

St. Mary's Street Practice Limited

St. Mary Street Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 22 June 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 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

St. Mary's Street Dental Practice is in Chippenham, Wiltshire and provides private treatment to adults and children.

The dental team includes a dentist, a dental nurse, a trainee dental nurse who is also the receptionist and a practice manager. The practice has one treatment room, a reception area and a waiting room. The practice is open Monday to Friday 8:00am – 5:00pm.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at St. Mary's Street Dental Practice was the practice manager.

On the day of inspection we collected 28 CQC comment cards filled in by patients.

During the inspection we spoke with a dentist, a trainee dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- 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 had suitable information governance arrangements.
- The practice did not have infection control procedures which reflected published guidance.
- Staff had not completed training in emergency resuscitation and basic life support (BLS) every year.
- Appropriate life-saving equipment were not available.
- The practice did not have systems to help them manage risk.
- The practice did not have thorough staff recruitment procedures
- The practice did not have an effective leadership and culture of continuous improvement.

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

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure specified information is available regarding each person employed

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

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

- Review the Accessible Information Standard to ensure people who have a disability, impairment or sensory loss get information in a format that they can access and understand

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 section at the end of this report).

We found that this practice was not providing safe care in accordance with the relevant regulations. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low. We will be following up on our concerns to ensure they have been put right by the provider.

The practice did not have effective systems and processes to provide safe care and treatment.

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.

The practice had not completed essential recruitment checks. The practice did not have records to show that two clinical staff were immunised against Hepatitis B. The practice had not serviced the autoclave (steriliser) in line with manufacturer's guidance. Appropriate validation checks had not been completed for the ultrasonic bath. The practice had not followed national guidance for cleaning, sterilising and storing dental instruments.

The practice did not have suitable arrangements for dealing with medical and other emergencies. Staff had not completed training in emergency resuscitation and basic life support (BLS) every year.

The dentist did not use rubber dam in line with guidance from the British Endodontic Society. The practice did not test the emergency lighting, fire detection and firefighting equipment such as smoke detectors regularly.

The practice did not have a well maintained radiation protection file. The dentist did not justify, grade and report on the radiographs they took.

Requirements notice



Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. The dentist 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.

No action



Summary of findings

The practice did not use the appraisals to address the training requirements of staff. The practice did not support staff to complete training relevant to their roles and did not have systems to help them monitor this.

The practice's consent policy did not include information about the Mental Capacity Act 2005 and Gillick competence.

Are services caring?

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

We received feedback about the practice from 28 people. Patients were positive about all aspects of the service the practice provided. They told us staff were courteous, friendly and kind.

They said that they were given helpful, honest explanations about dental treatment 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.

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

Staff were not aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).

No action



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.

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

The practice did not have access to interpreting services and did not have arrangements to help patients with sight or hearing loss.

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).

There was a lack of an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. Governance arrangements were not effective to facilitate the smooth running of the service and there was no evidence of audits being used for continuous improvements. There was a lack of effective leadership.

Requirements notice



Summary of findings

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

The practice did not monitor clinical areas of their work to help them improve and learn. The practice asked for and listened to the views of patients and staff.

Are services safe?

Our findings

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

The practice did not have clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

We saw evidence that two staff received safeguarding training. The practice did not have evidence to show one staff member had completed safeguarding training. Following our inspection the practice sent us confirmation of safeguarding training.

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

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

The dentist did not use rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, for example refusal by the patient, the dentist told us no other method was used to protect the airway. A risk assessment had not been 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 and procedure which reflected the relevant legislation. We looked at two staff recruitment records. These showed the practice did not follow their recruitment procedure. The practice had

not obtained proof of identity and references for staff. The practice did not have records of Disclosure and Barring Service (DBS) checks for two clinical staff. Following our inspection the practice sent us evidence of DBS checks.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that most facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. The autoclave had not been serviced annually. We saw records which showed the autoclave was due to be serviced on 17 July 2018.

The practice did not test the emergency lighting, fire detection and firefighting equipment such as smoke detectors regularly with the exception of the fire extinguishers had been checked in November 2017.

The practice did not have suitable arrangements to ensure the safety of the X-ray equipment. The practice had registered with the Health and Safety Executive in line with Ionising Radiation Regulations 2017 (IRR17). The X-ray units had been serviced. The radiation protection file was not well maintained including local rules with a named radiation protection advisor and radiation protection supervisor.

The dentist did not justify, grade and report on the radiographs they took. The practice had not carried out radiography audits every year following current guidance and legislation.

The dentist completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

The practice did not have effective 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. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

Are services safe?

The provider did not have an effective 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. The practice did not have records to show that two clinical staff were immunised against Hepatitis B.

Staff knew how to respond to a medical emergency. Staff had not completed training in emergency resuscitation and basic life support (BLS) every year. One clinical staff had completed BLS training in August 2016. The practice did not have records to show the other two clinical staff had completed training.

The practice did not have adequate emergency equipment as described in recognised guidance. We found the practice did not have an automated external defibrillator (AED). The practice manager told us the practice would have access to an AED that would be delivered to the practice when required. The practice did not have records of the arrangement to have the AED delivered.

A variety of sizes of child and adult size oxygen masks, oropharyngeal airways sizes zero to four, spacer device, a bag valve mask and portable suction were not available at the practice. Staff did not keep records of their checks to make sure these were available and in working order. The practice showed us confirmation at inspection that these items had been ordered.

A dental nurse worked with the dentist when they treated patients in line with GDC Standards for the Dental Team.

The provider did not have suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. The practice had identified a limited number of risks but did not record how these risks should be mitigated.

The practice had an infection prevention and control policy and procedures.. The practice did not follow 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. For example, staff had not completed appropriate validation checks such as the foil test, soil test and protein residue test on the ultrasonic bath. Instruments were not pouched and dated for storage.

Staff had not completed infection prevention and control training regularly and had not received updates as required. One of the clinical staff had completed training in November 2016. The infection control lead completed training in June 2017. The practice did not have records to show that the infection control lead had undertaken any training prior to June 2017.

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 but no system in place to ensure that dental laboratory work was disinfected before being fitted in a patient's mouth.

The practice did not have effective procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. The practice had not undertaken a Legionella risk assessment. We discussed this with the practice manager who showed us confirmation a Legionella risk assessment had been booked for 28 June 2018.

The practice did not have cleaning schedules for the premises.

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

The practice had not carried out infection prevention and control audits twice a year. When asked staff were not aware of these requirements.

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 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

Are services safe?

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 dentist were aware of current guidance with regards to prescribing medicines.

Track record on safety

The practice had a good safety record.

The practice had an accident book. We checked the accident book and in the previous 12 months there had been no safety incidents.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and had reporting forms for significant events.

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 the dental practitioner 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 principal dentist who had undergone appropriate continuing professional development training in this speciality. The provision of dental implants was in accordance with national guidance.

The practice had access to intra-oral cameras to enhance the delivery of care.

Helping patients to live healthier lives

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments.

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 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.

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

The practice's consent policy did not include information about the Mental Capacity Act 2005. The team did not understand their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy did not refer to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were not aware of the need to consider this when treating young people under 16 years of age.

Monitoring care and treatment

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

The practice did not audit patients' dental care records to check that the dentist recorded the necessary information.

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.

The dental nurses had annual appraisals. We saw evidence of completed appraisals which were limited in nature. We found the practice did not use the appraisals to address the training requirements of staff and staff did not discuss training needs at annual appraisals.

Co-ordinating care and treatment

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

Are services effective?

(for example, treatment is effective)

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.

We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients over the telephone.

Patients said staff were compassionate and understanding. Patient's feedback told us staff were kind and helpful when they were in pain, distress or discomfort. Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service.

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 were not aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given). For example, the practice did not have easy read materials.

The practice gave patients clear information to help them make informed choices. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, video, X-ray images and an intra-oral camera. The intra-oral camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative 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.

Staff shared examples of how the practice met the needs of more vulnerable members of society such as patients with dental phobia and those living with diabetes.

The practice provided each new patient with a welcome pack which included a patient information leaflet and oral hygiene aids. An annual practice newsletter was sent to patients on the mailing list. We saw examples of the newsletters which included advice on oral health.

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

A Disability Access audit had been completed. The practice manager told us that it was not possible to provide disabled access within the practice and patients with these access needs were referred to a neighbouring practice with these facilities.

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.

The practice 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 complaint policy was not accessible to patients.

The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager 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 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 in 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

The practice did not have an effective leadership structure. The practice manager did not have the skills to deliver high-quality, sustainable care.

There was a lack of leadership within the practice. The practice manager did not have the skills to deliver the practice strategy and address risks to it.

The practice manager was not knowledgeable about issues and priorities relating to the quality and future of services. They did not understand the challenges and were not addressing them.

Vision and strategy

There was a clear vision and set of values. The practice manager told us the practice mission was to continually pursue excellence through continuing education, personal and team growth as well as assume a leadership role as a resource. Staff did not act in line with the stated vision and values of the practice.

Culture

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

The practice focused on the needs of patients.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

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

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 practice did not have clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for clinical leadership of the practice. The practice manager was responsible for the management and day to day running of the service.

The practice did not have an effective governance system. This included arrangements to monitor the quality of the service and make improvements. The practice did not have adequate arrangements for identifying, recording and managing risks through the use of risk assessment such as Legionella and hazardous substances.

The practice manager told us a clinical governance audit had been undertaken in 2017 and in 2018. We reviewed the clinical governance audit and found it had not identified that the practice was not meeting key requirements for infection control, radiography and leadership.

The provider had policies, protocols and procedures that were accessible to all members of staff. However, these were not reviewed appropriately. For example, the consent policy was reviewed in December 2017 and it did not contain information about the Mental Capacity Act 2005 and Gillick competence.

The practice did not have clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on 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 used patient surveys to obtain staff and patients' views about the service.

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

The practice did not have effective systems and processes for learning, continuous improvement and innovation.

Are services well-led?

The practice did not have arrangements for identifying, recording and managing risks through the use of scheduled audits and monitoring tools. The practice had not completed an infection control or radiography audit.

The dental nurses had annual appraisals. We saw evidence of completed appraisals which were limited in nature. We found the practice did not use the appraisals to address the training requirements of staff and staff did not discuss training needs at annual appraisals.

Staff had not completed 'highly recommended' training as per General Dental Council professional standards such as medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development (CPD). The practice did not provide support for staff to complete CPD. One clinical staff member did not have records of CPD for 2016 and 2017.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12: Safe care and treatment</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met</p> <ul style="list-style-type: none">• The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: effective infection control procedures, servicing and validation of the autoclave (steriliser) and ultrasonic bath.• The provider did not have suitable arrangements for dealing with medical and other emergencies. Staff had not completed training in emergency resuscitation and basic life support (BLS) every year.• The provider did not have records of immunisation for two clinical staff.• The provider did not have a well maintained radiation protection file.• The provider did not use rubber dam in line with guidance from the British Endodontic Society• The provider did not test the emergency lighting, fire detection and firefighting equipment such as smoke detectors regularly. <p>12 (1)</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 Good governance

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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.

How the regulation was not being met:

- 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: Legionella, hazardous substances, and fire risk assessments
- The provider had not reviewed policies and procedures regularly. Appraisals had not been used to address the training requirements of staff and there was not an effective system to monitor continuing professional development.
- The provider had not reviewed the practice's audit protocols to ensure audits of various aspects of the service, such as radiography and infection prevention and control were undertaken at regular intervals and where applicable learning points were documented and shared with all relevant staff.

17 (1)

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19: Fit and proper persons employed

How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

- The provider did not have an effective recruitment procedure in place to assess the suitability of staff for their role. Not all the specified information (Schedule 3) relating to persons employed at the practice was obtained.

19 (1), (2), (3)