

Buckle and McGrath Limited

# Buckle & McGrath - Hilltop Court

## Inspection Report

Hilltop Court,  
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### Overall summary

We carried out an announced comprehensive inspection on 14 October 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

We found that this practice was providing well-led care in accordance with the relevant regulations.

#### **Background**

The practice is situated in the village of Thornton Hough, Wirral. The practice has one principal dentist, two associate dentists, a dental hygienist, a dental therapist, a practice manager, two qualified dental nurses and two trainee dental nurses. The practice provides primary dental services to predominately private patients. The practice is open Monday to Thursday 8.30am – 6pm and Friday 8.30am – 5pm.

The principal dentist is the registered provider. A registered provider is registered with the Care Quality Commission to manage the service. Registered providers 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 viewed two CQC comment cards that had been left by patients who completed them prior to our visit and spoke to three patients on the day of inspection, about the services provided. The comment cards seen and patients spoken to reflected positive comments about the staff and the services provided. Patients commented that the

# Summary of findings

practice appeared very clean; they found the staff very caring and friendly. They had trust and confidence in the dental treatments and said explanations were clear and understandable. Emergency appointments were available on the same day and appointments usually ran on time.

## **Our key findings were:**

- The practice recorded and analysed significant events and complaints and cascaded learning to staff when they occurred.
- Staff had received safeguarding training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies and emergency medicines and emergency equipment were available.
- Infection control procedures were in place.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.

- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice staff felt involved and worked as a team.
- The practice sought feedback from staff and patients about the services they provided.

We identified a regulation that was not being met and the provider must:

- Ensure its recruitment policy and procedures are suitable and 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 working at the practice is held.

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

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

- That patient safety and other relevant alerts and guidance is followed and actions taken documented.
- The Hepatitis immunisation status of staff is recorded and checked.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

The practice had systems and processes in place to ensure care and treatment was carried out safely. In the event of a significant incident, accident or complaint occurring, the practice documented, investigated and learnt from it.

Infection prevention and control procedures were in place and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Local rules were displayed clearly where X-rays were carried out. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were available at the practice and were serviced and maintained at regular intervals.

Staff had received training in safeguarding and knew who to report concerns to. Paper dental records were stored securely. However improvements were needed to the recruitment policy and procedures to ensure that staff were safely recruited and all specified and required information was held in respect of persons working at the practice.

### **Are services effective?**

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

Patients received an assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were fully explained. The practice kept detailed dental records of oral health assessments; treatment carried out and monitored any changes in the patients' oral health. Records viewed and patients spoken with confirmed that patients were also given oral health promotion advice appropriate to their individual needs.

National Institute for Health and Care Excellence (NICE) and local clinical guidelines were considered in the delivery of dental care and treatment for patients. The treatment provided for the patients was effective, evidence based and focussed on the needs of the individual. Staff received training appropriate to their roles. Staff were supported through training, appraisals and continuous professional development. Patients were referred to other services in a timely manner.

### **Are services caring?**

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

Patients were treated with dignity and respect and their privacy maintained. Patients spoke highly of the care and treatment given. We found that treatment was clearly explained and patients were provided with written treatment plans.

### **Are services responsive to people's needs?**

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

Patients had good access to appointments at the practice and emergency/urgent appointments were available on the same day. There were good dental facilities in the practice and there was sufficient well maintained equipment to

# Summary of findings

meet the dental needs of their patient population. Appointment times were convenient and met the needs of patients and they were seen promptly. Patients with urgent dental needs or in pain were responded to in a timely manner and usually were seen by the dentist on the same day. The practice was accessible and accommodated patients with a disability or lack of mobility.

There was a clear complaints system in place and evidence that demonstrated the practice had responded appropriately if an issue was raised.

## **Are services well-led?**

We found that this practice was providing well-led care in accordance with the relevant regulations.

There was a leadership structure evident and staff felt supported by the principal dentist and other staff. Staff were supported to maintain their professional development and skills. The practice staff met regularly to review aspects of the delivery of dental care and the management of the practice. Patients and staff were able to feedback compliments and concerns regarding the service.

Clinical audits were taking place. Health and safety risks had been identified and risk assessments were in place and reviewed.

# Buckle & McGrath - Hilltop Court

## Detailed findings

### Background to this inspection

The inspection took place on 14 October 2015 and was conducted by a CQC inspector who had remote access to a dental specialist advisor..

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

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

These questions therefore formed the framework for the areas we looked at during the inspection. Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed information we held about the practice and found there were no areas of concern. During the inspection we spoke with the dentist, dental nurses, the practice manager and three patients. We reviewed policies, procedures and other documents. We reviewed two CQC comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of how to report incidents and were encouraged to bring safety issues to the attention of the dentists. The practice had a no blame culture and policies were in place to support this. Significant events were reported, investigated and lessons were learnt from them. We saw evidence of documented events and outcomes.

There was a policy and procedures in place for responding to complaints. These set out how complaints and concerns would be investigated and responded to.

Patient safety alerts were dealt with by the practice manager when relevant. However we found that safety alerts were not documented as being received and actioned.

### Reliable safety systems and processes (including safeguarding)

The practice had a local practice policy and procedures in place for safeguarding and protection of vulnerable adults and children that was current and up to date. The policy referred to, and had links to, the local safeguarding (Wirral) authority's policies for safeguarding vulnerable adults and children. There was no easy access to the procedure's flow chart and guidance of what to do in the event of concerns regarding child abuse for staff to refer to. Staff we spoke with were aware of the policy and who to raise concerns to. They were able to demonstrate that they understood the different forms of abuse and how to raise concerns. Contact details for the local authority's safeguarding personnel were available in the policy and procedures.

All staff were trained in safeguarding adults and children at an appropriate level. One of the dentists had a lead role in safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. The practice had a whistleblowing policy in place. Staff spoken with on the day of the inspection told us that they felt confident that they could raise concerns and these would be dealt with appropriately.

During our visit we found that the dental care and treatment of patients was planned and delivered in a way

that ensured patients' safety and welfare. We saw dental care records were electronic with paper assessments records scanned into the patient electronic record. They contained a medical history that was obtained and updated prior to the commencement of dental treatment. The clinical records we saw were all well-structured and contained sufficient detail to demonstrate what treatment had been prescribed or completed, what was due to be carried out next and details of possible alternatives.

Paper records were stored appropriately and securely.

### Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff received basic life support training annually. Staff we spoke with were able to describe how they would deal with medical emergencies.

Emergency medicines and oxygen were available. This was in line with the 'Resuscitation Council UK' and 'British National Formulary' guidelines. The practice had an automated external defibrillator (AED) as part of their equipment. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). AEDs are recommended as standard equipment for use in the event of a medical emergency by the Resuscitation Council UK. We checked the emergency medicines and found that they were of the recommended type and were all in date. We saw that medicines and equipment were checked to monitor stock levels, expiry dates and ensure that equipment was in working order. These checks were recorded.

### Staff recruitment

The practice had a recruitment policy and procedure in place that was in line with current guidance and regulations. However this had not been fully implemented in the case of the associate dentist.

Staff records we reviewed demonstrated that most of the clinical staff had undertaken a Disclosure and Barring Service (DBS) check prior to employment at the appropriate level of check. Clinical staff had evidence of registration with their professional body the General Dental Council (GDC) and medical insurance. The GDC is the organisation which regulates dentists and dental care

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professionals in the United Kingdom. We found that overall staff files contained all the information required relating to workers. However we found that a dentist from Spain worked at the practice and they did not have all the required information relating to this person held on file. For example there were no details of previous employment, C.V., references, medical reference or photographic identification and because they had not been working in this country for long enough, the practice had been unable to obtain a DBS check. They did have evidence that the person was registered to practice as a dentist in the U.K. and was registered with the GDC.

Newly employed staff had a period of induction to familiarise themselves with the way the practice ran, before being allowed to work unsupervised. Staff told us they had received an induction and there was documented evidence in staff records.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred they would cover for their colleagues.

## **Monitoring health & safety and responding to risks**

A health and safety policy and risk assessments were in place. These identified risks to staff and patients who attended the practice. The risks had been identified and control measures were in place to reduce them. There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, COSHH, a Legionella risk assessment, and fire safety risk assessment and procedures. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.

Processes were in place to monitor and reduce risks so that staff and patients were safe. We saw records to demonstrate that fire detection and fire fighting equipment such as fire alarms and fire extinguishers were regularly tested. Fire safety training was undertaken and documented.

The practice had an emergency and business continuity plan and arrangements in place to deal with any emergencies that might occur which could disrupt the safe and smooth running of the service.

## **Infection control**

The practice was visibly clean, tidy and uncluttered. There was an overarching infection control policy in place and supporting policies which detailed decontamination and cleaning. There was a cleaning schedule in place and cleaning was carried out by a contracted cleaning company and monitored. Responsibilities for cleaning the clinical areas during practice hours were identified as a role for the dental nurses and they were able to describe how they undertook this.

There was a nominated dental nurse who had responsibility for infection control and was the lead for decontamination in the practice. Staff had received training in infection prevention and control as part of their continuous professional development and by regular training updates. We saw evidence the practice had undertaken an Infection Prevention Society (IPS) audit in April 2015 and demonstrated compliance with current Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices (HTM01-05). An action plan was in place to address the minor issues identified.

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises. Posters describing proper hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet facilities. There was a policy and procedure for dealing with inoculation /sharps injuries however this was not displayed in a prominent place in clinical areas. Sharps bins were properly located, signed, dated and not overfilled. A clinical waste contract was in place.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was in line with published guidance. (HTM01-05) The decontamination room had defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye/face wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 1-05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us and used the correct



# Are services safe?

procedures. The practice cleaned their instruments manually and with an automatic washer. Instruments were then rinsed and examined visually with an illuminated magnifying glass and sterilised in an autoclave. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date that met the recommendations from the Department of Health.

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Staff were well presented and wore clean uniforms. We saw and were told by patients that they wore personal protective equipment when treating patients. Clinical staff had been inoculated against Hepatitis B however we did not see evidence that they had received regular blood tests to check the effectiveness of that inoculation. The practice told us they were in the process of ensuring this information was obtained and staff were protected. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

The practice had a legionella risk assessment in place and conducted regular tests on the water supply. This included maintaining records and checking on the hot and cold water temperatures achieved.

## Equipment and medicines

We found that all of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and the X-ray sets. There were processes in place to ensure tests of equipment were carried out appropriately and there were records of service histories for each of the units and equipment tested.

We found that portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process which electrical appliances are routinely checked for safety.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient stocks available for use and these were rotated regularly. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were recorded for evidential and audit purposes.

## Radiography (X-rays)

X-ray equipment was used and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. We noted that local rules were displayed in areas where X-rays were carried out. A radiation protection advisor and a radiation protection supervisor (the lead dentist) had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in the documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

The dentist monitored the quality of the X-ray images on a regular basis and records were maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms and the dentist considered each patient's circumstance to ensure it was safe for them to receive X-rays.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The clinical staff were familiar with, and used current guidance for dentistry. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies.

The staff we spoke with and evidence we reviewed confirmed that care and treatment was aimed at ensuring each patient was given support to achieve the best outcomes for them. We found from our discussions that staff completed, in line with The National Institute for Health and Care Excellence (NICE) and national dental guidelines, assessments and treatment plans and these were reviewed appropriately.

The dentist and patients we spoke with told us that each patient's diagnosis was discussed with them and treatment options were explained. Preventative dental advice and information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures. Where appropriate, dental fluoride treatments were prescribed and referrals to dental hygienists were made. The patient notes were updated with the proposed treatment after discussing options with the patient.

Patients were referred appropriately for example in the case of suspected oral cancers.

We reviewed two comment cards and spoke to three patients on the day of inspection. Feedback we received reflected that patients were satisfied with the assessments, explanations and the quality of the treatment.

### Health promotion & prevention

The waiting room/reception area at the practice contained literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. Patients told us that the dentists, hygienist and dental nurses gave them good advice and information about dental health.

### Staffing

The practice had one principal dentist and had two associate dentists, two dental nurses, two trainee dental

nurses and a practice manager. Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels and had access to various role related courses both online and within the training school operating at the practice. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development.

We noted that staff training was monitored. The practice provided access to update training and training courses via electronic learning and face to face. We saw evidence of a variety of training courses having taken place and planned for the near future such as in infection control and decontamination, basic life support (BLS), safeguarding and consent. Records we viewed showed that staff were up to date with their training. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

The practice had procedures in place for appraising staff performance and staff told us that appraisals had taken place. Staff spoken with said they felt supported and involved in discussions about their personal development. They told us that the dentists were supportive and always available for advice and guidance.

### Working with other services

There was proactive engagement with other dental and healthcare providers to coordinate care and meet patients' needs. The practice had systems in place to refer patients to other practices or specialists.

### Consent to care and treatment

Patients we spoke with and comments reviewed told us they were given appropriate information and support regarding their dental care and treatment and to support treatment choice decisions. Patients told us they were given clear explanations and treatment options were discussed. The patients confirmed they understood and had consented to treatment. We saw that consent was documented in patient dental care records.

We discussed the practice's policy on consent to care and treatment with staff. The policy referred to the Mental Capacity Act 2005 and supporting guidance from the British Dental Association (BDA) was available. We saw evidence that patients were presented with treatment options and

# Are services effective?

(for example, treatment is effective)

consent forms and treatment plans were signed by the patient. Clinical staff were aware of the implications of obtaining consent and of gaining consent in children and vulnerable adults. They had also received training in the Mental Capacity Act.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was separated from the waiting room and gave privacy to conversations. Another room was also available should patients wish to speak in private.

The patients who completed comment cards and those we spoke with reported that they felt that practice staff were kind, helpful and caring and they were treated with dignity and respect at all times. Comments also told us that staff always listened to concerns and provided them with good advice to make appropriate choices in their treatment.

Staff were clear about the importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment. This was

supported by patients we spoke with and comment cards reviewed which said that they were well cared for when they were nervous or anxious and this helped make the experience better for them.

### **Involvement in decisions about care and treatment**

Comment cards we reviewed and patients we spoke with told us that the staff were professional and care and treatments were always explained in a language they could understand. Information was given to patients enabling them to make informed decisions about care and treatment options. Staff confirmed that treatment options, risks and benefits were discussed with each patient to ensure the patient understood what treatment was available so they were able to make an informed choice. During appointments the dentists and hygienist would discuss patients' oral health with them and gave suggestions how this could be improved.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patient's needs

The practice's information leaflet and information displayed in the waiting area described the range of services offered to patients and included information in relation to the complaints procedure. The practice offered mostly private treatment and the costs were clearly displayed. The practice's website also included information for patients about dental care and treatments and costs.

Each patient contact was recorded in the patient's dental record. New patients completed a medical history and dental questionnaire. This enabled the practice to gather important information about their previous dental, medical and relevant social/lifestyles history. They also aimed to capture the patient's expectations in relation to their needs and concerns which helped direct dentists to provide the most effective form of care and treatment.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy. Staff we spoke with were aware of these policies. The practice was accessible to patients with reduced mobility and those using wheelchairs. There were disabled toilet facilities and treatment rooms were located on the ground floor.

### Access to the service

Appointment times and availability met the needs of patients. Patients were able to get an urgent appointment on the same day if needed. The arrangements for obtaining emergency dental advice outside of normal working hours included patients able to contact one of the dental team via telephone.

Patients we spoke with and comments we received told us that there was no concerns regarding waiting times and that appointments usually ran on time. Patients commented that they had sufficient time during their appointment for discussions about their care and treatment and for planned treatments to take place.

### Concerns & complaints

The practice had a complaint policy and procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Staff we spoke with were aware of the procedure to follow if they received a complaint.

From information received prior to the inspection we saw that there had been two complaints received in the last 12 months these had been responded to appropriately.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had arrangements in place for monitoring and improving the services provided for patients. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice.

The practice carried out a number of clinical audits. These included for example, infection control, patient involvement and consent and assessing the quality of X-ray films. Audits had only recently been carried out so were not complete with no evidence of re audits having taken place. The practice and the audits seen indicated that re audits would take place to complete the cycle of improvement. Health and safety risk assessments were in place to help ensure that patients received safe and appropriate treatments.

There was a range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient care and treatment and human resources. Staff were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them. The policies were well organised, dated and reviewed on a regular basis and were signed by staff. They were localised to the practice.

### **Leadership, openness and transparency**

The culture of the practice encouraged candour, openness and honesty. Staff told us that they could speak with the practice's dentists or manager if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns. Staff each had identified lead roles in areas such as decontamination, safeguarding and complaints.

All staff were aware of whom to raise any issue with and told us that the dentists and other staff listened to their concerns and acted appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

The practice had a statement of purpose, mission statement and business strategy. Staff could articulate the values and ethos of the practice to provide high quality dental care.

### **Management lead through learning and improvement**

Staff told us the practice supported them to maintain and develop through training, development and mentoring. We saw that regular appraisals took place and staff told us they valued the process.

All dentists and nurses who worked at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the UK. Staff were encouraged and supported to maintain their continuous professional development (CPD) as required by the GDC.

Staff we spoke with told us the practice was supportive of training and development and provided them with access to e-learning and training through the academy that operated on site.

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

The practice staff told us that patients could give feedback at any time they visited. They had a comments box situated in the waiting room to allow patients to pass feedback to the practice. The practice had undertaken a survey and we saw the results of this. They were very positive. However the practice acknowledged the survey response was poor and not many had been returned. They were trialling a new method of gaining feedback and had received better response rates. The practice had systems in place to review the feedback from patients who had cause to complain.

The practice held daily meetings at which clinical and practice management issues were discussed. We were told that feedback from complaints and significant events would be shared at these meetings also. The practice was implementing a new system for delivering more formal feedback of quality and governance issues through regular monthly meetings at which significant events, complaints and audits would be discussed. We were told that six-monthly or annual reviews of complaints and significant events would also take place to identify themes and trends and to learn from these events.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  People who use services and others were not protected against the risks associated with unsuitable staff because 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 working at the practice was obtained.  <b>Regulation 19 (1), (2), (3)</b>