to the practice.

The dental team includes three dentists, one paediatric dentist, two periodontists, two endodontists, one prosthodontist, two orthodontists, three dental hygienists, one treatment coordinator and dental nurse, one assistant manager and head nurse, two trainee nurses, and one receptionist. The practice has four treatment rooms.

# Summary of findings

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.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the delivery of services for which the practice is registered.

On the day of inspection, we collected 46 CQC comment cards filled in by patients and obtained the views of 10 other patients.

During the inspection we spoke with three dentists, two dental nurses, one receptionist and the practice manager, compliance manager and operations manager.

We looked at practice policies and procedures and other records about how the service is managed.

## **The practice is open:**

- Monday 8:00am to 7:00pm
- Tuesday 8:00am to 5:30pm
- Wednesday 8:00am to 8:00pm
- Thursday 8:00am to 8:00pm
- Friday 8:00am to 5:30pm
- Saturday 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.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.

- Staff treated patients with dignity and respect.
- Staff provided preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- 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.

## **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. Specificity management of COSHH, patient feedback and fire safety, checks for immunity to vaccine preventable infectious diseases, staff recruitment and medicines management.

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

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

- Review the practice's protocols for or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017.
- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.
- Introduce protocols regarding the prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the provider's registration conditions to ensure the regulated activities at Portman Dental Clinic are managed by an individual who is registered as a manager.

# 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.

**No action** ✓

### **Are services effective?**

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

**No action** ✓

### **Are services caring?**

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

**No action** ✓

### **Are services responsive to people's needs?**

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

**No action** ✓

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

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

**Requirements notice** ✗

# Are services safe?

## Our findings

We found that 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 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 provider 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.

Recruitment records we reviewed confirmed that 15 out of 20 staff had received safeguarding training.

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 had a whistleblowing policy. Staff felt confident they could raise concerns without fear of reprimand.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the 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 business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. We found health assessments missing for all staff, and a second references for two staff which meant they did not follow their recruitment policy.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and all, but one had evidence of professional indemnity cover.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

Records showed that firefighting equipment was regularly tested and serviced.

Records to confirm that the emergency lighting and fire alarm had been serviced, by the landlord, was not available on the day of our visit. We have since received evidence to confirm servicing of both was carried out in March 2019.

During our visit we asked about testing of the emergency lights and was told that a monthly visual test was carried out, but full testing was not. We showed the practice manager how to test the emergency lighting and found that none of the automatic emergency lights were working. We have since received photographic evidence to confirm the emergency lights are now working.

Minutes of a staff meeting carried out on 24 June 2019 indicated that the actions from the fire risk assessment carried out on 18 March 2018 had all been actioned.

We reviewed the action plan from this risk assessment and found this had not been fully completed. Surgery two contained a fire escape door. The route to this door from the surgery was compromised by a chair, box and used dental instruments box.

We were told the door had never been tested to check the route on the other side was clear of obstructions. There were no records available to confirm any staff working at Portman Dental Clinic had received fire safety training in the previous 12 months.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw information was in their radiation protection file. We noted the local rules contained in the file mentioned the previous manager as the radiation protection supervisor which did not match the local rules on display in treatment room one.

Treatment room four X-ray machine did not have a fitted rectangular collimator available.

# Are services safe?

We reviewed a sample of dental care records and noted that the dentists did not routinely justify, grade and report on the radiographs they took.

Improvements were needed to ensure that action plans reflected the results of radiograph audits and audits identified the dentist so that shortfalls could be addressed with the relevant clinician.

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 provider 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. A sharps risk assessment had been undertaken.

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 for 15 out of 18 clinical staff. We noted one staff member was a negative responder to the inoculation, but a risk assessment was not available for this member of staff.

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

The glucagon was stored in a fridge. Records seen confirmed the temperature of the fridge was checked monthly when guidance states weekly checks should be made. We have since received evidence to confirm daily checks are now being made.

A dental nurse worked with the dentists and visiting specialists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. A risk assessment was in place for one of the three dental hygienists who worked without chairside support.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We checked three surgeries and found several bagged instruments that passed their 12-month reserialisation before use date.

We noted a box of used instruments in treatment room two which were neither soaked or sprayed to keep them moist which waiting to be sterilised.

The floor covering to surgery three was not sealed between the floor and the skirting and the middle of the room where two pieces joined.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Cleaning equipment was stored in a cupboard in the female washrooms and shower. This was shared with the other tenants in the building. The practice manager confirmed that they could not be satisfied that the colour coded equipment was used appropriately by the other tenants.

COSHH regulated products were stored in the same cupboard that was not secure or appropriately labelled.

The practice occasionally used agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

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.

Records reviewed confirmed that 15 out of 18 clinical staff had completed infection prevention and control training.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

# Are services safe?

line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated and used in line with the manufacturers' guidance.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. 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 provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The infection control lead carried out infection prevention and control audits. The latest audit showed the practice was meeting the required standards. Records seen indicated that 10 months had passed between the current and previous audit

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

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

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.

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

There were no NHS prescriptions held at the practice and we were told these were on order. We noted the practice saw children under their NHS contract. We were told the practice generated private prescriptions for children.

The practice manager confirmed that some medicines were broken down from their original blister packaging and placed in bottles before being dispensed. The required patient information leaflet was not always provided, and the labelling of the bottles/packs did not contain the name and address of the practice.

Antimicrobial prescribing audits were carried out. The latest audit was not re-audited in a timely manner to demonstrate improvement when an action plan had been written.

## Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents.

The mercury spillage kit was out of date.

There were adequate systems for reviewing and investigating when things went wrong.

There was a system for receiving and acting on safety alerts. Staff 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

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

### **Dental implants**

The practice offered dental implants. These were placed by two dentists at the practice. One of these had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

Staff had access to equipment in the practice to enhance the delivery of care. For example, one of the dentists had an interest in endodontics, (root canal treatment). The dentist used a specialised portable operating microscope to assist with carrying out root canal treatment.

We noted implant failure rate audits were not carried out. Audits are not a requirement, but it is considered good practice to audit patient outcomes in implantology.

### **Helping patients to live healthier lives**

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

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

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

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

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

### **Consent to care and treatment**

The practice team understood the importance of obtaining patients' consent to treatment, but improvements were needed to ensure verbal consent was recorded in patient dental care records.

The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient 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. 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 dentists assessed patients' treatment needs in line with recognised guidance.

The practice kept dental care records, but improvements were needed to ensure a consistent standard across all the clinicians working at the practice.

We saw the practice audited patients' dental care records to check that the clinicians recorded the necessary information. Action plans from these were generated but a re-audit had not been carried out to assess improvement.

### **Effective staffing**

# Are services effective?

(for example, treatment is effective)

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 programme.

Records available at our inspection confirmed that most of the clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

## **Co-ordinating care and treatment**

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

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.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

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

Staff monitored logged all referrals to make sure they were dealt with promptly but did not track these to ensure they were dealt with in a timely manner.

The practice was a referral clinic for implant and minor oral surgery.

We saw they monitored and ensured the dentists were aware of all incoming referrals daily.



# Are services caring?

## Our findings

We found that 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 responsive, treatment was carefully explained and always necessary. We saw that staff treated patients politely, professionally and in a gently manner and were friendly towards patients at the reception desk and over the telephone.

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

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

### **Privacy and dignity**

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 provided privacy when reception staff were dealing with patients.

Staff told us there was nowhere available if a patient asked for more privacy.

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.

### **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 speak or understand English. We saw notices in the reception areas, written in languages other than English, informing patient's translation service were available. Patients were also told about multi-lingual staff that might be able to support them.

Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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 and information leaflets provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models, X-ray images and an intra-oral camera.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that 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 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 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 step free access and a hearing loop. The practice manager told us they had ordered a magnifying glass for patients to use when at the reception desk.

The layout of the practice did not allow for a wheelchair accessible WC. We were told patients could use the supermarket's facilities next door.

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

### 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 information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen 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 some other local practices and the NHS 111 out of hour's service.

The practice's website, 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 complaints manager 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 on how to handle a complaint. The practice website explained how to make a complaint.

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

The practice manager 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 complaints manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received. Information for patients showed a complaint would be acknowledged within three working days and a full response would be provided within 15 working days.

The provider's complaints procedure for patients displayed on a wall behind the reception desk which meant that patients could not access this information independently.

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

# Are services well-led?

## Our findings

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to act (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.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered.

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care and had the experience, capacity and skills to deliver the practice strategy and address risks to it, but improvements were needed.

### Culture

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

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

Openness, honesty and transparency were demonstrated when responding to complaints.

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

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

### Governance and management

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

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was 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 practice was part of a corporate group which had a support centre where teams including human resources, finance, clinical support and patient support services were based. These teams supported and offered expert advice and updates to the practice when required.

We saw there were clear and effective processes for managing risks, issues and performance but these were not followed which resulted in poor risk management at the practice.

### Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information was 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

Staff involved patients, the public, staff and external partners to support high-quality sustainable services.

The provider was unable to evidence that patient surveys were carried out and confirmed surveys were not carried out.

Patients were not encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The 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. Staff feedback prompted the provider to introduce regular breaks on long days.

We noted that the most recent staff meeting took place in June 2019. The one prior to this was dated June 2018.

### Continuous improvement and innovation

## Are services well-led?

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

We noted the system for monitoring staff training required improvement to ensure staff could evidence of competency in highly recommended CPD subjects which included safeguarding, fire safety, infection control, legal and ethical issues, oral cancer detection and complaints handling.

The provider had quality assurance processes to encourage learning and continuous improvement. These included

audits of dental care records, radiographs, antimicrobial prescribing, and infection prevention and control. Improvements were needed to ensure audits and the resulting action plans and improvements were effective.

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

## 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>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• Substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, were not stored securely.</li><li>• Fire safety risk assessment actions were not completed, and ongoing fire safety management was not effective.</li><li>• Processes and systems for seeking and learning from with a view to monitoring and improving the quality of the service was not carried out.</li><li>• The systems to monitor continuous professional development was ineffective.</li><li>• Protocols for ensuring that all clinical staff have adequate</li><li>• Recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice were not effective.</li><li>• Protocols for dispensing medicines were not followed to ensure all of safely.</li></ul> <p><b>Regulation 17 (1)</b></p>