

City St Clements Limited

St Clements City Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 11 March 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a 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 that this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

St Clements City Dental Care is in Farringdon, London. The practice provides private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs.

The dental team includes three dentists, three trainee dental nurses, and a practice manager. The dental nurses and manager undertake receptionist duties. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in

Summary of findings

the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at St Clements City Dental Care is the principal dentist.

On the day of inspection, we collected 20 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, three dental nurses, and the practice manager. We checked practice policies and procedures and other records about how the service is managed.

The practice is open at the following times:

Monday to Thursday: 9am-8pm

Friday: 9am-5pm

Our key findings were:

- The practice appeared clean and well maintained.
- Staff knew how to deal with emergencies.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had suitable information governance arrangements.
- Staff felt involved and supported.
- The provider asked staff and patients for feedback about the services they provided.
- Staff treated patients with dignity and respect.
- The provider had not established effective systems for managing incidents.
- The provider had not established effective governance systems to help them manage risks to patients and staff in relation to staff recruitment and training procedures, carrying out clinical audits, and managing complaints. They had not provided staff with sufficient information relating to reporting safeguarding concerns, making notifications to the CQC. They had not identified risks relating to the lack of some emergency equipment.
- The provider had not established a suitable protocol for monitoring outgoing referrals.
- The provider had arrangements for patients with enhanced needs, such as wheelchair users, though they had not carried out a Disability Access audit.

- The provider had infection control procedures which reflected published guidance except in relation to rinsing of instruments.
- The provider had not suitably maintained equipment and the premises relating to electrical safety, dental implants, fire safety and air conditioning.
- The provider carried out a fire risk assessment but we found it was not effective.
- The provider had carried out a Legionella Risk assessment but had not implemented actions in response to identified risks.
- The risk assessments for the Control of Substances Hazardous to Health (COSHH) required updating.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

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

- Review the practice's protocols for referral of patients and ensure all referrals are monitored suitably.
- Review its responsibilities to respond to meet the needs of patients with disability and the requirements of the Equality Act 2010, in line with a Disability Access audit:
- Review the practice's infection control procedures and protocols in relation to the rinsing of cleaned instruments, to take into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care

Summary of findings

dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

- Review their responsibilities as regards the COSHH Regulations 2002 and ensure all documentation is up to date and organised in such a way as to facilitate access for staff.

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 / Enforcement Actions section at the end of this report).

The premises and equipment appeared clean.

Staff were qualified for their roles and the practice had a recruitment policy in place.

The provider had safeguarding policies in place.

The practice had arrangements for dealing with medical and other emergencies.

The provider had not established a suitable system for managing risks, safety alerts and incidents. Actions from the Legionella risk assessment had not been implemented. Fire risks had not been mitigated.

The provider had obtained confirmation that staff had achieved suitable levels of immunity to communicable diseases such as Hepatitis B; we found this information was not in place for a member of clinical staff.

The provider had not ensured that the dental implant motor, air conditioning unit, fire alarm and fire extinguishers were appropriately maintained.

The electrical installation had not been checked periodically for safety.

The provider had infection control procedures which reflected published guidance except in relation to the rinsing of instruments.

The COSHH folder contained risk assessments giving guidance to staff on substances hazardous to health, but it required updating to ensure it was organised in such a way as to facilitate access to staff.

Enforcement action



Are services effective?

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

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

Patients described the treatment they received as being of a high standard. The dentists discussed treatment with patients so they could give informed consent; they recorded this in their records.

Staff completed training relevant to their roles.

No action



Summary of findings

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. They could strengthen these arrangements by implementing an effective way to monitor outgoing referrals.

Are services caring?

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

We received feedback about the practice from 20 people. Patients were positive about all aspects of the service the practice provided. They told us staff were marvelous and fantastic, and commented that staff made them feel at ease.

They said that they were given clear explanations about their dental treatment, and said their dentist listened to them.

Staff at the reception area protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if they were experiencing dental pain.

The practice told us they could arrange interpreter services for patients who could not speak or understand English.

Staff told us they valued feedback from patients.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. They could make improvements by carrying out a Disability Access audit to continuously monitor how patients with enhanced needs could be supported.

No action



Are services well-led?

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

Staff felt supported, listened to and appreciated. They told us the practice's leaders were approachable.

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

The provider had not suitably assessed, monitored or improved the quality and safety of the services being provided:

- They had not established an effective recruitment process.

Requirements notice



Summary of findings

- They had failed to assess risks relating to the lack of an Automated Electronic Defibrillator, eyewash and portable suction equipment.
- They failed to have sufficient information available to staff regarding the safeguarding lead, local safeguarding contacts, and making notifications to the Care Quality Commission. They had not carried out clinical audits, such as for radiography.
- They had not established a suitable process for managing complaints received.
- They did not have a suitable system in place to help them monitor staff training.

Are services safe?

Our findings

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

The practice had appointed a safeguarding lead and had a safeguarding policy to provide staff with information about identifying and dealing with suspected abuse. The safeguarding policy did not specify who the appointed safeguarding lead was. Staff knew about the signs and symptoms of abuse and neglect and were aware of the need to escalate safeguarding concerns. Not all staff knew who the safeguarding lead was.

The practice had a system to highlight vulnerable patients on dental care records e.g. adults and children where there were safeguarding concerns, people with enhanced learning needs or a mental health condition, or those who required other support such as with mobility or communication.

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

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a recruitment policy to help them employ suitable staff.

Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

The practice had not ensured that all facilities and equipment were suitably maintained. We were told that the dental implant motor had not been regularly serviced. At the time of this inspection, inspection of the fire extinguishers was overdue by 15 months, inspection of the fire alarm was overdue by 10 months and inspection of the air conditioning unit was overdue by a month. The electrical installation of the premises has not been tested periodically for safety.

The practice had arrangements to ensure the safety of the radiography equipment and had the required information in their radiation protection file.

We saw evidence that the dentists justified the radiographs they took, though they had not completed radiography

audits to monitor the quality of the radiographs. The provider had not implemented rectangular collimators as advised by their Radiation Protection Adviser. A rectangular collimator is a device that reduces the amount of radiation a patient is exposed to during dental intraoral radiography procedures.

Clinical staff completed continuing professional development in respect of dental radiography, though this training required updating for two dentists.

Risks to patients

We checked the practice's arrangements for safe dental care and treatment. There were limited systems in place to assess, monitor and manage risks.

The provider had employer's liability insurance.

The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken.

The provider had not implemented effective processes to manage fire safety on the premises. A fire risk assessment had not been completed by a person competent in carrying out such assessments. We reviewed a 2016 fire risk assessment carried out by a dentist and found it was ineffective. It had not mitigated identified risks such as doors not opening in the direction of travel.

The risk assessment had not been fully completed. A question asking if there were any "structure features" that could promote the spread of fire had not been answered. Other questions regarding windows and external fire escapes being made of fire resistant material, external fire escapes having fire safety rails, provisions being made for disabled people and those with special needs were all answered as 'I don't know' with no further comment or mitigation.

The fire risk assessment was not correctly reflective of the current arrangements in the practice. It indicated the doors were self-closing but in a surgery, we found it is not possible to fully close the door. The risk assessment indicated that regular fire evacuation drills were carried out, and that staff had received sufficient logged training in the use of firefighting equipment but we found there was a lack of evidence of fire safety training for all staff and there was no record of fire evacuation drills.

Are services safe?

The fire risk assessment indicated that it should have been reviewed in March 2017. The records showed the assessment had last been reviewed in 2016.

Fire extinguishers had expired and emergency lights were defective. A November 2018 fire alarm inspection report from an external contractor advised that the seven emergency lights on the premises should be replaced as the LED bulk heads had failed inspection. The report from a November 2017 inspection (carried out by an external contractor) of fire extinguishers recommended that the fire extinguishers needed to be changed; we found this had not been implemented.

There were no fire extinguishers on the first floor.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. They had checked the effectiveness of the vaccination for all but one member of staff and there was no risk assessment in place.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation. This training had not been undertaken by four members of staff.

Emergency equipment and medicines were available. Immediately after the inspection the provider told us they purchased an Automated Electronic Defibrillator and portable suction and eyewash to ensure their stock was described in recognised guidance. Staff kept records of their checks of existing emergency equipment and medicines to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council's 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, though they needed to be updated to identify all people at risk and to ensure the risk assessments were organised in a way that made it easy to locate the necessary risk assessment in an emergency. We found that several risk assessments had been placed in the same sleeve.

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

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

We saw cleaning schedules for the premises. The practice appeared visibly clean when we inspected it.

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

The practice carried out infection prevention and control audits twice a year.

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

The practice had suitable arrangements for transporting, checking, sterilising and storing instruments in line with HTM 01-05.

Staff completed infection prevention and control training and received updates as required; we found this training had not been completed by a member of staff.

The provider could strengthen arrangements for cleaning instruments by ensuring they were rinsed by submerging under water, as opposed to rinsing them under a running water as we observed.

The practice did not have adequate procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. They had carried out a risk assessment and had records of water testing and dental unit water line management in place. However, some Recommendations from the risk assessment report had not been implemented. The Legionella risk assessment had identified that the hot water on the premises was not reaching 50 °C. We reviewed records which showed the hot water is consistently not reaching 50 °C. The showers were not being flushed on a weekly basis, and the provider had not installed a temperature gauge on the water heater in the basement as advised by the risk assessor.

Information to deliver safe care and treatment

Are services safe?

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

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

Safe and appropriate use of medicines

The provider had a system for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site but it was not always effective. A disinfectant used to clean spillages of bodily fluids had expired and had not been replaced with one that was in date.

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

Track record on safety, lessons learned and improvements

We found that the provider had not established a suitable system for managing incidents. Staff told us incidents that were not accidents would not be documented. The practice documented accidents. We checked these and found records of incidents lacked information of mitigating actions taken in response to the incidents.

A member of staff told us about incidents involving tripping on a step in the basement but this had not been recorded or mitigated.

The provider had not established an effective system for receiving and sharing safety alerts. There was a lack of evidence to show that the practice retained relevant alerts. Staff told us they did not keep a folder for relevant alerts. There was a lack of evidence of dissemination of national safety alerts to practice staff to ensure they are aware of them.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

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

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

The dentists, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. They provided health promotion leaflets to help patients with their oral health. |

Dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. They could also be referred to periodontal specialists if needed.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice had policies which included information about the Mental Capacity Act 2005 and Gillick competence. The team understood their responsibilities under the Act when treating adults who may not be able to

make informed decisions. They understood the considerations they needed to make about children under the age of 16 years of age being able to give consent to treatment for themselves.

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

Monitoring care and treatment

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

Effective staffing

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

Staff new to the practice had a period of induction based on a programme of infection prevention and control.

Not all staff had fully completed key training. Some staff had completed training in infection control, safeguarding, radiography, the Mental Capacity Act, complaints, dental implantology and equality and diversity.

Staff discussed their development needs and performance during informal discussions, appraisals and clinical supervision. There was evidence of completed appraisals.

Co-ordinating care and treatment

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

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

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

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

The practice could strengthen arrangements for monitoring all outgoing referrals, such as by implementing a referral tracker.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. They were aware of their responsibility to respect people's diversity and human rights. They treated patients with kindness and respect, and were friendly towards patients at the reception desk and over the telephone.

We received feedback from 20 patients. They commented positively that staff were helpful, professional, marvelous and fantastic, and told us that staff made them feel at ease.

Patients who shared with us their anxieties about visiting the dentist told us staff made them feel reassured.

Privacy and dignity

Reception staff were aware of the importance of privacy and confidentiality when dealing with patients. If a patient asked for more privacy, staff told us they would take them into another room. The computer screens at the reception desk were not visible to patients, and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the requirements under the Equality Act. They told us staff spoke a variety of different languages; they advertised this on their website. They said they could arrange an interpreter for patients who could not speak or understand English, if needed.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

Dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, models, and radiograph images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patients' needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

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

The practice had made adjustments for patients with disabilities; these included step free access, and an accessible toilet with hand rails. They could strengthen arrangements by completing a disability access audit to identify how they could continually improve access for patients.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. They told us they could make appointments easily.

The practice displayed its opening hours in the premises and on their website.

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

Listening and learning from concerns and complaints

The practice had a policy providing guidance to staff on how to handle a complaint. There was also information available to patients about how to make a complaint.

The practice manager and principal dentist were responsible for dealing with complaints.

Staff told us they aimed to settle complaints in-house. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

Are services well-led?

Our findings

Leadership capacity and capability

Senior staff described a clear vision and set of values which included providing a high standard of patient focused care. Staff told us they were approachable.

Culture

The provider described an open culture. They had processes in place to manage behaviour that was not in line with their culture and values.

Staff felt respected, supported and valued. They appeared proud to work in the practice. They were aware of, and had systems to ensure compliance with, the requirements of the Duty of Candour.

Staff could raise concerns; they had confidence that these would be addressed.

Governance and management

The principal dentist, who was the registered manager, 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.

The provider had not established clear and effective processes for managing risks, issues and performance. In particular:

- We found the provider had not established a suitable system for managing complaints. We checked two complaints the practice had received over the last 12 months and found the provider had not established a suitable system for managing complaints. They did not maintain a clear log or audit trail of complaints received, responses to complaints, or the outcomes of the complaints. A response to a complaint had not fully addressed the concerns raised. A response to a complaint had not been dated and it was not possible to determine when, or to whom, it had been sent.
- Training in safeguarding children and adults had not been completed by two members of staff. Training in basic life support had not been completed by four members of staff. Infection control training had not been completed by a member of staff. Radiography training had not been updated as required for two dentists.
- The provider did not have a suitable recruitment process. We checked seven staff recruitment records.

We found Disclosure and Barring Service (DBS) checks had not been completed for a dentist prior to them commencing work at the practice, or a risk assessment to mitigate the risk. A 2017 DBS check had been obtained for another member of staff who commenced employment at the practice seven months later in 2018. DBS checks for two other members of staff were in progress at the time of the inspection. The practice's recruitment policy did not provide guidance to staff on carrying out DBS checks for job candidates.

- The provider had not ensured they provided staff with sufficient information to make sure they were clear on responsibilities. A member of staff was not aware of who the practice's safeguarding lead was; the safeguarding policy did not contain this information. Senior staff were not clear on how to find contact details for the local safeguarding teams for reporting concerns externally; we reviewed safeguarding policies but did not see the contact details recorded. Staff were not clear on the types of notifications they needed to make to the Care Quality Commission.
- The provider had not ensured there were sufficient amounts of equipment for managing medical emergencies until we highlighted this to them.
- The provider had not established a process for monitoring the quality of clinical processes. They had not carried radiography audits.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The provider used patient surveys and verbal comments to obtain staff and patients' views about the service.

The provider gathered feedback from staff through informal discussions. They told us they had staff meetings, though these were not documented.

Continuous improvement and innovation

The provider had carried out infection prevention and control audits to encourage learning and improvement relating to infection prevention and control processes.

Are services well-led?

We discussed our findings with the registered manager who demonstrated a strong motivation to make the necessary improvements.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>How the regulation was breached</p> <p>The registered person had failed to establish and operate effectively an effective system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular:</p> <ul style="list-style-type: none">• The registered person did not maintain a clear log or audit trail of complaints received, responses to complains, or the outcomes of the complaints.• A response to a complaint had not fully addressed the concerns raised.• A response to a complaint had not been dated and it was not possible to determine when, or to whom, it had been sent. <p>16(2)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was breached</p>

Requirement notices

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

- The registered person had not established an effective recruitment process.
- The registered person failed to assess risks relating to the lack of an Automated Electronic Defibrillator, eyewash and portable suction equipment.
- The registered person failed to have sufficient information available to staff regarding the safeguarding lead, local safeguarding contacts, and making notifications to the Care Quality Commission. The registered person had not carried out clinical audits, such as for radiography.

17(1)

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was breached

The registered person had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- Radiography training had not been updated for two members of staff.
- Training in safeguarding children and adults training had not been completed by two members of staff.

This section is primarily information for the provider

Requirement notices

Training in basic life support training had not been completed by four members of staff. Training in infection prevention and control training had not been completed by a member of staff.

- There was no effective system established for monitoring staff training.

18(2)

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was breached</p> <p>The registered person failed to do all that is reasonably practicable to mitigate risks to the health, safety and welfare of people using the service. In particular:</p> <ul style="list-style-type: none">• The registered person had not established a suitable system for managing incidents.• The registered person had not established an effective system for receiving and sharing safety alerts.• The registered person had not ensured that materials were suitably maintained. A disinfectant used to clean spillages of bodily fluids had expired and had not been replaced with one that was in date.• The registered person had not ensured that equipment was suitably maintained. A dental implant motor had not been serviced. Servicing of the air conditioning unit and fire alarm was overdue. Inspection of the fire extinguishers was overdue. Emergency lighting was defective. Fire extinguishers required replacing.• The registered person had not obtained evidence of suitable immunity against Hepatitis B for a member of clinical staff.• Actions from the Legionella risk assessment report had not been implemented.• Recommended actions relating to the use of radiography equipment had not been implemented. Rectangular collimators were not in use as advised by the provider's Radiation Protection Adviser.• The registered person had not suitably mitigated fire risks. The registered person had not implemented effective processes to manage fire safety on the

Enforcement actions

premises. The fire risk assessment had not been completed by a competent person and was ineffective. It had not been reviewed. There was a lack of fire extinguishers on the first floor of the premises.

- The registered person had not implemented effective processes to manage electrical safety of the premises. The electrical installation had not been checked periodically.

12(1)