

Mr. Zafar Khan

Horsforth Smile Clinic

Inspection Report

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Overall summary

We carried out this announced inspection on 20 August 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 remotely 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

Horsforth Smile Clinic is in the centre of Horsforth and provides NHS and private dental treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking and public transport facilities are available near the practice.

The dental team includes four dentists (one of whom is a foundation dentist), five dental nurses (one of whom is a trainee), one dental hygiene therapists, a practice manager and a receptionist. The practice has five treatment rooms.

Summary of findings

Horsforth Smile Clinic is a training practice for trainee dentists.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we 50 CQC comment cards filled in by patients.

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

The practice is open: Monday, Wednesday and Thursday 9am-5:30pm, Tuesday 9am-7:30pm, Friday 9am-2:00pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff had infection control procedures which reflected published guidance. The infection prevention and control audit needed to be updated.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had some systems to help them manage risk to patients and staff. We found areas that required improvement.
- Legionella and cone beam computed tomography (CBCT) machine recommendations had not been adhered to and safety certificates for gas and electricity were not in place.
- Safeguarding arrangements required review to ensure all staff maintained up to date training.
- A staff recruitment procedure was in place. The recruitment procedure did not follow the current guidance and some essential staff recruitment checks were not in place.

- 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.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.
- Clinical audits were completed
- The practice staff 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.

There were areas where the provider should make improvements.

- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular the sharps risk assessment.
- Review the practice's protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office (ICO).

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.

We noted that not all staff received training in safeguarding to an appropriate level and some staff were unfamiliar with recognising the signs of abuse in vulnerable adults and children. .

The recruitment policy did not reflect current guidance and some essential recruitment checks were not in place.

The systems in place to review risk could be improved. Legionella had been assessed at the practice but not all recommendations were followed for example water temperatures were not regularly taken. Safety certificates for gas and electricity were not in place and fire safety checks were not documented.

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

The practice had carried out a sharps risk assessment but it did not include the steps taken to minimise the risk from other sharp instruments and devices.

Guidance and recommendations were not always followed for the cone beam computed tomography (CBCT) machine.

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 professional and caring. 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 that this practice was providing caring services in accordance with the relevant regulations.

No action



Summary of findings

We received feedback about the practice from 50 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, polite and courteous. They said that they were given reassurance if they were nervous and were given helpful and clear explanations about dental treatment.

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

The practice had closed-circuit television (CCTV) cameras in the waiting areas to use to monitor security when the practice was closed. The provider had not followed current CCTV guidance, for example signage was not in place and information about patients' rights.

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 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 interpreter services if required and had arrangements to help patients with sight impairment.

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).

The practice had arrangements to ensure the effective running of the service.

During the inspection, the principal dentist showed a commitment to learning and improvement, staff were open to discussion and feedback. We identified that improvements needed to be made to the processes in relation to recruitment, health and safety, infection control, X ray safety and sharps assessments.

The practice team kept complete patient dental care records which were stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

Requirements notice



Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We noted that not all staff received safeguarding training and some did not have training to the required level. Not all staff were familiar with the signs and symptoms of abuse and neglect and how to report concerns. The provider said this would be reviewed.

There was a system in place 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.

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

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

The practice had a staff recruitment policy in place but this was not always followed and did not follow current guidance. We noted that not all staff records were in place for example. We looked at three staff recruitment records. We found disclosure and barring checks (DBS), references and photographic identification were not in place. The provider told us that DBS for all staff had now been applied for and other areas would be actioned immediately.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturer's guidance with the exception of gas and electrical fixed wiring safety. Safety certificates were not available for these; the provider assured us these would be addressed with immediate effect.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly serviced but records were not held of the weekly tests that took place on the fire safety system. The provider told us these would be put into place.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. Staff had received training and appropriate safeguards were in place for patients and staff.

We saw evidence that the dentists justified, graded and reported on the radiographs they took.

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

The practice had a cone beam computed tomography (CBCT) machine. Staff had received training in the use of this equipment. We noted that the guidance on the safe use of CBCT had not been adhered to.

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 up to date and 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. These included generic risk assessments which were not adapted to meet the practice needs. A basic sharps risk assessment had been carried out for the use of needles but this did not include the risk from other sharp dental items.

Staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles where necessary in order to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.

Are services safe?

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) with airway management every year. Immediate Life Support (ILS) training for sedation was also completed

Emergency equipment and medicines were available as described in recognised guidance with the exception of face masks that were ordered on the day of the visit. 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 and the dental hygiene therapist when they treated patients in line with GDC Standards for the Dental Team.

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

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 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 a recent infection prevention and control audit had not been completed. The last audit was 2016 and showed 99% compliance with no further actions. It was discussed with the provider that audits should be completed every six months.

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 being fitted in a patient's mouth.

The practice had a completed Legionella risk assessment 2016. This stated that someone must carry out essential water checks to ensure controls remain safe and effective. We noted that whilst water testing was in place, water temperatures had not been recorded since 2017. Previous logs also showed lower temperatures but it was not clear if any action had been taken as no intervention had been recorded. Staff explained that a private contractor had recently completed new legionella assessment but was this was not yet available.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual. The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

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 accurate, complete, and legible and were kept securely and complied with General Data Protection Regulation (GDPR) 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 dentists were aware of current guidance with regards to prescribing medicines. We noted that the prescription

Are services safe?

pads were initially stored securely but when distributed to the surgery they were not held securely. The prescriptions pads were not logged to ensure safe distribution and were not all held securely.

Track record on safety

When incidents had occurred they were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the serious incident framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. When responding to an incident with a patient, staff had discussed how this could have been managed better to improve performance and the quality of experience for all patients.

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.

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 practice offered dental implants. These were placed by the dentists 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

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. There was a range of health promotion leaflets and health displays on the wall for children promoting oral health education.

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.

The dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

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 dentist 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's consent policy included information about the Mental Capacity Act 2005. 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 Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people less than 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 that the practice manager audited patients' dental care records to check that all dentists and dental hygiene therapists recorded the necessary information.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

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 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

Are services effective?

(for example, treatment is effective)

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 practice 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 in accordance with current guidelines.

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

The operator-sedationist was supported by a suitably trained second individual. The 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.

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.

Staff told us they discussed training needs at appraisals or during clinical supervision. We saw evidence of recently 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 dentist 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 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 treat them with dignity and respect. We saw that staff treated patients in a sensitive and kindly way. Staff had a good rapport with patients both at the reception desk and over the telephone.

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

Information folders, patient survey results and thank you cards were available for patients to read.

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 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 accessible information standards and the requirements under the Equality Act. Interpretation services were available if required for patients who did not have English as a first language. Staff communicated with patients in a way that they could understand, for example, 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.

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 website and information leaflet 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, videos and X-ray images to help them better understand the diagnosis and treatment.

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.

They worked with patients who had a dental phobia and reassured those, giving clear explanations and guidance and longer appointments if required.

The practice also contacted some patients by telephone after treatment to ask if they were comfortable after treatment and also to remind some patients of upcoming appointments. All patients who opted for text (mobile phone) messaging received timely reminders or emails of their appointments.

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

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

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 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.

They took part in an emergency on-call arrangement with other practices in the area. 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 complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The principal dentist and practice manager were responsible for dealing with these.

Staff told us they would tell the principal dentist or practice manager about any formal or informal comments or concerns straight away so patients received a quick response. They 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.

We looked at comments, compliments and complaints the practice received over the last 12 months. 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

Staff said the principal dentist and practice manager were visible and approachable. The team had the experience, capacity and skills to deliver the service and address risks identified by their own assessment processes, and during the inspection.

Vision and strategy

There was a clear vision and set of values.

Culture

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

Openness, honesty and transparency were demonstrated during the inspection process and when responding to incidents and complaints.

Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

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.

There were processes in place for identifying and managing risks. We saw that a number of these systems relating to the assessment, monitoring and mitigation of risks, for example, in relation to recruitment process, health and safety, infection control, X ray safety and sharps assessments, were not operating effectively. We discussed how improvements could be made to the processes in relation to these.

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 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 used patient surveys to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. 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, audits were completed in areas such as X-rays, record keeping, recalls, decontamination processes and hand washing.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff told us that they were supported in training that did not always benefit the practice directly but was about their personal development.

Annual appraisals were in place. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. We noted that safeguarding training needed improvement to include all staff and at the right level.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 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 assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ol style="list-style-type: none">1. Fire safety checks were not documented at the practice.2. Safeguarding training was not in place for all staff and some staff were not trained to the appropriate level. Not all staff recognised symptoms of abuse in children and vulnerable adults.3. The registered person did not have fixed electrical installation and gas safety checks in place.4. Prescription pads were not logged or stored safely.5. Legionella recommendations had not been completed for example, water temperature monitoring of sentinel outlets was not carried out to mitigate the risk of Legionella developing in the water system.

Requirement notices

6. infection prevention and controls need to be undertaken at regular intervals to improve the quality of the service.
7. CBCT critical examination recommendations had not been completed.

There were limited procedures established and operated effectively to ensure that persons employed are of good character. In particular:

1. Disclosure Barring Service (DBS) checks had not been completed for all staff The provider had applied for DBS after notice of the inspection.
2. Proof of identity including a recent photograph and satisfactory evidence of conduct in previous employment were not in place.

Regulation 17 (1)