

Mr Amit Patel

# Luton Dental Practice

## Inspection Report

12A King Street  
Luton  
Bedfordshire  
LU1 2DP  
Tel: 01582 726 853  
Website:

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### Overall summary

We carried out this announced inspection on 18 April 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### **Background**

Luton Dental Practice is in the town centre of Luton and provides NHS and private treatment to patients of all ages.

The practice is situated on the first floor of a commercial building and as such is not accessible for people who use wheelchairs and has limited accessibility for people with pushchairs. Car parking spaces are available near the practice in the town centre car parks.

The dental team includes one dentist, two locum dental nurses and a practice manager who works at the practice on an ad hoc basis. The practice has one functional treatment room.

# Summary of findings

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

On the day of inspection we spoke with three patients.

During the inspection we spoke with the dentist, one of the locum dental nurses and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 8.30am to 5.30pm

Tuesday 8.30am to 5.30pm

Wednesday 9am to 5pm

Thursday 8.30am to 7pm

Saturday 9am to 12pm.

At the time of the inspection appointments mostly took place on Tuesday and Saturday.

## Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Most appropriate medicines and life-saving equipment were available.

- The practice had some systems to help them manage risk although the recommendations from these had not always been implemented.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had mostly thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff had suitable information governance arrangements.

We identified regulations the provider was not meeting. They must:

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

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

# Summary of findings

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

We always ask the following five questions of services.

We asked the following question(s).

### Are services safe?

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

The practice had some systems and processes to provide safe care and treatment.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had arrangements for dealing with medical and other emergencies, however there was scope to improve the recording of checks, and certain recommended items of emergency equipment were not available at the time of the inspection.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as gentle. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



### Are services caring?

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

We received feedback about the practice from five people, three of which we spoke with during the inspection. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, helpful and friendly.

They said that they were given detailed explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



# Summary of findings

## 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 was efficient and met patients' needs. Patients could generally get an appointment quickly if in pain. Where a patient could not be accommodated by the practice they were directed to a local emergency service.

Staff considered patients' different needs. The practice had access to interpreter services.

The practice took patients views seriously.

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).

The practice had some arrangements to ensure the smooth running of the service and there was a clearly defined management structure. Staff felt supported and appreciated.

Clinical audits were not used effectively as a tool to highlight areas for improvement. Infection control audits were not completed at the frequency recommended in national guidance and radiography audits had not been completed.

Actions highlighted in risk assessments for fire, health and safety and Legionella had not always been carried out in a timely manner.

Emergency equipment that was not available at the practice had not been risk assessed.

Safety checks in respect of fire and medical emergency equipment were not logged and therefore we could not be assured that they were taking place at the appropriate intervals.

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

Requirements notice



# Are services safe?

## Our findings

### **Safety systems and processes (including staff recruitment, equipment & premises and Radiography (X-rays) )**

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Temporary staff we spoke with were not aware of where they could access telephone numbers to raise concerns, but knew to raise concerns with the safeguarding lead who could direct them to this information.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

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

The dentist did not always use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. Rubber dams were available on the premises and the provider said they would review their routine use.

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

The practice had a staff recruitment policy which was dated 27 April 2017 this reflected the relevant legislation. We looked at three staff recruitment records. The practice staffing at the time of the inspection consisted of the principal dentist and two locum dental nurses. The practice had taken some steps to assure themselves of the suitability of the locum dental nurses by ensuring they were suitably qualified and registered, had medical indemnity

cover and by reviewing DBS checks which disclose whether a person has a criminal record or is barred from working with vulnerable groups. They had not recorded proof of identification. This was arranged following the inspection.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

The practice had a fire alarm which was maintained, tested and serviced by the landlord. The practice did not have oversight of this and so could not be assured that this was in full working order. They had separate smoke detectors to alert them to the possibility of fire and fire extinguishers that had been recently serviced. Although we were informed that regular fire checks and drills were carried out, there was no documentary evidence to support this.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice had not carried out radiography audits in line with current guidance and legislation.

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

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety. There was scope for these systems to be used more effectively to manage risk.

The practice's health and safety policies, procedures and risk assessments were up to date. The practice had a fire risk assessment and a health and safety risk assessment completed by an external contractor in August 2017. Some of the required actions on these reports had been addressed whereas others were still outstanding at the time of the inspection. For example, The health and safety risk assessment pointed out that the stairs from the street to the practice were damaged in places and required repair, which had not taken place. The fire risk assessment had highlighted the need for a fire log book to be commenced, for the practitioner to have oversight of fire alarm maintenance from the landlord, and the need for an electrical installation condition report. Following the

# Are services safe?

inspection we were sent the electrical installation condition report which had been completed by the landlord in September 2017. Action had been taken to install smoke detectors and service the fire extinguishers which were also highlighted in the risk assessments.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles by employing a "safer sharps" system which had an in built mechanism to reduce the risk of injury. A sharps risk assessment had not been undertaken and was provided following the inspection.

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. In the case of one member of staff the practice did not have evidence that the effectiveness of the vaccination had been checked. Following the inspection we were sent a risk assessment for this member of staff indicating that systems had been put into place to minimise the risk of sharps injury whilst the effectiveness of the vaccination was checked.

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

Emergency equipment and medicines were mostly available as described in recognised guidance with the exception of a spacer device for inhaled medicines, pads for the AED specifically for children and a pocket mask. Following the inspection we received evidence that the practice had purchased the AED pads and the spacer. Staff informed us that they regularly checked the medicines and equipment to make sure these were available, within their expiry date, and in working order but did not keep records of their checks.

A dental nurse worked with the dentist when they treated patients in line with GDC Standards for the Dental Team.

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

The practice used locum staff. We noted that these staff received an informal verbal induction to ensure that they were familiar with the practice's procedures. We discussed

with the practitioner the need for this process to be formalised and recorded and following the inspection we received paperwork to be used in the future to formalise this procedure.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training and received updates as required. .

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had taken steps to assess the risks due to the possibility of Legionella or other bacteria developing in the water systems. The risk assessment indicated that the majority of the premises did not need to have temperature monitoring, however two water outlets needed to have monthly temperature monitoring which was not being carried out. In addition the report which was dated 15 June 2017 had highlighted the need to de-scale taps on the premises, which had not been completed at the time of our inspection.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

The practice 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. HTM 01-05 indicated that these audits should be completed every six months. The most recent audit was dated 17 April 2018; previous to this the only audit we were shown was dated 4 January 2016. The latest audit showed

# Are services safe?

the practice was meeting the required standards; however we noted that the results were not entirely reflective of the practice. For example it stated that sharps boxes were dated, when they were not.

## **Information to deliver safe care and treatment**

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection 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 practice had reliable systems for appropriate and safe handling of medicines.

The practice stored NHS prescriptions as described in current guidance. Following the inspection we received evidence of a log which was to be implemented to improve the record keeping pertaining to prescriptions.

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

## **Track record on safety**

There were comprehensive risk assessments in relation to safety issues, although the recommendations of these had not always been carried out in a timely manner. The practice had a system to monitor and review incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents.

## **Lessons learned and improvements –**

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

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

The practice had access to digital X-rays which could be shown to the patient to enhance the delivery of care.

### Helping patients to live healthier lives

The practice had an understanding of the Delivering Better Oral Health toolkit which details a supportive and preventative approach to oral health.

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

The practice was aware of local schemes available in supporting patients to live healthier lives. They directed patients to these schemes when necessary.

We spoke with the dentist who described to us the procedures they used to improve the outcome of periodontal treatment.

The practice carried out detailed oral health assessments which identified patient's individual risks.

### 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 told us they 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's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who

may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

### Monitoring care and treatment

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

### Effective staffing

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

Staff new to the practice had a period of induction although for temporary staff this was informal and not recorded. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Appraisals had not been completed because the dental nurses were temporary staff, and had not been at the practice for one year. The principal dentist told us they were addressing employing permanent staff and was aware of the responsibilities towards career development and training.

### Co-ordinating care and treatment

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

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 and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

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

# Are services effective?

(for example, treatment is effective)

The practice did not monitor all referrals to make sure they were dealt with promptly. Following the inspection they implemented a referral log to address this and improve the patient journey.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were helpful and kind.

We saw that staff treated patients respectfully and politely and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

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

Information folders were available for patients to read.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas did not provide privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

### Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under the Equality Act:

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models, videos and X-ray 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 patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care. For example, they arranged longer slots for patient that were nervous.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice was on the first floor and therefore could not provide wheelchair access. The staff were aware of other services locally that could accommodate patient needs in this regard and would direct them where necessary. They were able to provide practice information in large print for patients who would benefit and they had displayed the phone number for the practice on the door to the street so that any patients requiring assistance could phone up to reception to obtain it.

Staff told us that they telephoned patients following complex or traumatic treatments to ensure that they were well.

### Timely access to services

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

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

At the time of the inspection the practice were routinely seeing patients on two days a week. The practice was open on other days for advice. Where emergency patients could not be suitably accommodated at the practice, patients were directed to the emergency dental care provider locally.

Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

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

### Listening and learning from concerns and complaints

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

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

The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

We looked at comments, compliments and complaints the practice received in the last year.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The principal dentist had the capacity and skills to deliver high-quality, sustainable care.

The principal dentist had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

### Culture

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

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

The practice focused on the needs of patients.

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

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice.

Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Temporary staff were not always aware of the policies and where to access them, but would ask the dentist if they had any concerns.

We identified a number of shortfalls in the practice's governance arrangements. There were outstanding actions pertaining to fire and health and safety risk that had been identified through the process of risk assessment. These included logging fire checks in a fire log book and addressing the broken stairs from the street to the premises.

The legionella risk assessment detailed actions that needed to be taken including de-scaling of taps and monthly monitoring of water temperatures at two outlets in the building. This had not been completed.

Checks of medical emergency equipment and fire equipment were not logged.

The practice had not assessed the risks arising from not having a pocket mask available for use in a medical emergency.

The practice had not completed a radiography audit, and so could not be assured that the quality of X-rays taken met national standards.

Infection control audits had not been completed regularly, and did not always reflect current practice.

### Appropriate and accurate information

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

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

### Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

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

## Are services well-led?

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

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

### **Continuous improvement and innovation**

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

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

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p><b>How the regulation was not being met</b></p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: the practice had not completed radiography audits and infection control audits had not been completed regularly.</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: actions arising from risk assessments had not always been addressed in a timely manner. Fire checks and medical emergency equipment checks had not been logged. The risks arising from not having a pocket mask for use in a medical emergency had not been assessed.</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p>