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Newcastle Under Lyme Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 18 February 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Newcastle Under Lyme Dental Practice provides private treatment to adults and children.

Summary of findings

Due to the nature of the practice wheelchair access is not possible. Wheelchair users would be signposted to a local practice which is fully accessible. Car parking spaces are available near the practice.

The dental team includes eight dentists, five dental nurses, a dental hygienist, two dental hygiene therapists, a deputy practice manager and a practice manager. The practice has five treatment rooms.

The practice is owned by an individual who is the practice owner. 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 collected 16 CQC comment cards filled in by patients.

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

The practice is open:

Monday, Tuesday and Friday from 8:00am to 5:00pm

Wednesday from 9:00am to 7:00pm

Thursday from 10:00am to 7:00pm

Our key findings were:

- The practice appeared clean and well maintained.
- Improvements could be made to the infection control processes.
- Staff knew how to deal with emergencies. On the day of inspection, the medical emergency kit did not reflect nationally recognised guidance. The missing items were ordered, and evidence was sent after the inspection to confirm this.

- Improvements could be made to the process for managing the risks associated with Legionella and the use of radiation.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The system for monitoring staff training was not effective.
- 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.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked well as a team.
- The provider asked patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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.

There were safeguarding policies and procedures and staff knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were properly maintained. Improvements could be made to some infection prevention and control processes. In addition, a Legionella risk assessment had not been carried out.

Staff knew how to deal with medical and other emergencies. On the day of inspection not all medical emergency equipment was available. These were ordered, and evidence sent to the inspector after the inspection.

Recommendations made in the critical examination and acceptance tests for X-ray machines had not been identified or followed up.

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 excellent, fabulous and consistently of a high standard. 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 provider supported staff to complete training relevant to their roles. The system for monitoring staff training was not effective as there were some gaps in the evidence available to support staff training.

No action



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 16 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and professional.

No action



Summary of findings

They said that they were given good honest advice about treatments, 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.

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 took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. Due to the nature of the premises wheelchair access would not be possible. Wheelchair users would be signposted to a local accessible practice. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

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

No action



Are services well-led?

We found 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 clearly defined management structure and staff felt supported and appreciated.

The process for managing the risks associated with the carrying out of the regulated activities could be improved. For example:

- A Legionella risk assessment had not been carried out
- The process for checking medical emergency medicines and equipment had not identified that there were some missing
- Recommendations identified in the critical examinations for the X-ray machines had not been actioned
- Risk assessments for substances hazardous to health had not been carried out.
- There were no posters displayed in public areas to inform patients of the use of closed circuit television (CCTV) or a policy to support its use.

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

The provider monitored clinical and non-clinical areas of their work. This included asking for and listening to the views of patients and staff. The infection prevention and control audit had not identified the issues which we identified on the day of inspection.

Requirements notice



Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had clear systems to keep patients safe.

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

The practice had 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 felt confident they could raise concerns without fear of recrimination.

The dentists used dental 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 documented in the dental care record and a risk assessment completed.

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

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that 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 manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice held a radiation protection file. We reviewed the information relating to the installation and ongoing maintenance of the X-ray machines. We noted that for two intraoral X-ray machines the critical examination had identified that the isolation switches were within the controlled zone and there were no warning lights fitted above the doors. In addition, for three X-ray machines there had been recommendations about the direction of the X-ray beam being pointed towards unshielded doors or windows. We asked if these recommendations had been addressed or advice had been sought from a radiation protection advisor (RPA). Staff were unable to demonstrate that these issues had been followed up.

A cone beam computed tomography machine (CBCT) machine had been installed in June 2014. Advice had been sought from an RPA about the installation of the CBCT machine. We saw evidence of a critical examination and acceptance test which had been carried out. This had recommended the use of a phantom device to carry out monthly quality assurance checks on the machine. This had not been done.

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

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

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice had health and safety policies and procedures to help manage potential risk. The practice had current employer's liability insurance.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency. We saw evidence that all but one members of staff had completed medical emergency training within the past 12 months...

On the day of inspection, we noted that there was no child sized self-inflating bag and no size 0 to size 4 masks for the self inflating bag. We also noted the size 4 oro-pharyngeal air way had passed its expiry date and the aspirin was not of the dispersible variety. The medical oxygen cylinder was only checked on a monthly basis. Nationally recognised guidance states that it should be checked on a weekly basis. The missing items were ordered and evidence to support this was sent after the inspection.

A dental nurse worked with the dentists the dental hygienist and the dental hygiene therapist when they treated patients in line with GDC Standards for the Dental Team.

The provider held a folder relating to the control of substances hazardous to health. We noted this folder only contained material safety data sheets and there were no risk assessments for individual substances.

The practice had an infection prevention and control policy and procedures. This related to guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments. We noted that heavy duty gloves and scrubbing brushes were not changed on a weekly basis as recommended in HTM 01-05. The practice had a colour co-ordinated system for stamping bags containing sterilised instruments. During the inspection we noted that there was some confusion about which colour related to the date the instrument was sterilised and which colour related to the date which it had to be used by. In addition, there was no reference to this

system in the infection prevention and control policy. The ventilation in the decontamination room was inadequate. There was a ventilation outlet above the clean zone which was visibly dirty.

Records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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

A Legionella risk assessment had not been carried out. Staff told us they flushed the dental unit water lines for two minutes at the beginning of the day and end of the day and for 30 seconds between patients. They also used a water conditioning agent to reduce the likelihood of Legionella developing.

We saw cleaning schedules for the premises.

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

An infection prevention control audit had been carried out in September 2018. We were told these audits were completed annually. Guidance in HTM 01-05 states that these should be carried out six-monthly. The audit had not identified the issues we identified on the day of inspection.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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

Safe and appropriate use of medicines

Are services safe?

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

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

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

Track record on safety and Lessons learned and improvements

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

In the previous 12 months there had been no safety incidents. There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice.

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. We saw they were shared with the team and acted upon if required.

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 patients' 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 one of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

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

Helping patients to live healthier lives

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

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

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

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

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

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

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. We saw evidence of completed consent forms for treatments such as dental implants, endodontics and restorative treatments. 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 may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

We saw the practice audited patients' dental care records to check that the clinicians recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, some of the dental nurses had completed extended duty training in radiography and impression taking.

Staff new to the practice had a period of induction based on a structured programme. We noted some gaps in clinical staffs continuing professional development records.

Are services effective?

(for example, treatment is effective)

We checked five staff folders and found there was no evidence of safeguarding training for two members of staff, infection prevention and control for three members of staff and medical emergency training for one members of staff.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals in staff folders.

Co-ordinating care and treatment

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

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

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

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

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 were friendly, caring and professional. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

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

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. If a patient asked for more privacy, staff 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.

Involving people in decisions about care and treatment

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

requirements under the Equality Act:

- Interpretation services were available for patients who did not use English as a first language. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentists 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 dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models and X-ray images. These were 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.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, communicating with text messages and e-mails to patients who had hearing difficulties.

Due to the nature of the premises, wheelchair access was not possible. We were told that any wheelchair users would be signposted to a fully accessible local practice.

Patients were either called up or sent an e-mail prior to their appointments to remind them of any upcoming appointment.

Timely access to services

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

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

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

The practice had arrangements for patients requiring emergency dental treatment outside normal working hours.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

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

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

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

The practice manager aimed to settle complaints in-house. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at complaints the practice received in the previous 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

Culture

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

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

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff could 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 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.

Improvements could be made to the process for managing the risks associated with the carrying out of the regulated activities. Systems and processes were not working effectively to ensure compliance with the relevant regulations.

- The system for ensuring medical emergency equipment and medicines reflected nationally recognised guidance was not effective. There was no child sized self-inflating bag, no size 0 to 4 masks for the self inflating bag. In addition, the size 4 oro-pharyngeal airway had passed its expiry date.
- The system for checking the medical oxygen cylinder did not reflect nationally recognised guidance.
- A Legionella risk assessment had not been carried out.
- The process for ensuring infection control procedures reflected nationally recognised guidance was not effective. Heavy duty gloves and scrubbing brushes were not changed on a weekly basis.
- Risk assessments for substances which can be hazardous to health had not been carried out.
- Recommendations in the critical examinations for the CBCT and intraoral X-ray machines had not been addressed. Critical examinations for the intraoral X-ray

machines had identified the need to review the location of the isolation switches, that the primary beam may be pointed towards unshielded doors or window and the need for warning lights. No advice had been sought from an RPA about these issues. The critical examination for the CBCT machine had recommended the use of a phantom for monthly quality assurance checks. This had not been done.

- CCTV was used in the waiting area and reception area. There were no signs informing patients of the use of CCTV and there was no policy in place to support its use.
- The system for monitoring staff training was not effective. On the day of inspection there was no evidence of safeguarding training for two members of staff, infection prevention and control for three members of staff and medical emergency training for one member of staff.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The 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 and a comment book to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, making drinking water available in the waiting room and putting more magazines in the waiting room.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

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

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. The infection prevention and control audit did not identify the issues which we found during the inspection.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

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

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• A Legionella risk assessment had not been carried out. <p>The registered person had systems or processes in place that operated 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> <ul style="list-style-type: none">• The system for ensuring action or advice was sought with regards to recommendations from critical examinations was not effective.• The system for ensuring medical emergency equipment and medicines reflected nationally recognised guidance was not effective.• The system for checking the medical oxygen cylinder did not reflect nationally recognised guidance.• There were no individual risk assessments for substances hazardous to health.• The infection prevention and control audit did not identify the issues which we found on the day of inspection. <p>There was additional evidence of poor governance. In particular:</p>

This section is primarily information for the provider

Requirement notices

- The system for monitoring staff training was not effective.
- There were no signs to inform patients that CCTV was in use within the practice and no policy to support its use.

Regulation 17(1)