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Bowes Road Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 17 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

We found that this practice was 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

Bowes Road Dental Practice provides NHS and private dental treatment to patients of all ages. The services provided include preventative advice and treatment and routine restorative dental care.

The practice staffing consists of a principal dentist, two associate dentists, three dental nurses, one hygienist and a receptionist/practice manager.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice consists of three treatment rooms, a waiting area for patients and reception area, a staff room and an office.

The practice opening hours are Monday to Friday 8.30am to 5.30pm and every other Saturday 8.30am to 12.30pm

36 patients provided feedback about the service. Patients we spoke with and those who completed comment cards were very positive about the care they received and about the service. Patients told us that they were happy with the dental treatment and advice they had received.

Our key findings were:

Summary of findings

- There were systems in place to ensure that equipment including the suction apparatus, compressor unit, autoclave and fire extinguishers had been serviced regularly.
- Patients' care and treatment was planned and delivered in line with current legislation and evidence based guidelines such as from the National Institute for Health and Care Excellence (NICE).
- Patients were treated with dignity and respect and patient confidentiality was maintained.
- The practice had a procedure for handling and responding to complaints.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice had not ensured that all the specified information relating to persons employed at the practice was appropriately maintained and recorded.
- Not all staff members had undertaken training in key areas such as safeguarding children and adults and infection control; there was lack of oversight of staff's continuing professional development (CPD) activity and it was not being suitably monitored.
- Infection control protocols were not being followed in line with recommended national guidance.
- The practice had carried out limited risk assessments to ensure the health and safety of staff and patients.
- Governance systems were not effective. There were a range of policies and procedures in place; however staff had little understanding of the policies with little adaptation to the practice.

We identified regulations that were not being met and the provider must:

- Ensure the practice's infection control procedures and protocols were suitable giving due regard to guidelines issued by the Department of Health - Health Technical

Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

- Ensure systems are in place to assess, monitor and improve the quality of the service.
- Ensure the practice has effective systems in place to be assured of staff's continuing professional development and to have a system for appraising staff performance.
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure audits of various aspects of the service, such as radiography and dental care records are undertaken at regular intervals to help improve the quality of service. The practice should also ensure that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

You can see full details of the regulations not being met at the end of this report.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice's policy and the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure a risk assessment is undertaken and the products are stored securely.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report)

The practice had a health and safety policy and appropriate plans were in place to deal with foreseeable emergencies. There were suitable arrangements in place to ensure the safety of the equipment. Sharps containers were correctly stored and there was a procedure in place for managing needle stick injuries.

There were arrangements in place to deal with medical emergencies and staff had received annual training.

Staff we spoke with were aware of their responsibilities around safeguarding of children and vulnerable adults and of processes to follow to raise any concerns. However, not all staff members had received up to date training in safeguarding children and vulnerable adults..

We noted that checks including, criminal record checks through the Disclosure and Barring Service, detailed job descriptions, which described staff's roles and responsibilities, current professional registration certificates and personal indemnity insurance had been obtained for staff members. However, improvements could be made on how staff records were maintained and stored. .

The practice had undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) regulations. However improvements could be made as not all substances used at the practice had been risk assessed

Staff were aware of how to utilise information to monitor risks through the use of Medicines and Healthcare products Regulatory Agency (MHRA) alerts. However improvements were required to have a formalised system in place to receive these alerts and share it with staff.

Infection control protocols were not being followed in line with national guidance- 'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' guidelines. (HTM-105).

Are services effective?

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

The dentist told us they carried out patient consultations in line with current guidelines such as those from the National Institute for Health and Care Excellence (NICE). Dental care records we checked were detailed and included details covering the condition of a patient's teeth, gums, soft tissues and medical history update. The patients we spoke with on the day confirmed that medical histories were verbally taken at each visit.

The staff and patients we spoke with on the day told us that patients were given advice about risks associated with alcohol and tobacco consumption and were given sufficient information about their proposed treatment to enable them to give an informed consent,

Health education for patients was provided by the dentist and information leaflets were available within the practice waiting area. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

Are services caring?

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

Summary of findings

Patients were complimentary about the practice and how the staff treated them. Patients commented positively on how caring and helpful staff were, describing them as friendly, compassionate and professional.

Patients felt listened to by all staff and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each treatment option.

Are services responsive to people's needs?

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

Appointment times met the needs of patients and waiting time was kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen where possible within 24 hours. They would see patients suffering dental pain, extending their working day if necessary.

The practice had made reasonable adjustments to accommodate patients with a disability or limited mobility. Patients who had difficulty understanding care and treatment options were suitably supported.

The practice had a procedure in place for dealing with complaints.

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 at the end of this report).

The culture of the practice encouraged candour, openness and honesty. Staff told us there was an open culture at the practice and they felt valued and well supported. They reported the dentists were very approachable and available for advice where needed.

The provider did not have effective governance arrangements at the practice. Policies and procedures were not effective to ensure the smooth running of the practice; staff could not demonstrate sufficient understanding of the policies and procedures.

Staff meetings occurred monthly; however the practice had no formal mechanisms to share learning.

There was lack of oversight of staff's continuing professional development (CPD) activity and it was not being suitably monitored.

There were limited arrangements for identifying, recording and managing risks through the use of risk assessments, audits, and monitoring tools.

Bowes Road Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This announced inspection was carried out on 17 March 2016 by an inspector from the Care Quality Commission (CQC) and a dental specialist advisor.

During the inspection we viewed the premises, spoke with the three dentists, two dental nurses, and receptionist/practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We also reviewed information we had asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and objectives.

We received feedback from 36 patients. All patients commented positively about dentists, dental nurses and reception staff. They described staff as caring and friendly.

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Prior to the inspection we reviewed information we held about the provider.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a system for reporting significant events; we were informed that there had never been any significant events or incidents since registering with the Care Quality Commission (CQC).

Staff could demonstrate an understanding of their responsibilities of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). However a formalised system for receiving MHRA alerts and sharing the information with staff was not in place. The principal dentist assured us that they would sign up to receive these alerts straight away.

The practice had undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. However improvements could be made to ensure all COSHH products used at the practice had been included in the risk assessment.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures for safeguarding children and vulnerable adults against the risk of harm and abuse. These policies included details of how to report concerns to external agencies such as the local safeguarding team. Staff had access to a flow chart describing how to report concerns to external agencies where this was appropriate. Staff we spoke with were aware of the requirements and their responsibilities to safeguard children and vulnerable adults and how to raise any concerns. However one nurse, one dentist and the receptionist had not undertaken safeguarding children and vulnerable adults training. The Principal dentist assured us this would be actioned immediately by doing a level 2 on-line course.

There was a whistleblowing policy and staff we spoke with were aware of what to do if they suspected that another staff member performance was unsafe or not meeting the General Dental Council standards.

The practice had carried out risk assessments to cover topics such as safe use of pressure vessels (the autoclave

and compressor) and the safe use of X-ray equipment; however improvements were required to cover other areas such as safe management of waste and the safe use of sharps.

We noted that rubber dams were being routinely used in root canal treatment in line with current guidance. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

Medical emergencies

The practice had policies and procedures on how to deal with medical emergencies. Staff had undertaken basic life support training and could describe how they would act in the event of patients experiencing anaphylaxis (severe allergic reaction) or other medical emergency.

A range of emergency medicines were available to support staff in a medical emergency. Staff also had access to emergency equipment on the premises including medical oxygen. The practice didn't have an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. A risk assessment however had been carried out to demonstrate that the practice could access an AED that was available. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. The principal dentist informed us that they were planning to purchase and install an AED for the practice..

Staff told us that checks were carried out regularly to ensure the equipment and emergency medicines were in date and safe to use; however improvements could be made to record when the checks were being carried out.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. We reviewed recruitment records of staff employed at the practice and found that process was being followed. We saw that checks including, criminal record checks through the Disclosure

Are services safe?

and Barring Service, detailed job descriptions, which described staff's roles and responsibilities, current professional registration certificates and personal indemnity insurance had been obtained for staff members. However, improvements could be made on how staff records were maintained and stored.

Monitoring health & safety and responding to risks

The practice had a health and safety policy and appropriate plans were in place to deal with foreseeable emergencies. The health and safety policy covered identifying hazards and matters relating to staff and people who accessed the practice. There was a business continuity plan that outlined the intended purpose to help the practice overcome unexpected incidents and the responsibilities and duties. The plan outlined potential problems such as loss of computer system, loss of telephones and loss of electricity. Procedures were in place to enable the practice to respond to each situation. Where relevant telephone numbers of organisations to contact were listed in the policy.

Infection control

Decontamination of dental instruments was carried out in the treatment room. Staff had undertaken infection control training and a dental nurse demonstrated to us how they processed the dirty instruments through to clean and ready for use again. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a system of zoning with a clear flow from dirty to clean area in line with current guidance. Staff demonstrated that they cleaned dental instruments thoroughly and checked them before they were sterilised in the autoclave. At the end of the sterilising procedure the instruments were dried, packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date in line with the recommendations from the Department of Health HTM-01-05. Staff wore the correct personal protective equipment, such as apron and gloves during the process. We checked the sealed instruments in the surgeries and found that not all had an expiry date in line with the current recommendations.

We found that single use items such as matrix bands and rose head burs were being re-used in all the surgeries ; this

was not in line with the recommended guidance. The principal dentist informed us that all single used items had been disposed of following the inspection and all single used items will not be reused.

The equipment used for sterilising dental instruments was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident that the equipment was in good working order and being effectively maintained.

Clinical and the reception areas of the practice were visibly clean and tidy and there were suitable arrangements in line with the Department of Health guidelines for the segregation and disposal of dental waste. The practice used an external contractor to remove dental waste from the practice and waste consignment notices were available for us to view.

Patients we spoke with and those who completed comment cards told us that they had always found the practice to be clean.

There were no cleaning schedules in place for cleaning the premises and cleaning records were not maintained. Equipment that was used for cleaning the premises was not suitable. Following the inspection we were provided with evidence that suitable equipment and cleaning schedules and logs were now in place.

There was a procedure in place for managing needle stick injuries. Records showed that all clinical staff underwent screening for Hepatitis B and were vaccinated. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.)

Sharps containers were correctly stored though improvements could be made to ensure a documented risk assessment was in place.

We observed that staff wore clean uniforms and that they were aware of the proper laundering procedures to follow to minimise the risks of infections.

Dental water lines were being maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

Are services safe?

An infection prevention and control audit (IPC) had been carried out in line with national guidance but was not effective in identifying poor practice such as the re-use of single use instruments.

Equipment and medicines

The practice had procedures in place for the safe management of equipment. Regular visual checks were carried out and recorded to help identify any issues and to ensure that all equipment was in working order. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner.

The practice had an effective system in place regarding the management and stock control of the materials used in clinical practice.

Radiography (X-rays)

The practice had a radiation protection file. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the

equipment was operated safely and by qualified staff only. An inventory of all equipment being used was present and maintenance records were up to date, with equipment last being serviced in January 2016.

The critical examination test, risk assessment and quality assurance documentation were present.

We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available within the radiation protection folder for staff to reference if needed. Improvements could however be made to include details of staff that were trained and responsible for radiography within the practice.

X-rays were manual film-based, and images that were processed were stored within the patients' dental care record.

X-ray audits, to assess the quality of the X-ray and to also check that they had been justified and reported on, were not being carried out.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we discussed patient care with the three dentists and checked dental care records to confirm the findings.

The dentists told us how they undertook a dental assessment and how they took into consideration current guidelines such as those from the National Institute for Health and Care Excellence (NICE).

This included a review of the patients' medical history and assessment of the periodontal tissues using the basic periodontal examination (BPE) tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) The patients we spoke with on the day of the inspection, confirmed that medical history was verbally taken at each visit.

The dentists used NICE guidance to determine a suitable recall interval for the patients. This took into account the likelihood of the patient experiencing dental disease.

Patients were given a copy of their treatment plan, including information on the fees involved. Patients we spoke with told us they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment. The comments received in the CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The dentists we spoke with said they provided patients with advice to improve and maintain good oral health, including advice and support relating to diet, alcohol and tobacco consumption. Patients told us that they were well informed about the beneficial use of fluoride paste and the ill-effects of smoking on oral health.

The dentists were aware of and were using the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The dental team provided advice to patients about the prevention of decay and gum disease including advice on

tooth brushing technique and oral hygiene products. Information leaflets on oral health were available. There were a variety of different information leaflets available in the reception areas.

Staffing

Staff had not undertaken training in safeguarding of adults and vulnerable children, and Mental Capacity Act 2005 (MCA). The provider did not have effective systems in place to be assured of the continuing professional development (CPD) activity their staff had completed and what training needs were required by staff. (All professionals registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their registration). The practice did not have a system for appraising staff performance and staff records showed that appraisals had not taken place.

Working with other services

The practice had systems in place to refer patients to alternative practices or specialists, if the treatment required was not provided by the practice. The practice referred patients for secondary (hospital) care when necessary, for example, for assessment or treatment by oral surgeons. Referral letters contained detailed information regarding the patient's medical and dental history and a copy of the patients' referral was kept in the dental records.

The dentist explained the system and route they would follow for urgent referrals if they detected any un-explained lesions during the examination of a patient's soft tissues to rule out the possibility of oral cancer.

Consent to care and treatment

The practice had policies and procedures in place for obtaining patients' consent to treatment and staff were aware of and followed these. Staff told us that they ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent. We were told how staff discussed treatment options with their patients including the risks and intended benefits of each option.

Patients told us the dentists were good at explaining their treatment and answering questions, they felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment.

Are services effective?

(for example, treatment is effective)

Staff we spoke with on the day of the inspection could not demonstrate an understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). The training records of staff showed that staff had not undertaken any

formal training. (MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves).

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 36 patients. All patients commented positively about dentists, dental nurses and reception staff. They described staff as caring and friendly. Patients said that dentists listened to them and answered any questions regarding their dental care and treatment. They said that dentists and dental nurses understood their concerns and fears.

We reviewed the results of the NHS Friends and Family Test. We found that 100% of patients who had responded said that they would be 'extremely likely' or 'likely' to recommend the dental practice to their family and friends. A number of these patients commented positively about how they were treated by staff.

We observed staff interacting with patients before and after their treatment and speaking with patients on the telephone. They were polite and friendly and this was also reflected in comments made by patients.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Dental care records were held securely.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about their dental treatment. Patients were informed about the range of treatments available during consultations.

Patients commented they felt involved in their treatment and it was fully explained to them. We checked a sample of dental care records to confirm the findings and saw that these included a summary of treatment and explanations given to patients, and they showed that the range of treatment options available were documented.

Patients we spoke with and those who completed comment cards say that these options were discussed with them and that their consent to treatment was sought.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The staff we spoke with were aware of the needs of the local population and aimed to deliver a flexible service to meet these needs.

The practice had an appropriate appointments system that responded to the needs of their patients. Emergency and non-routine appointments were available every day and fitted in as add-ons to scheduled appointments. If a patient had a dental emergency, the practice made efforts to see them as soon as possible or within 24 hours.

Patients we spoke with told us (and feedback from comments cards confirmed) they had flexibility and choice to arrange appointments in line with other commitments. Patients also commented that they were offered cancellation appointments if these were available.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. Staff members told us that extra time was planned for patients who were particularly nervous or anxious and for children. Staff we spoke with explained to us how they supported patients with additional needs such as a learning disability. They ensured patients were supported by their carer and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient understood.

The practice was located on the ground floor and had made reasonable adjustments to support patients with limited mobility and parents with prams and pushchairs to access the facilities. Step free access was available at the practice.

We asked staff to explain how they communicated with people who had different communication needs. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions.

Access to the service

Appointments were available between Monday to Friday 9am to 5pm and every other Saturday 9am to 12pm. Patients who contacted the dental practice outside of its opening hours were advised how to access emergency dental services; details were available on the practice answer phone and were displayed in the waiting room.

Patients told us that they could access care and treatment in a timely way and the appointment system met their needs. This was reflected in the positive comments on the practice patient survey and the results of the NHS Friends and Family Test. We found that 100% of patients who had responded said that they would be 'extremely likely' or 'likely' to recommend the dental practice to their family and friends.

Staff told us that where treatment was urgent patients would be seen on the same day, where possible.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Patients were provided with information, which explained how they could make complaints and how these would be dealt with and responded to. Patients were also advised how they could escalate their concerns should they remain dissatisfied with the outcome of their complaint or if they felt their concerns were not dealt with fairly. This information was displayed in the practice waiting room.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The practice had received one complaint within the last 12 months; this had been dealt with in line with the practice complaints policy.

Are services well-led?

Our findings

Governance arrangements

The provider did not have effective governance arrangements at the practice. We checked the practice policies and saw that most were generic policies with little adaptation to the practice and had not been reviewed.

There were limited arrangements for identifying, recording and managing risks through the use of risk assessments, audits, and monitoring tools. For example, we noted that infection prevention control audit was being undertaken at six months' intervals in line with recommendation guidance; however, we found that though in the audit staff had marked that single used instruments were never reused, we saw evidence on the day that single used instruments like burs and matrix bands were being reused in all three treatment rooms.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff told us there was an open culture at the practice and they felt valued and well supported. They reported the dentists were very approachable and

available for advice where needed. The dental nurse who we spoke with told us they had good support to carry out their individual roles within the practice and any concerns would be discussed in staff meeting,

Learning and improvement

The practice did not have a formalised system of learning and improvement.

Staff meetings occurred monthly; however the practice had no formal mechanisms to share learning. There was no oversight of staff training and continued professional development. There was no oversight of staff training and continued professional development. Yearly appraisals for staff members were not taking place.

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

The practice had systems in place to seek and act upon feedback from patients using the service and staff, including carrying out annual surveys. The practice gave patients the opportunity to complete the NHS Friends and Family Test, to allow patients to provide feedback on the services provided.

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
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider did not have systems to enable them to Assess the risk of, and prevent, detect and control the spread of, infections, including those that were health care associated. Regulation 12 (1) (2) (h)
Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not have systems to enable them to - assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. - assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity - maintain securely such other records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activities. - ensure that their audit and governance systems were effective. Regulation 17 (1) (2) (a) (b) (d)i (f)

This section is primarily information for the provider

Requirement notices

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

- The practice did not always ensure all staff members received appropriate support, training and supervision necessary for them to carry out their duties.
- Staff did not receive regular appraisal of their performance in their role from an appropriately skilled and experienced person and training, learning and development needs had not been suitably identified, planned for and supported.

Regulation 18 (2) (a)