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Lightwood Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 20 January 2020 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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Lightwood Dental Care is in the market town of Buxton in the peak district in Derbyshire and provides private dental care and treatment for adults and children.

There is level access into the rear of the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes two dentists, three dental hygienists, eight dental nurses, including one trainee

Summary of findings

dental nurse and the practice manager, and one receptionist. The practice has four treatment rooms, one of which is located on the ground floor. The practice has centralised decontamination facilities.

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

On the day of inspection, we collected 77 CQC comment cards filled in by patients and spoke with two other patients. Feedback received about the practice was positive.

During the inspection we spoke with one dentist, one dental hygienist, two dental nurses, one receptionist 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 from 8.30am to 5pm, Tuesday from 8.30am to 5pm, Wednesday from 8.30am to 7pm, Thursday from 8.30am to 8pm and Friday: from 8.30am to 1pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance apart from infection prevention and control audits were not being completed.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had staff recruitment procedures which reflected current legislation.
- Antimicrobial prescribing was not in line with nationally agreed guidance.
- 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 provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was room for improvement regarding the leadership and the culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- Systems and processes for monitoring staff training and development could be improved.
- The provider had 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
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
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Full details of the regulation the provider is not meeting are at the end of this report.

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

- Improve and develop the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation, take into account relevant guidance, and staff follow them.
- Improve and develop staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

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?	**No action** ✓
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**Requirements notice** ✗

Are services safe?

Our findings

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

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

Staff had clear systems to keep patients safe.

The provider had safeguarding information but did not have a practice specific policy to provide staff with information about identifying, reporting and dealing with suspected abuse. The practice manager told us not all staff had completed safeguarding training. We checked all staff files and noted only two staff members had the necessary certificates Discussions with staff in the practice demonstrated a limited understanding of safeguarding procedures. Following this inspection, we were sent evidence that all staff had completed refresher training in safeguarding to ensure they knew and understood their responsibilities.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations for example those who had mental health issues or who were known to have experienced female genital mutilation.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. There was a lead for infection control as recommended by the published guidance.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately. We saw that the airflow in the decontamination room was from the dirty area to the clean. This should be the opposite way around to reduce the risk of cross contamination.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed. A specific policy was in place to ensure staff understood the system and processes relating to dental appliances sent and received from the laboratory.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. The risk assessment had been completed by an external company and reviewed in June 2018.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

There were no records to demonstrate six-monthly infection prevention and control audits had been completed. The guidance, in HTM 01-05 identifies that these audits should be completed twice a year.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

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

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for

Are services safe?

agency and locum staff. These reflected the relevant legislation. We looked at six staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover. Following this inspection, we were sent evidence that the provider's indemnity insurance also covered the dental nurses working at the practice.

The provider did not have a current landlord's gas safety record, with the last one on file dated April 2006. Following this inspection, we were sent evidence that a gas safety check had been booked for 27 January 2020. A five-year fixed wire electrical safety certificate had not been issued for ten years. Following this inspection we were sent evidence a five-year fixed wire electrical safety check had been completed.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Records showed that the fire extinguishers and fire detection systems had been maintained on a regular basis.

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 arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation. The provider had registered with the Health and Safety Executive in line with changes to legislation relating to radiography. Local rules for the X-ray units were available in line with the current regulations. The provider used digital X-rays and had rectangular collimation fitted to the X-ray units to enhance patient safety.

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items.

Staff records showed that not all clinical staff had evidence of immunity to the Hepatitis B virus. Following this inspection, we were sent evidence that all clinical staff had received vaccinations and had received blood tests to check their immunity to the virus.

None of the clinical staff had knowledge of the recognition, diagnosis and early management of sepsis.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

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

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

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

The practice used locum and agency staff on an occasional basis. We observed that these staff received an induction to ensure they were familiar with the practice's procedures.

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 dental care records with clinicians to confirm our findings and observed that individual records were typed

Are services safe?

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 requirements.

Patients updated their medical histories at each visit and they were then scanned into the dental care records after being checked by the dentist.

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

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

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

There was a 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 not aware of current guidance with regards to prescribing medicines. We noted examples where the dosage and duration of antibiotics being prescribed were not in line with current guidance.

Clinicians were not completing antimicrobial prescribing audits. Current guidance states these should be completed annually.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff 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

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

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.

Staff had access to intraoral cameras, dental loupes, a dental milling machine, digital cameras, an orthopantomogram and digital X-rays available in the practice to enhance patient care.

Helping patients to live healthier lives

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

Dentists carried out periodontal (gum disease) assessments and care. The approach was thorough with all patients seeing both the dentist and the dental hygienist. Clinicians discussed patients' oral health and the dental hygienist carried out a basic periodontal examination and six-point pocket charting if necessary. Higher scores always resulted in further investigation and treatment with bleeding scores recorded.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

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 leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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

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

Consent to care and treatment

Staff 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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after.

The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. 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 might not be able to make informed decisions. The policy gave brief details around best interest decisions and little guidance of the circumstances when and how they might be used. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. 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 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.

Dentists assessment of patients' treatment needs used a variety of technology such as: intraoral cameras to help

Are services effective?

(for example, treatment is effective)

demonstrate to patients what treatment was required. The dentists also used flip charts and educational aids on the computer to further explain treatment options. We saw dentists spent time with each individual to gain understanding, and this was demonstrated in the dental care records.

We saw that dental care record audits had not been completed at the practice, therefore there was no formal system to review the quality of record keeping and drive improvements.

Effective staffing

Clinical staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice including locum and agency staff had a structured induction programme.

The practice had a staffing structure and staff were aware of lines of responsibility and accountability.

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 for treatment the practice did not provide using an electronic referral system, which allowed the referrals to be tracked and monitored.

Are services caring?

Our findings

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

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 promoted confidence, treated everyone with respect and were attentive and caring. We saw that staff treated patients with kindness, were welcoming and professional. Staff were friendly towards patients at the reception desk and over the telephone.

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

The costs for private dental treatments were on display in the practice.

Patients said staff were compassionate and understanding.

Privacy and dignity

Staff 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, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. Staff told us that if a patient asked for more privacy they would take them into a private room within the practice.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. We saw notices in the reception areas, written in languages other than English, informing patients that translation services were available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff 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. 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, study models, videos, X-ray images and an intra-oral camera. The intra-oral cameras enabled photographs to be taken of the tooth being examined or treated and shown to the patient or their relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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 about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia.

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

Two weeks before our inspection, CQC sent the practice 100 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

77 cards were completed, giving a response rate of 77%

100% of views expressed by patients were positive.

Common themes within the positive feedback were the professionalism and friendliness of staff and easy access to dental appointments. Several patients told us their dentist explained treatments and options, and they felt well supported within the dental practice.

We were able to talk to two patients on the day of inspection. Feedback they provided aligned with the views expressed in completed comment cards.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice had made reasonable adjustments for patients with disabilities. This included step free access and an accessible toilet with a call bell.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff sent text messages and e-mails to remind patients who had agreed to receive them when they had an 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 offered an appointment 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 dentists provided an emergency on-call arrangement for their own patients through a mobile telephone number for each dentist.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment out-of-hours, with patients able to access their own dentist. 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

Staff told us the practice manager 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. This was displayed within the practice for the benefit of patients. The practice information folder explained how to make a complaint. 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 complaints policy identified the time scale in which the practice would respond to any complaints received.

Are services responsive to people's needs?

(for example, to feedback?)

The practice manager 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 manager had dealt with their concerns.

The practice had not received any complaints in the year leading up to this inspection.

Are services well-led?

Our findings

We found 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). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The practice manager told us they had limited management experience and had been recruited into the role from within the practice. The manager told us they were keen to attend formal management training, as they felt this would help their personal development and address some of the shortcomings they had identified through their own lack of experience. Up to the time of this inspection no management training had been identified or accessed. We noted the practice manager also worked as a receptionist up to four days per week, which they told us impacted on their abilities to manage the practice. Discussions with one of the providers identified they agreed with the practice manager's view point.

We were told leaders at all levels were visible and approachable.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

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.

Staff discussed their training needs at an annual appraisal and in one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development. Records showed all staff had received an annual appraisal and completed personal development plans where appropriate. However, opportunities had been missed to review staff training progress as part of this process.

The practice held regular staff meetings to share information and support staff. Minutes were taken of the meetings as a record of discussions and to be able to refer to decisions taken at the meeting at a later date.

The staff focused on the needs of patients. For example, there was a range of equipment in the practice designed to offer safer, quicker, and more personalised dental care.

Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had responsibilities, roles and systems of accountability to support governance and management.

The registered person had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

Systems and processes were not working effectively to ensure the risks associated with the carrying out of the regulated activities were effectively managed:

- Clinical staff did not have knowledge of the recognition, diagnosis and early management of sepsis.
- There was no system to carry out regular audits to monitor progress and drive improvements. For example, no infection prevention or control audits or dental care record audits had been completed.
- There was no system for antimicrobial prescribing audits to be completed at the practice, as a result there was no oversight of prescribing habits or identification of any issues or concerns.
- There was no oversight of staff training, or system to monitor that clinical staff were meeting the recommendations to meet their continuing professional development.
- Evidence of immunity to hepatitis B was not obtained and recorded for clinical staff prior to this inspection.
- Gas and electrical safety had not been assessed until prompted by the inspection.

Are services well-led?

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. The practice manager told us that all policies were reviewed on a regular basis. However, we noted very few dates on policies and documents. We noted policies and procedures did not have signature sheets for staff to demonstrate they had seen and read the individual policy or procedure.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example surveys were used to ensure and improve performance. Performance information was combined with the views of patients.

The provider 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 questionnaires and surveys to gather patients' views, and the latest information showed that patients were satisfied with the service they were receiving, and quality of care being offered.

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 provider's quality assurance processes to encourage learning and continuous improvement were not effective. The processes to audit areas of the practice to monitor performance and drive improvements were not effective. For example, there were no infection prevention and control audits, dental care record audits or antimicrobial prescribing audits completed at the practice

We were unable to confirm clinical staff completed the continuing professional development required for their registration with the General Dental Council. This was because staff training records were not complete and evidence of training certificates were not always requested and held in staff files. Following this inspection, we were sent some evidence that staff had completed safeguarding training. We noted many of the certificates were dated the day of the inspection or a few days after.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular:** **The provider did not have an effective system in place to ensure oversight of staff training and development to ensure they are up to date and in line with GDC requirements. In particular:** • Fourteen staff members did not have evidence they had undertaken safeguarding training to the appropriate level. • Fifteen staff members did not have evidence they had undertaken basic life support training within the last 12 months. • none of the 15 clinical staff had evidence they had undertaken sepsis awareness training or had appropriate knowledge to triage risk. • The registered person did not have an effective system to ensure all learning, development and required training completed was monitored and appropriate action taken quickly when training requirements are not being met. **Regulation 18 (1) & (2)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

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.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The registered person did not have a system to carry out an effective quality assurance programme. There were limited audits within the practice, and no evidence to demonstrate how improvements were driven. For example, there were no audits of infection prevention and control or dental care records.
- There was no system to ensure and monitor that clinical staff had received hepatitis B vaccinations and had immunity to the virus.
- The registered person had not ensured that clinical staff had the knowledge for the recognition, diagnosis and early management of sepsis.
- The registered person had failed to establish a system to give oversight of staff training. During this inspection records did not indicate that staff had completed recommended training, and training certificates to evidence training had been completed were missing from staff records. For example, training in relation to safeguarding, sepsis and basic life support.
- There was no system to give oversight of routine maintenance within the practice. As a result, the records showed the annual landlords gas safety check had not been completed since April 2004 and the five-year fixed wire electrical safety check had not been completed for ten years.

Regulation 17 (1)