

Sutherland Associates Limited

Fourways Dental Surgery

Inspection Report

4 Sevenoaks Road
Borough Green
Sevenoaks
Kent
TN15 8BB
Tel: 01732 882413
Website: www.fourwaysdentalsurgery.com

Date of inspection visit: 5 April 2018
Date of publication: 15/05/2018

Overall summary

We carried out this unannounced inspection on 5 April 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Fourways Dental Surgery is in Borough Green in Sevenoaks and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including some for blue badge holders, are available near the practice.

Summary of findings

The dental team includes three dentists, two dental hygienists, four dental nurses (one of which is the practice manager), two trainee dental nurses and two receptionists. The practice has four treatment rooms.

The practice is owned by a partnership 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 Fourways Dental Surgery was one of the principal dentists.

On this occasion we did not supply any CQC comment cards as this was an unannounced inspection. We did speak with three patients following our inspection over the telephone.

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

The practice is open:

- Monday to Friday 8.30am – 1.00pm & 2.00pm – 5.30pm.
- Saturdays 08.30am – 1.00pm. (alternate Saturdays)
- Closed Sundays.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice did not have systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice did not have robust staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

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

- Ensure introduction of a system or process to monitor and mitigate risks, incidents and events for the safety of patients and staff and learn from these.
- Ensure complete contemporaneous records are recorded and retained by the practice in relation to sedation carried out.
- Ensure that recruitment documents identified in Schedule 3 Of the Health and Social Care Act (2008) are obtained for all staff employed at the practice and visiting clinicians.

Full details of the regulations the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements. They should: review and update on an annual basis all of their policies, procedures and protocols.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services safe?

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

The practice had some systems and processes to provide safe care and treatment. We noted that there was no process to record, analyse or learn from events that occurred at the practice.

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

Staff were qualified for their roles however the practice had not completed essential recruitment checks for some staff.

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 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 pain free and of high quality. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from three people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, helpful and professional.

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

No action



Summary of findings

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

Are services responsive to people's needs?

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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to an online interpreter service and would, if required arrange help for 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 this practice was not providing well-led care in accordance with the relevant regulations.

The practice did not have arrangements to ensure the smooth running of the service. This included no system or process for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure. However, not all staff felt that they were supported and that the practice team was currently divided.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely. However, we found that records relating to sedation that had been carried out at the practice were not available within the patient notes.

The practice were not monitoring clinical and non-clinical areas of their work to help them improve and learn. However, the practice asked for and listened to the views of patients.

Requirements notice



Are services safe?

Our findings

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

The practice had not introduced some systems to keep patients and staff 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 noted staff had not received safeguarding training recently and this was due to be refreshed. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

The practice did not have a whistleblowing policy. Although staff when questioned could explain what they would do if they felt that they would need to raise concerns.

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

The practice did not have a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice. However, we received a new business continuity plan after the inspection.

The practice did not have a staff recruitment policy and procedure to help them employ suitable staff and also checks had not been carried out for new and visiting staff.

We looked at six staff recruitment records and noted that some required documentation was not available. We noted that one member of staff who had been recently recruited did not have a staff folder.

We noted clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover, although three indemnity certificates we looked at had expired.

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

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

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

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

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

Risks to patients

There were no systems in place to assess, monitor and manage risks to patient safety.

The practice health and safety policies, procedures and risk assessments were out of date and had not been reviewed regularly to help manage potential risk. We were sent an updated copy of the practice health and safety policy following our inspection. The practice had current employer's liability insurance.

We looked at the practice arrangements for safe dental care and treatment. Staff followed the relevant safety regulation when using needles and other sharp dental items. The practice had not completed a sharps risk assessment.

The provider held some records that showed clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, although records of the effectiveness of the vaccination were only available for one member of staff.

Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support (BLS) every year. BLS with airway management/Immediate Life Support (ILS) training for sedation had not been completed.

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

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

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

The practice had an infection prevention and control policy and procedures which was out of date and last reviewed in 2016. We received the updated copy of the infection control policy following our inspection. We did establish that staff followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training and received updates as required.

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

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

The practice had 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.

There were no cleaning schedules for the premises, these were created and implemented following our inspection and the practice sent us evidence of this. The practice was clean when we inspected and patients confirmed this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that these policies and procedures were out of date. New updated policies and procedures for clinical waste were sent to us following our inspection.

The practice had not carried out infection prevention and control audits twice a year as required.

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, with the exception of patients who had received sedation. There were no records available about the sedation, medicines and amounts administered or the outcome and discharge notes. When we asked about these records, staff informed us that the visiting clinician takes the notes away with him following the procedure and no copies of these had been retained. Other dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection 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 practice 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 practice stored and kept records of NHS prescriptions as described in current guidance.

Are services safe?

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

Antimicrobial prescribing had not been audited.

Track record on safety

There were some comprehensive risk assessments in relation to safety issues, although these had not been reviewed for 2 years. The practice was not monitoring or reviewing incidents although a number of incidents had occurred. Staff could recount the incidents but no records had been made of them or learning achieved. This did not help staff understand risks or allow analysis which would lead to safety improvements. Incidents that had occurred were not always investigated, documented or discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

Lessons learned and improvements

The practice did not always learn and make improvements when things went wrong.

The staff were not aware of the Serious Incident Framework to record, respond to and discuss all incidents to reduce risk and support future learning in line with the framework.

There were not adequate systems for reviewing and investigating when things went wrong. The practice was not able to learn and share lessons, identify themes and take action to improve safety in the practice.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

Dental implants

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

Helping patients to live healthier lives

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

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

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

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

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

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment

options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice consent policy did not include information about the Mental Capacity Act 2005 as it was out of date. We received a new copy of the practice consent policy with all the required information following our inspection. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to the legal precedent (formerly called the Gillick competence) by which a child under the age of 16 years can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

We saw the practice had not audited patients' dental care records for some time to check that the dentists recorded the necessary information.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had not implemented systems in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

There were no records for the patients that had received sedation of checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. Also missing were patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

We could not determine that the practice assessed patients appropriately for sedation. There were no dental care records to show that patients having sedation had

Are services effective?

(for example, treatment is effective)

important checks carried out first. This includes a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

There were no records to show that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

We could not determine that the sedationist was supported by a suitably trained second individual as no name of this individual was recorded in the patients' dental care record.

Effective staffing

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

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

The practice had carried out some appraisals for staff but we noted there was no system to address the training requirements of staff, some of which had lapsed.

Co-ordinating care and treatment

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

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

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

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

The practice monitored all NHS referrals to make sure they were dealt with promptly. However there was no system to monitor private referrals.

The practice was a referral clinic for minor oral surgery and they monitored and ensured the clinicians were aware of all incoming referrals on a daily basis.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were kind and helpful. We saw that staff treated patients warmly and professionally and were friendly towards patients at the reception desk and over the telephone

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

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

Privacy and dignity

The practice respected patients' privacy and dignity, however they had not taken into account how the CCTV which covered reception, would impact on patient privacy. Staff told us that the CCTV recorded images and audio. We spoke with the principal dentist about the audio recording of the CCTV which could not be justified and there was no information informing people that they were being recorded in both imagery and sound. The provider declared following our inspection that the audio function of the CCTV had been disabled and that all the requirements for CCTV had been implemented.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more

privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the

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

- Interpretation services were available for patients who did not have English as a first language. This was an online interpretation service staff could access
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

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

The practice website and information leaflet provided patients with information about the range of treatments available at the practice.

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

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, such as patients with dental phobia.

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

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

The practice had made reasonable adjustments for patients with disabilities. These included step free access, and a ground floor treatment room.

A Disability Access audit had not been completed and no action plan formulated in order to continually improve access for patients. We discussed this with the provider who said they would carry this out without delay.

Staff told us they telephoned some older patients on the morning of their appointment to make sure they could get to the practice. Other patients received a text message or email depending of their preferences to remind them of their upcoming appointments.

Timely access to services

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

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were usually seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice took part in an emergency on-call arrangement with other dentists working there and 111 out of hour's service.

The practice 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 practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaint policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. We noted that the complaint policy did not have information of the correct external organisations for patients to go to if they felt they had not had their complaint resolved. We received an updated policy following our inspection with all of the external organisation contact details.

The principal dentist and the practice manager were responsible for dealing with complaints. Staff told us they would tell the principal dentist or whichever dentist or other member of staff the complaint referred to, about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and would invite patients to speak with them in person to discuss these should they wish. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the last two years.

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

Are services well-led?

Our findings

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

Leaders had the experience, capacity and skills to deliver the practice strategy.

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

Leaders at all levels were visible and approachable, although due to recent events at the practice the team was divided.

Vision and strategy

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

Culture

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

The practice focused on the needs of patients.

Leaders and managers acted upon behaviour and performance seen which was inconsistent with the vision and values of the practice.

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

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 which had not been maintained which included policies, protocols and procedures that were accessible to all members of staff. Updated policies and procedures were sent to us following our inspection.

The practice had not implemented processes for managing risks, issues and performance.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

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

The practice had used patient surveys and verbal comments previously to obtain staff and patients' views about the service. The provider assured us that they would carry out a survey shortly and inform us of the results once collated.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback about the NHS services they have used.

The practice gathered feedback from staff through meetings and informal discussions.

Continuous improvement and innovation

There were limited systems and processes for learning, continuous improvement and some training had lapsed.

The practice did not have quality assurance processes to encourage learning and continuous improvement. These include audits of dental care records, radiographs and infection prevention and control.

There had been two annual appraisals carried out and other staff were awaiting theirs. They said they would discuss learning needs, general wellbeing and aims for future professional development. We saw evidence of the two completed appraisals in the staff folders.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. However we noted that all staff training for safeguarding children and vulnerable adults had lapsed.

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

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17 Good governance. There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records for sedation had been recorded. There were no systems or processes that enabled the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular: audits for infection control and the quality of X-rays taken had not been carried out regularly. The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person maintained securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In

This section is primarily information for the provider

Requirement notices

particular: recruitment folders did not hold all of the documents identified in Schedule 3 of the act. Hepatitis titre levels for staff, references taken up and DBS checks carried out.