Primrose Dental Ltd

Primrose Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 21 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

We found that this practice was not 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 not 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

Primrose Dental Practice is located in the London Borough of Camden and provides private dental treatment to both adults and children. The premises are on the first floor above retail premises and consist of three treatment rooms, a reception area and a dedicated decontamination room. The practice is open on Monday - Friday 9:00am – 4:30pm.

The staff consists of the principal dentist, one associate dentist, one dental hygienist, three dental nurses and one trainee dental nurse.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We reviewed ten CQC comment cards. Patients were positive about the service. They were complimentary about the friendly and caring attitude of the staff.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor

Our key findings were:

- There were appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies. Staff knew where equipment was stored.

Summary of findings

- Patients had good access to appointments including emergency appointments.
- We observed staff to be caring, friendly, reassuring and welcoming to patients.
- There was lack of appropriate systems in place to safeguard patients
- The practice did not have arrangements in place to ensure the safety of the equipment.
- There was a lack of effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) Regulations.
- Staff did not receive appropriate support and appraisal as is necessary to enable them to carry out their duties.
- There was a lack of effective processes for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients.
- There was a lack of an effective system to assess, monitor and improve the quality and safety of the services provided.
- 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.
- Governance arrangements in place were not effective to facilitate the smooth running of the service and there was no evidence of audits being used for continuous improvements.

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

- Ensure that the practice has and implements, robust procedures and processes that make sure that people are protected from abuse.
- Ensure that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Ensure systems are put in place for the proper and safe management of medicines.
- Ensure staff training to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Ensure the practice's infection control procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Ensure that the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.
- Ensure the training, learning and development needs of individual staff members are reviewed at appropriate intervals and an effective process is established for the on-going assessment and supervision of all staff.
- Ensure that the registered person establishes and operates effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users.
- Ensure audits of various aspects of the service, such as radiography, infection control and dental care records are undertaken at regular intervals to help improve the quality of service. The practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure the practice establishes an effective system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.

Summary of findings

- Ensure dental care records are maintained appropriately giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Review its responsibilities to respond to the needs of patients with disability and the requirements of the Equality Act 2010 and ensure a Disability Discrimination Act audit is undertaken for the premises.
- The principal dentist was made aware of these findings on the day of the inspection and they were also formally notified of our concerns immediately after the inspection. They were given an opportunity to put forward an urgent action plan with remedial timeframes, as to how the risks could be reduced to ensure patient safety.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice did not have adequate systems in place for the management of substances hazardous to health. The practice did not have policies and procedures in place for safeguarding adults and child protection. Details of the practice safeguarding lead, local authority safeguarding teams and other useful telephone numbers were not known to staff. The practice did not have a fire safety policy and an evacuation procedure. There was no recruitment or induction policy. The practice had not undertaken risk assessments to mitigate the risks relating to the health, safety and welfare of patients and staff. There was lack of adequate processes to ensure equipment and materials were well maintained and safe to use. There were no processes in place for the maintenance of the X-ray machine.

Are services effective?

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

The practice was not assessing patients' needs and delivering care and treatment, in line with relevant published guidance, such as from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) Department of Health (DH) and the General Dental Council (GDC). Some staff had not completed continuing professional development to maintain their registration in line with requirements of the General Dental Council. Staff had not received Mental Capacity Act (MCA) 2005 training and did not demonstrate an awareness of their responsibilities under the Act.

Are services caring?

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

We reviewed ten CQC comment cards Patients were positive about the care they received from the practice. Patients commented they were treated with dignity and respect, were made comfortable and reassured. Patients told us they were treated in a professional manner and staff were very helpful.

We noted that patients were treated with respect and dignity during interactions at the reception desk and over the telephone. We observed that patient confidentiality was maintained.

Are services responsive to people's needs?

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

Patients had access to information about the service. Patients had good access to appointments, including emergency appointments. In the event of a dental emergency outside of normal opening hours patients were able to contact the practice and would be offered an appointment on the same day.

The practice did not have an equality and diversity policy and had not assessed the needs of patients with disabilities.

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 Enforcement Action at the end of this report).

Summary of findings

Policies and procedures were not effective to ensure the smooth running of the service. Most policies were out of date and had not been updated for a number of years. We noted that the practice did not have robust systems in place to identify and manage risks. Practice meetings were not being held and there were no mechanisms in place to update staff or support staff. There were no processes in place for staff development, no appraisals and no evidence of how staff were supported. Audits such as those on infection control, the suitability of X-rays and dental care records, had not been undertaken in the last 12 months. There were no mechanisms in place for obtaining and monitoring feedback for continuous improvements.

Primrose Dental Practice

Detailed findings

Background to this inspection

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

We carried out an announced, comprehensive inspection on 21 March 2016. The inspection was carried out by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider.

During our inspection visit, we reviewed policy documents and staff records. We spoke with the principal dentist, who was also the registered manager, and one dental nurse. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We reviewed the practice's decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had an incidents and accident reporting procedure. All staff we spoke with were aware of reporting procedures including recording them in the accident book. There was one reported incident within the last 12 months. We did not see records which showed that the incident was investigated and discussed with a view to preventing further occurrences and, ensuring that improvements are made as a result.

The practice did not have a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff we spoke with did not understand the requirements of RIDDOR. The practice had not carried out a risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). Staff we spoke with did not understand the requirements of COSHH. When asked staff could not provide a RIDDOR policy or COSHH folder.

Reliable safety systems and processes (including safeguarding)

The practice did not have policies and procedures in place for safeguarding adults and child protection. When asked the staff could not provide policies and procedures. Staff we spoke with did not know the local authority safeguarding teams, whom to contact in the event of any concerns and the team's contact details. There was no safeguarding lead and staff were not aware of the procedures to be followed. All members of staff we spoke with were able to give us examples of the type of incidents and concerns that would be considered as safeguarding incidents.

We saw evidence that one staff member had completed child protection and safeguarding adults training to an appropriate level. No records were available for other members of staff.

The practice did not have a health and safety policy. The practice had not undertaken risk assessments with a view to keeping staff and patients safe. We did not see records which showed that the practice followed guidelines issued by the British Endodontic Society in the use of rubber dams (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured). We noted the rubber dams that were available had expired in July 2014.

Medical emergencies

The practice had emergency resuscitation equipment such as oxygen, manual breathing aids and an automated external defibrillator (AED) in line with the Resuscitation Council UK guidelines. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). Equipment such as the full range of oropharyngeal airways for children and adults were not availalable.

All staff were aware of where medical equipment was kept and knew how to respond if a person suddenly became unwell. We saw evidence that two members of staff had completed training in emergency resuscitation and basic life support. No records were available for other staff.

Staff recruitment

The practice did not have a recruitment policy. We reviewed the recruitment files for all members of staff. The records did not contain all evidence required to satisfy the requirements of relevant legislation. There was also evidence that some staff had the necessary immunisation and evidence of professional registration with the General Dental Council (where required). Records of immunisation for two clinical members of staff were not available.

There were no records which showed that references were obtained, identity checks and eligibility to work in the United Kingdom, where required, were carried out for members of staff. The practice had not carried out Disclosure and Barring Service (DBS) checks for relevant members of staff; there were no records available for four members of staff. [The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Monitoring health & safety and responding to risks

Are services safe?

The practice did not have a health and safety policy that outlined staff responsibilities towards health and safety, accidents, fire safety and manual handling. The practice had not carried a premises risk assessments. The practice did not have arrangements in place to deal with foreseeable emergencies and did not have a fire safety policy in place. Fire safety signs however were clearly displayed and fire extinguishers were present.

Staff showed us a folder for Medicines and Healthcare products Regulatory Agency (MHRA) alerts. We noted that the file contained MHRA alerts issued in 2005 and it had not been updated since this time. At the time of our inspection the practice was not receiving and responding to patient safety alerts, recalls and rapid response reports issued from the MHRA and other relevant external agencies.

Infection control

The practice did not have effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, waste management and immunisation. The practice had not followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. The treatment rooms were visibly untidy and cluttered on the day of the inspection and there was no cleaning schedule in place. There was dust and dirt on the work surfaces in the surgery; the drawers and work surfaces were dusty and cluttered. There were out-of-date dental care products such as composites in the treatment room and fridge.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a dedicated decontamination room. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment including heavy duty gloves while instruments were decontaminated. Instruments were cleaned prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches following sterilisation. However, there was no evidence that daily, weekly and monthly tests were performed to check that the steriliser was working efficiently. We did not see records which showed that the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective decontamination of hands. Patients were given a protective bib and safety glasses to wear when they were receiving treatment. There were good supplies of protective equipment for patients and staff members.

Staff told us the practice had carried out a Legionella risk assessment. However, when asked staff could not provide records of this. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). We did not see records which showed that the water temperatures were being monitored.

Equipment and medicines

The practice did not have appropriate service arrangements in place to ensure equipment was well maintained. We did not see records that the autoclave had not been serviced since February 2014. The practice had two ultrasonic baths which had not been serviced. We did not see records of any other validation on the ultrasonic bath such as protein residue test or foil test. . We discussed this with staff who told us these checks had not been carried out. A pressure vessel check had been carried out in May 2014. The practice had portable appliances and had carried out portable appliance tests (PAT) in September 2012.

The practice dispensed medicines. There was no policy on prescribing to detail how medicines should be prescribed, dispensed and stored. Medicines were stored securely in a

locked cabinet. However, we did not see records which showed that when medicines were dispensed the appropriate information had been recorded including the batch number, expiry date and quantity of medicines.

Radiography (X-rays)

The practice did not have a well maintained radiation protection file. We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found that the practice did not have arrangements in place to ensure the safety of the equipment including. The local rules were out of date and list staff that no longer worked at the practice. The local rules were last updated in February 2011.

The practice had a radiation protection adviser (RPA). We saw records which showed the RPA had written to the principal dentist in April 2015 advising the radiation protection file be updated and necessary action be undertaken. We did not see evidence that this had been carried out. The practice had appointed a radiation protection supervisor (RPS). We spoke with the RPS who was uncertain of the requirements for the role.

The radiation protection file contained the maintenance history of X-ray equipment along with the critical examination and acceptance test reports. However, we noted that the last servicing of the X-ray equipment was undertaken in December 2012. We did not see evidence of an ongoing servicing contract for the X-ray equipment. We discussed this with staff who were unable to confirm if the X-ray equipment had been serviced since December 2012. The practice did not have an X-ray developer and the solutions used were not stored securely but placed on a tray in the area where beverages were prepared. We observed the X-ray solutions were spilt onto the tray.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we checked dental care records to confirm our findings. We did not see evidence of assessments to establish individual patient needs. Patients' needs were not assessed and care and treatment was not delivered in line with current guidance. For example we did not see evidence that medical histories and charting were updated regularly. Assessments of periodontal tissue were taken on a regular basis using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums]. We did not see records which showed that X-rays were justified and graded in the dental care records.

Health promotion & prevention

Staff told us appropriate information was given to patients for health promotion.Staff showed us examples of leaflets with information relating to health promotion including gum disease and smoking cessation.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as dietary advice.

Staffing

The practice did not have an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.

We reviewed the training records for all members of staff. Opportunities existed for staff to pursue continuing professional development (CPD). There was evidence to show that some members of staff were up to date with CPD and registration requirements issued by the General Dental Council. Staff had completed training in infection control, radiography, legal and ethical issues and oral cancer screening.

We did not see records which showed that the principal dentist had undertaken an appropriate training to carry out implant treatment in line with FGDP guidance Training Standards in Implant Dentistry. We did not see training in medical emergencies, infection control and radiography for two clinical members of staff. There were no CPD records available for one clinical member of staff. We did not see evidence that the principal dentist reviewed the continuing professional development of staff members. There was no formal appraisal system in place to identify training and development needs.

Working with other services

The practice had arrangements in place for working with other health professionals to ensure quality of care for their patients. Referrals were made to other dental specialists when required. The practice provided specialist services in oral surgery, endodontics and orthodontics. The dentists referred patients to other practices or specialists if the treatment required was not provided by the practice.

Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. We saw examples of the referral letters. All the details in the referral were correct for example the personal details and the details of the issues. Copies of the referrals had been stored in patients' dental care records appropriately

Consent to care and treatment

The dentist told us that consent was taken verbally from patients but confirmed that they did not always record this in patient's dental care records. Some of the records that we checked did not have consent documented. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient. However, we did not see records of detailed treatment plans and estimate of costs in the dental care records. The practice had consent forms for dental implants which included information on risk and benefits of treatment and how the treatment would be carried out.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Some staff had received formal training on the MCA in March 2016. Most of the staff members we spoke with had not received MCA training and did not demonstrate an awareness of their responsibilities under the Act. Staff we spoke with did not demonstrate an understanding of the principles of the

Are services effective?

(for example, treatment is effective)

MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We reviewed ten CQC comment cards completed by patients in the two weeks prior to our inspection. Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. Patients commented that they were treated with dignity and respect**.**

Staff told us that that the practice sought patient's views through a patient satisfaction survey. However, we did not see records of this.

Staff explained how they ensured information about patients using the service was kept confidential. Patients' dental care records were both computerised and paper based. The computers were password protected and dental care records were stored securely and regularly backed up. Staff told us patients were able to have confidential discussions about their care and treatment in a treatment room. We saw records which showed that one staff had completed training in confidentiality.

Staff told us that consultations were in private and that staff never interrupted consultations unnecessarily. We observed that this happened with treatment room doors being closed so that the conversations could not be overheard whilst patients were being treated. The environment of the treatment rooms was conducive to maintaining privacy.

Involvement in decisions about care and treatment

Staff told us they used leaflets and photographs to demonstrate different treatment options involved so that patients fully understood. Staff showed us a book of photographs which explained treatment such as crowns, bridges, dentures, implants, orthodontics and gum disease. We did not see evidence that a treatment plan was developed following discussion of the options, risk and benefits of the proposed treatment.

Staff told us the dentist explained care and treatment to individual patients clearly and were always happy to answer any questions. Patients told us that treatment was discussed with them in a way that they could understand.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We viewed the appointment book and saw that there was enough time scheduled to assess and undertake patients' care and treatment. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

The practice patient information folder was displayed in the waiting area and contained the price list. The practice website contained information on treatments such as dental hygiene, implants, dentures and orthodontics.

Tackling inequity and promoting equality

Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions.

The practice is located on the first floor above commercial premises. The practice had not undertaken a disability discrimination audit or risk assessment to assess the needs of different groups in the planning of its service.

Access to the service

The practice had arrangements for patients to be given an appointment outside of normal working hours. We asked staff how patients were able to access care in an emergency. They told us that patients were seen on the same day if an emergency appointment was required. Out of hours contact details were given on the practice answer machine message when the practice was closed.

Feedback received from patients indicated that they were happy with the access arrangements. Patients said that it was easy to make an appointment.

Concerns & complaints

The practice had a policy to manage patient complaints. However, the policy had not been updated for some time. It did not contain the correct information for agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. Information about how to make a complaint was not readily available to patients.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there no effective system in place to ensure a timely response. The practice had not received any complaints in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

There is no evidence that adequate governance arrangements were in place at the practice. The practice did not have arrangements for identifying, recording and managing risks through the use of risk assessments, audits, and monitoring tools. We discussed this with staff who were unaware of the requirements to complete audits such as infection control and radiography. The practice did not have a COSHH folder and no risk assessment had been done around the safe use and handling of COSHH products.

The practice had not identified various risks such as those arising from employing staff without the necessary pre-employment checks and from not undertaking regular checks on equipment.

There were no records of staff meetings. The dentist told us there were informal discussions on a regular basis. The principal dentist had responsibility for the day to day running of the practice and worked at the practice part time.

Dental care records we checked were neither complete nor consistent.

Leadership, openness and transparency

Leadership in the practice was lacking. Responsibilities to undertake key aspects of service delivery had neither been assumed by the principal dentist nor suitably delegated. Structures were not in place for staff to learn from incidents or to know who to report to.

Learning and improvement

We found that the practice did not have a formalised system of learning and improvement. There was no schedule of audits at the practice and the dentist confirmed they had not undertaken any audits including on infection control and X-rays within that last 12 months. Staff meetings were not held and there were no formal mechanisms to share learning.

We found that there was no centralised monitoring of professional development in the practice. We did not see confirmation of training and development for two clinical members of staff. There was no programme of induction for staff and no mechanisms in place for staff to learn from incidents. There had been no recent staff appraisals to support staff in carrying out their role. Staff told us they had not completed an appraisal in the last 12 months. We did not see evidence that the principal dentist had completed the required CPD. We did not see CPD records for another clinical member of staff.

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

The practice did not have any systems in place for seeking or acting on feedback from patients, staff or the public.

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 Transport services, triage and medical advice provided remotely	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met: The provider did not have assessments in place to take into account current legislation and consider relevant nationally recognised evidence-based guidance. 9(1) (3)(a)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider had not ensured that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. The provider had not ensured that the equipment used for providing care or treatment to a service user was safe for such use and used in a safe way. The provider had not ensured the proper and safe management of medicines. The provider had not assessed the risk of preventing, detecting and controlling the spread of infections. Regulation 12(1) (2) (c) (e) (g) (h)

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **How the regulation was not being met:** • The practice did not have, and implement, robust procedures and processes to ensure that people were protected from abuse and improper treatment • Not all staff had received safeguarding training that was relevant to their role • Staff were not aware of their individual responsibilities to prevent, identify and report abuse when providing care and treatment. There was no safeguarding lead in place **Regulation 13(1) (2)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **How the regulation was not being met:** **The practice had not established an accessible system for identifying, receiving, recording, handling and responding to complaints by service users.** **Regulation 16(2)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** • The practice did not always ensure all staff members received appropriate support, training and supervision necessary for them to carry out their duties.

This section is primarily information for the provider

Requirement notices

- Staff did not receive regular appraisal of their performance in their role from an appropriately skilled and experienced person and any training, learning and development needs should be identified, planned for and supported.

Regulation 18 (2) (a)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** • The provider did not have appropriate an process for assessing and checking that people have the competence, skills and experience required to undertake the role. These processes must be followed in all cases and relevant records kept. • 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. Regulation 19 (1) (b), (2) (a), (3)

This section is primarily information for the provider

Enforcement actions

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 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HCSA 2008 Regulations 2014 Good governance How the regulation was not being met: The provider did not have effective systems in place to • Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity • Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. • Ensure that their audit and governance systems remain effective. • Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17 (1) (2) (a) (b) (c) (f)