

Mr. Cyrus Kafian

# Stanford Dental Practice

## Inspection Report

2A King Street,  
Stanford Le Hope.  
Essex.  
SS17 0HL  
Tel: 01375 679751  
Website:

Date of inspection visit: 7 October 2019  
Date of publication: 11/12/2019

### Overall summary

We carried out this announced inspection on 7 October 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 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

Stanford Dental Practice is in Stanford Le Hope, Essex and provides approximately 99% NHS and 1% private dental treatment to adults and children.

The practice is situated on the first floor of a commercial property, access is via a steep set of stairs with a handrail, the decontamination room and staff areas are on the second floor. Car parking spaces are available in public car parks near the practice.

# Summary of findings

The dental team includes three dentists, four dental nurses, one trainee dental nurse, one dental hygiene therapist and one cleaner. The practice has two treatment rooms.

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

On the day of inspection, we collected 102 CQC comment cards filled in by patients and staff.

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

The practice is open: Monday to Friday from 9am to 5.30pm, the practice is open on Wednesday from 9am to 6.30pm.

## Our key findings were:

- We received positive comments from patients about the dental care they received and the staff who delivered it.
- The practice staff had infection control procedures which reflected published guidance. We found the practice did not have records of six monthly infection control audits.
- Staff knew how to deal with emergencies. We noted the practice was missing some essential medical emergency equipment such as portable suction and ambubag were not available. We noted the first aid kit contents were out of date. Following the inspection, the practice sent confirmation that these had been replaced.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had arrangements to ensure the safety of the X-ray equipment.

- 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 personal information. We noted the door in one treatment room was left open when patients were receiving treatment, we were not assured all staff took care to protect patients' privacy.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider asked staff and patients for feedback about the services they provided.
- Staff felt involved and supported and worked well as a team.

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

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

## Full details of the regulation the provider is not meeting are at the end of this report.

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

- Take action to ensure dentists are aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.
- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Implement protocols and procedures in relation to the Accessible Information Standard to ensure that that the requirements are complied with.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b>	✓
<b>Are services effective?</b>	<b>No action</b>	✓
<b>Are services caring?</b>	<b>No action</b>	✓
<b>Are services responsive to people's needs?</b>	<b>No action</b>	✓
<b>Are services well-led?</b>	<b>Requirements notice</b>	✗

# Are services safe?

## Our findings

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

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

Staff had clear systems to keep patients safe.

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 provider 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.

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

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

Not all the dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, this was not always documented in the dental care record, and no risk assessment had been completed to mitigate any risk.

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

The practice had a recruitment policy in place. We noted some staff records we reviewed did not contain evidence that references had been obtained prior to employment. We noted there was no recent disclosure and barring check for a member of staff recruited in July 2019 to ensure they were suitable for their role.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff ensured that facilities and equipment were safe, and that some equipment was maintained according to

manufacturers' instructions. The five year fixed wire testing was last completed in 2009 and was overdue for renewal. There were no records of servicing for the air conditioning units. The dental nurse/administrator sent us confirmation following the inspection that these had been scheduled for review.

Records showed that fire detection and firefighting equipment were regularly tested and serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. However, we observed only one of the two treatment rooms had an operating X-ray unit, it was unclear how this would impact on patient treatment and care if both treatment rooms were in use.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

There were no records available at the practice for two clinicians to confirm they had completed continuing professional development (CPD) in respect of dental radiography. One week following the inspection the practice provided evidence that these had been completed.

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. A sharps risk assessment had been undertaken and was updated annually. There was scope to ensure this referred to other sharp dental items and all staff adhered to this when using needles and sharp dental items.

We noted the external waste bin was locked but had not been secured.

# Are services safe?

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, however we noted that there was no record of immunity to the vaccination recorded in two staff records.

Staff had completed training in resuscitation and basic life support, the latest training had been completed on 3 October 2019. Staff did not regularly rehearse emergency medical simulations so they had a chance to practise their skills. Most emergency equipment and medicines were available as described in recognised guidance, although portable suction and ambubag were not available.

We observed the first aid kit contents were out of date and there was no medical oxygen signage on internal or external doors where medical oxygen was stored. We discussed this with the practice nurse/administrator and noted these items were ordered before we finished the inspection.

We noted the checks that were undertaken of the emergency drugs and equipment had failed to identify the shortfalls we found.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. A risk assessment had not been undertaken for when the dental hygienists worked without chairside support or the cleaner worked alone in the building.

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

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

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the

manufacturers' guidance. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

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

There were some procedures in place to reduce the possibility of Legionella or other bacteria developing in the water systems, however this was in line with a risk assessment undertaken internally by the practice. Dental unit water line management was in place. We noted the provider had undertaken training in Legionella, however there were no checks or records of hot and cold water testing. We were told water was heated by an immersion heater for the treatment rooms and a separate electric immersion heater for the decontamination room, but it was unclear if these had been serviced. Prior to the inspection finishing we were told an external provider had been scheduled to attend the practice for a full Legionella risk assessment.

We saw cleaning schedules for the premises. There was scope to ensure cleaning equipment was stored appropriately. We noted mops were stored wet and head down in the buckets, risking the accumulation of bacteria in the mop head fibres. We noted there were damaged and chipped areas to the walls behind work surfaces in the treatment and decontamination rooms and throughout the practice. There were areas of flaking paint which were not water tight and therefore could not be effectively cleaned.

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

Staff conducted infection prevention and control audits, but not as frequently as recommended by guidance. The latest two audits completed 13 September 2018 and September 2019 showed the practice was meeting the required standards. There was no annual infection prevention and control statement available at the time of the inspection. We discussed this with the management team who confirmed the audit and statement process would be reviewed.

## Information to deliver safe care and treatment

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

# Are services safe?

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 complete, legible, were 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**

We noted that glucagon (a hormone used to increase blood sugar levels in patients with low blood sugar), was stored in the fridge, but the fridge's temperature was not monitored to ensure it operated effectively.

We saw staff stored NHS prescriptions securely, there was scope to ensure the practice kept records of prescriptions as described in current guidance.

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

Antimicrobial prescribing logs had recently been introduced at the practice, however there was no completed audit available to evidence if the dentists were following current guidelines.

## **Track record on safety, and lessons learned and improvements**

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

Where there had been safety incidents we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future. There was scope for the practice to review a wider range of incidents as events and to expand this into a more comprehensive educational tool. We discussed this with the management team who confirmed this would be reviewed.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. There was scope to ensure these were adequately shared with the team and acted upon if required.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

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

We received very positive comments from patients about treatment received. Patients described the treatment they received as professional, informative, considerate and supportive. One patient commented they felt involved in their treatment and fully informed, they stated this gave them the certainty they needed. Another patient told us their needs were responded to when they required urgent treatment and that they were listened to and supported in their anxiety and decision for a referral for further treatment.

### Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

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

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

One dentist 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.

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

### Consent to care and treatment

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

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

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. 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.

We saw the practice audited patients' dental care records to check that the dentists/clinicians recorded the necessary information.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, a trainee nurse was employed and received ongoing training and support from the team.

Staff new to the practice had a period of induction based on a structured programme. There was scope to ensure these were signed by both the member of staff and the inductor to ensure staff confirmed they had understood the induction process.

# Are services effective?

(for example, treatment is effective)

The dental nurse/administrator told us that appraisals had been delayed due to absences but were scheduled to re-start imminently.

## **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.

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

The provider also had systems 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 caring?

## Our findings

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

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were very pleasant, helpful and attentive. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

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

Information leaflets were available for patients to read.

### **Privacy and dignity**

The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff 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. However, we observed the door was left open in one treatment room when patients were receiving treatment, this did not ensure the privacy and dignity of the patient was always respected.

We noted reception and nursing staff were aware of the importance of privacy and confidentiality.

Staff stored paper records securely.

### **Involving people in decisions about care and treatment**

We looked at how staff helped patients be involved in decisions about their care and their compliance with requirements of the Accessible Information Standard and the Equality Act. (The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given). Staff told us that interpreter services were not available for patients who did not speak or understand English, we were told there had been little demand for these services. Staff described how they communicated with patients in a way that they could understand.

The practice did not have a hearing loop or a magnifying glass and the toilet was situated on the second floor of the service. Staff were unsure if information in other formats could be accessed if required, we were told there had been little demand for this or a hearing loop. A disability access audit had not been completed by the practice, it was therefore unclear whether a hearing loop would benefit patients or if the practice should obtain information in other formats such as large clear print.

Icons on the practice computer system and patients dental care records notified staff if patients had specific requirements or a disability.

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

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included study models, X-ray images and leaflets.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### **Responding to and meeting people's needs**

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

Staff were clear 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.

Several patients commented that they were very nervous and suffered with anxiety issues, they stated that coming to the practice and the support of the practice team helped them relax before their treatment. Other patients commented that they had attended the practice for over 40 years and were very satisfied with the response and treatments they received from the practice.

Due to steep steps to access the practice and the limited layout inside, access for patients who used a wheelchair or patients with pushchairs was limited. Staff told us they supported some patients with limited mobility to access the first floor where the practice was located, staff ensured patients were aware of the limited access when they first contacted the practice and where necessary staff referred patients to an alternative practice for treatment.

Staff telephoned patients the day before their appointment to make sure they could get to the practice. Patients commented that they found this very helpful.

### **Timely access to services**

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

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

Staff told us that emergency appointments were available each day and late-night appointments were available on Wednesday from 9am to 6.30pm. Patients comments reflected they had enough time during their appointment and did not feel rushed. One patient commented they were seen the same day. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

When the practice was closed the telephone answer machine referred patients to the emergency on-call arrangements with the NHS 111 out of hour's service.

The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

### **Listening and learning from concerns and complaints.**

The practice had a policy detailing how it would manage patients' complaints, which included information about timescales for responding to them. Information detailing how patients could raise their concerns was available in the waiting room, making it accessible to patients.

We were shown the paperwork in relation to complaints the practice had received and saw these had been managed in line with the practice policy.

# Are services well-led?

## Our findings

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

### Leadership capacity and capability

The provider/dentist had overall responsibility for both the management and clinical leadership of the practice. As there was not a dedicated practice manager, administrative tasks had been allocated to the dental nurse/administrator.

Staff spoke highly of the dentist and the administrator, telling us they were approachable. However, they described how the provider/dentist was only at the practice one day a week and therefore there was limited time with the provider/dentist. Although the staff team was small, it was clear they worked and communicated well together. Staff told us they enjoyed their work.

### Culture

The practice was small and friendly and had built up a very loyal and established patient base over the years.

The practice had a duty of candour policy in place, and we found staff understood its requirements. Staff described how they could raise concerns and they had confidence that these would be addressed.

### Governance and management

We identified a number of shortfalls in the practice's governance arrangements including the analysis of untoward events, the management of known risks and the availability of emergency medical equipment. There were no risk assessments in place for those staff who had not undertaken a DBS check or for hygienists working without chairside support.

Systems for checking fridge temperatures, sentinel water temperatures and expiry dates throughout the practice were not effective.

Fixed wire testing was five years overdue and the air conditioning units had not been serviced. A legionella risk assessment had been undertaken internally and not by a competent person, but did not fully address some of potential risk areas in the practice including the servicing of water heaters and temperate checks of hot and cold-water

outlets. Weekly checks of the emergency drugs and equipment were not undertaken, we noted the checks that were undertaken had failed to identify the shortfalls we found.

Due to unforeseen absence it was clear the practice had struggled to keep on top of administrative tasks with several tasks having only been completed in the two weeks prior to the inspection. There was a system of clinical governance in place which included policies, protocols and procedures. We found that some of the new policies were stored alongside archived files and protocols that were no longer in use, all these were accessible to staff and it was unclear which policies, protocols and procedures were current.

### Appropriate and accurate information

Staff acted on 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 provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

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

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

The provider used patient surveys, comment cards and verbal comments to obtain patients' views about the service. We noted results of surveys and the 102 CQC comment cards were all wholly positive.

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 provider gathered feedback from staff through meetings, surveys, and informal discussions and social media sites where staff liaised. 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 some systems and processes for learning, continuous improvement and innovation.

## Are services well-led?

The provider had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and radiographs. However, these had not been completed for all clinicians working at the practice. Infection prevention and control audits had been completed but not as frequently as recommended by guidance.

The dental nurse/administrator told us that appraisals had been delayed due to absences but were scheduled to re-start imminently.

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

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 17</b></p> <p><b>Good governance</b></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>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>There was no system in place to ensure good governance and effective leadership in the practice.</p> <p>The system to check medical emergency equipment was ineffective.</p> <p>NHS prescription pads were not stored securely there were no systems in place to track and monitor their use.</p> <p>There were no systems in place to ensure records of adequate immunity for vaccine preventable infectious diseases for available for all clinical staff.</p>

## Requirement notices

Audits of infection prevention and control, dental care records and radiography were not undertaken for all clinicians or at regular intervals to help improve the quality of service.

There were limited systems or processes established to enable 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:

Risk assessments were ineffective in relation to mitigating the risks associated with legionella and sharps items.

There were no risk assessments in place for those staff who had not undertaken a DBS check or for hygienists working without chairside support. There was no disabled access audit.

Fixed wire testing was five years overdue and the air conditioning units had not been serviced.

Regulation 17 (1)