Dr Robert Stecewicz

St Helens Family Dental Clinic

Inspection Report

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Date of inspection visit: 04/04/2018
Date of publication: 30/05/2018

Overall summary

We carried out this announced inspection on 4 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 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 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 Helens Family Dental Clinic is in the centre of St Helens and provides NHS and private dental care and treatment for patients of all ages.

There is a ramp at the entrance to the practice to facilitate access to the practice for wheelchair users and for pushchairs. Car parking is available near the practice.

The dental team includes two dentists, two dental nurses, a dental hygiene therapist and a receptionist. 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.

Summary of findings

We received feedback from 43 people during the inspection about the services provided. The feedback provided was positive about the practice.

During the inspection we spoke to the two dentists, dental nurses, the receptionist 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 and Thursday 9:00am to 7.00pm

Tuesday 9.00am to 4.00pm

Wednesday and Friday 09.00am to 5.30pm

Saturday 9.00am to 12.30pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- 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 dental team provided preventive care and supported patients to achieve better oral health.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for dealing with complaints.
- The practice had a leadership and management structure.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.
- The provider had information governance arrangements in place.
- Staff knew how to deal with medical emergencies. Not all the recommended emergency equipment was available.
- The provider had systems in place to manage risk. Risks associated with X-rays were not appropriately managed.
- The provider had staff recruitment procedures in place. References were not always requested and Disclosure and Barring Service checks were not always carried out at an appropriate time.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- Review the security of NHS prescription pads in the practice.
- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01 05), and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular, ensure the steam penetration test is carried out on the vacuum steriliser.
- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice. In particular, ensure references are obtained.
- Review the practice's system for recording accidents to staff with a view to preventing further occurrences and ensuring that improvements are made as a result.

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?

Enforcement action 

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 Enforcement Action 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.

We are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

Staff knew how to report safeguarding concerns.

Staff were qualified for their roles, where relevant.

The premises and equipment were clean and properly maintained. The practice followed most of the national guidance for cleaning, sterilising and storing dental instruments.

The practice completed some recruitment checks before employing staff. References were not obtained and Disclosure and Barring Service checks were not always carried out at the appropriate time.

We found that the practice's procedures for the safe use of X-rays could be improved. The provider had recently appointed a radiation protection adviser and confirmed they would be working in partnership to resolve the radiation protection issues.

The practice had arrangements for dealing with medical and other emergencies. We saw that a number of items of medical emergency equipment, including an automated external defibrillator were not available at the practice. We observed that the provider had not risk assessed this.

Staff kept records of NHS prescriptions. We observed that blank prescriptions were not stored securely during the practice's opening hours, as recommended in current guidance. The provider assured us this would be addressed.

The practice had systems in place for reporting and recording significant events but not accidents.

Are services effective?

No action 

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 excellent. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements for referring patients to other dental or health care professionals.

Summary of findings

The practice supported staff to complete training relevant to their role.

We saw that the dentists placed a strong emphasis on smoking cessation and provided advice to support patients to live healthier lives and directed patients to sources of help and advice where appropriate. The dental team worked closely with their local NHS England team to participate in reducing the high incidence of head and neck cancer in the area.

Are services caring?

No action 

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

We received feedback about the practice from 43 people. Patients were positive about all aspects of the service the practice provided. They told us staff were outstanding, professional and nothing was too much trouble.

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

Patients commented that staff 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.

Are services responsive to people's needs?

No action 

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 book an appointment quickly if in pain.

Staff considered patients' differing needs and put measures in place to help all patients receive care and treatment. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to assist patients who had sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

Enforcement action 

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

We are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

There was a clearly defined management structure and staff felt supported and appreciated.

Summary of findings

The practice team kept accurate, complete patient dental care records which were stored securely.

The practice had systems in place for the practice team to monitor the quality and safety of the care and treatment provided. We saw these were not all operating effectively, for example, the system for monitoring staff training.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included auditing their procedures. We observed that the audits did not identify where improvements could be made.

The practice had procedures in place to manage and reduce risks. These were not all operating effectively. We saw that the practice had put in place some but not all measures to reduce the risks identified in the assessments.

We found that the practice's systems for the safe use of X-rays were not operating effectively. The provider had recently appointed a radiation protection adviser and confirmed they would be working in partnership to resolve the radiation protection issues.

Are services safe?

Our findings

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

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. Most of the staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

Staff told us they felt confident to raise concerns at work. The provider did not have formal procedures in place to guide staff should they wish to raise concerns.

We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

The provider had staff recruitment procedures in place to help them employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the provider carried out most recruitment checks with the exception of obtaining references. The recruitment records also contained evidence of Disclosure and Barring Service, (DBS), checks. We observed that all three DBS checks had not been carried out within an appropriate timeframe and the provider had not assessed the risks in relation to this.

We saw that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

The practice had some arrangements in place to ensure that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Records showed that emergency lighting, fire detection equipment and firefighting equipment were regularly tested. Staff confirmed that regular fire drills were carried out at the practice. Fire exit signs were displayed. The provider was unsure as to when the last fixed electrical installation test and gas safety inspection took place at the premises.

The practice had limited arrangements in place to ensure the safety of the X-ray equipment and X-ray procedures. The provider was unaware of guidance in relation to the safe use of X-ray equipment. We saw that insufficient testing had been carried out on both X-ray machines in line with recommended guidance. A means to isolate the X-ray equipment in the event of a malfunction was not readily accessible. The provider did not have all the required radiation protection information available, including the initial testing and installation information, to check whether any recommendations had been complied with. Local rules and working instructions were displayed in the treatment rooms. We observed these were not specific to the circumstances in each area. The provider had recently appointed a radiation protection adviser and confirmed they would be working in partnership to resolve the radiation protection issues. We saw evidence of this during the inspection.

We saw that the dentists justified, graded and reported on the X-rays they took.

Where appropriate, clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks. We saw that the practice had put in place measures to reduce the risks identified in the assessments.

The provider had current employer's liability insurance.

Staff followed relevant safety regulations when using needles and other sharp dental items. A sharps risk assessment had been undertaken recently.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. Arrangements were in place to check the effectiveness of the vaccination. We observed this had not been checked for one of the clinical staff and that the practice did not have a risk assessment in place in relation to this member of staff working in a clinical environment when the effectiveness of the vaccination was unknown.

Are services safe?

Staff knew how to respond to medical emergencies. The provider arranged training for staff in medical emergencies and life support every year. The practice did not have all of the medical emergency equipment available as recommended in recognised guidance. For example, the practice did not have an automated external defibrillator available and had not risk assessed this. Staff carried out weekly checks on the medicines and equipment, and kept records of these to make sure the medicines and equipment were available, within their expiry dates and in working order. We observed that the oxygen tubing and oxygen mask with a reservoir had passed the expiry dates.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These took account of The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance published by the Department of Health but were not specific to the practice's circumstances.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed one of the practice's sterilisers was validated, maintained and used in accordance with the manufacturers' guidance. One of the daily validation tests was not carried out on the other steriliser to ensure the sterilisation process was functioning correctly.

The provider had had a Legionella risk assessment carried out at the practice in accordance with current guidance. We saw evidence of measures put in place by the provider to reduce the risk from legionella developing in the water systems, for example, water temperature testing and the management of dental unit water lines.

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

Staff ensured clinical waste was segregated and stored securely in accordance with guidance.

The practice carried out infection prevention and control audits.

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 dentists how information to deliver safe care and treatment was handled and recorded. We looked at several dental care records to confirm what was discussed and observed 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.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

Safe and appropriate use of medicines

The practice had systems for prescribing, dispensing and storing medicines.

Staff kept records of NHS prescriptions. We observed that blank prescriptions were not stored securely during the practice's opening hours, as recommended in current guidance. The provider said this would be addressed.

Track record on safety

We saw that the practice monitored and reviewed incidents to minimise recurrence and improve systems.

The practice had procedures in place for reporting, investigating, responding to and learning from incidents and significant events. Staff understood their role in the process. Staff told us there had never been any. The provider described a medical emergency which had occurred at the practice which could constitute a significant event. This had been responded to appropriately by staff but not reported and recorded.

We discussed examples of significant events which could occur in dental practices and we were assured that should one occur it would be reported and analysed in order to learn from it, and improvements would be put in place to prevent re-occurrence.

We saw that the provider did not have formal arrangements in place for recording staff accidents. Staff told us they had never had any accidents.

The provider did not have arrangements in place to receive national medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency.

Lessons learned and improvements

Are services safe?

Staff confirmed that learning from incidents, events and complaints was shared with them to help improve systems at the practice, to promote good teamwork and to minimise adverse incidents.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentists assessed patients' care and treatment needs in line with recognised guidance. We saw that the dentists delivered care and treatment in line with current legislation, standards and guidance.

The practice provided dental implants. These were placed by the principal dentist who had completed appropriate post-graduate training in this field of dentistry. The provision of dental implants took into account national guidance.

Helping patients to live healthier lives

The dental team supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay. We saw that the dentists told us they discussed smoking, alcohol consumption and provided dietary advice to patients during appointments.

We saw clear evidence that the dentists placed a strong emphasis on smoking cessation, provided advice to support patients to live healthier lives and directed patients to sources of help and advice where appropriate. The dental team worked closely with their local NHS England team to participate in reducing the high incidence of head and neck cancer in the area.

The practice had a selection of dental products for sale to help patients improve their oral health.

Staff carried out visits to schools to provide oral health information to young children.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to care and 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 team understood their responsibilities under the Mental Capacity Act 2005 when treating adults who may not be able to make informed decisions. The policy also referred to the legal precedent, (formerly called the Gillick competence), by which a child under the age of 16 years of age can consent for themselves in certain circumstances. 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 where 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.

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

Effective staffing

The principal dentist was currently undertaking further postgraduate in implant dentistry and the associate dentist was undertaking postgraduate study in endodontics. One of the dental nurses had completed enhanced skills training in radiography and another in fluoride application.

The practice provided a training position for a newly qualified dental hygiene therapist to complete their post qualification vocational training.

The provider had a structured induction programme in place with an associated checklist to confirm when items had been completed. We observed that the provider did not have records to show whether the induction process had been carried out with the current staff. The provider assured us these were carried out.

Staff told us the practice provided support and training opportunities to assist them in meeting the requirements of their registration and with their professional development. The provider did not have a system in place to monitor staff training to ensure essential training was completed. The provider was unsure as to whether one of the clinicians had completed medical emergencies and life support and safeguarding training within the recommended time intervals.

Staff told us they discussed training needs at appraisals.

Are services effective?

(for example, treatment is effective)

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 specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

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

Are services caring?

Our findings

Kindness, respect and compassion

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

Patients commented positively that staff were kind, understanding and sympathetic. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients told us they could choose whether they saw a male or female dentist.

The provider aimed to provide a comfortable, relaxing environment.

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 the reception and waiting areas provided privacy when reception staff were dealing with patients. Staff described how they avoided discussing confidential information in front of other patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people 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 Accessible Information Standard and the requirements of the Equality Act, for example,

- Interpreter services were available for patients whose first language was not English.
- Staff communicated with patients in a way that they could understand, for example, easy read materials were available.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentists described to us the conversations they had with patients to help them understand their treatment options.

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

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 take account of patients' needs and preferences.

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

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

The provider had carried out a disability access audit.

We saw that the provider had considered the needs of different groups of people, for example, people with disabilities or with young children, and put in place reasonable adjustments, for example, handrails to assist with mobility, step free access, and an accessible toilet with hand rails and baby changing facilities.

Two of the treatment rooms were located on the ground floor and were accessible for wheelchair users.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, appointments could be arranged by email or text.

Timely access to services

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

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

The practice's appointment system took account of patients' needs. We saw that the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Patients told us they had enough time during their appointment and did not feel rushed.

Staff made every effort to keep waiting times and cancellations to a minimum.

The practice made every effort to see patients experiencing pain or other dental emergencies on the same day and had appointments available for this.

The practice website, information leaflet and answerphone provided telephone numbers for patients who needed 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 appointments.

Listening and learning from concerns and complaints

The provider 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 practice manager was responsible for dealing with complaints. Staff told us they informed the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. The practice manager told us they aimed to settle complaints in-house.

Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice manager told us the practice had never received any complaints.

Are services well-led?

Our findings

Leadership capacity and capability

The provider was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The practice leaders were visible and approachable.

The practice manager had limited experience of managing a dental practice but was supported in this role by the provider.

Vision and strategy

The provider had a strategy in place for delivering and expanding the service, which took account of health and social priorities across the region and the needs of the practice population. The provider had implemented a dental team approach to deliver care and treatment, for example, by using a skill mix of dental care professionals, such as dental hygiene therapists and enhanced skills dental nurses.

We saw that the provider had invested in the practice, for example, treatment room facilities had been re-furbished to a high standard and computerised systems had been installed.

Culture

Staff said they were respected, supported and valued.

Managers and staff demonstrated openness, honesty and transparency when responding to incidents and complaints. Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us they were encouraged to raise issues and they were confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Governance and management

The provider had systems in place to support the management and delivery of the service. Systems included policies, procedures and risk assessments to support good governance and to guide staff. We observed that several of these were not tailored to the practice's own procedures and circumstances, for example, the infection control policy and procedures. Several of the policies had been implemented recently and not all staff were aware of them, for example, staff were unsure whether they had seen a safeguarding or whistleblowing policy and one of the clinicians was unaware the practice had a sharps risk assessment. The provider told us they planned to copy the policies and give them to staff to read and sign.

The practice had systems in place to ensure most risks were identified and managed, and had put measures in place to mitigate risks, for example, the provider had produced a number of action checklists to identify tasks to be completed. We saw that the systems relating to medical emergency equipment and medicines were not operating effectively, for example, staff had not identified that some items were past their expiry dates.

The principal dentist 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. Staff had additional roles and responsibilities, for example, one of the staff had a lead role for infection control. We saw staff had access to suitable supervision and support for their roles and responsibilities.

Appropriate and accurate information

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

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

We saw that the provider acted on patient feedback.

Are services well-led?

The practice gathered feedback from staff through meetings and 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

We saw the practice had systems in place to monitor the quality of the service and make improvements where required. We saw that not all these systems were operating effectively, for example, in relation to staff training. The provider was unsure whether some of the staff had completed recommended training.

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of dental care records, X-rays and infection prevention and control, and dental care records. Staff kept limited records of these audits. We observed the records did not identify learning points or produce action plans where appropriate to encourage improvement.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: The practice did not have all the medical emergency equipment available as recommended in recognised guidance, including • an automated external defibrillator, and had not risk assessed this. • the recommended size of medical emergency oxygen • a child sized resuscitation bag and mask • oxygen masks in sizes 0, 1, 2,and 3 • aspirin in the recommended dispersible format. The provider had not carried out Disclosure and Barring Service checks at an appropriate time prior to employing three members of clinical staff. The provider had not checked the effectiveness of the Hepatitis B vaccination for one of the clinical staff and did not have a risk assessment in place in relation to this member of staff working in a clinical environment when the effectiveness of the vaccination was unknown. The practice had limited arrangements in place to minimise the risks associated with the safety of the X-ray equipment and X-ray procedures. • Insufficient testing had been carried out on both X-ray machines in line with recommended guidance. • A means to isolate the X-ray equipment in the event of a malfunction was not readily accessible.

This section is primarily information for the provider

Enforcement actions

- The provider did not have the initial testing and installation information available for the X-ray machines, to check whether any recommendations had been complied with.

The provider was unsure as to when the last fixed electrical installation test and gas safety inspections took place.

Regulation 12 (1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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 provider did not subscribe to receive national patient safety alerts, such as those from the Medicines and Healthcare products Regulatory Agency. 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: • No process was in place to monitor staff training and the provider could not demonstrate that one of the clinical staff had completed training in safeguarding and medical emergencies and life support. • Significant events were not being reported or recorded. • No formal whistleblowing arrangements were in place to guide staff should they wish to raise concerns.

This section is primarily information for the provider

Enforcement actions

- Policies, procedures and risk assessments were not all customised to the practice's specific circumstances and staff were not aware of them.

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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- Staff had not identified that the oxygen tubing and oxygen mask with reservoir were past their expiry dates.
- The practice had limited arrangements in place in relation to the safe use of X-rays.
- The provider was unaware of guidance in relation to the safe use of X-ray equipment.
- Local rules and working instructions displayed in the treatment rooms were not specific to the circumstances in each area.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- Records of audits carried out did not identify learning points or contain action plans where appropriate to encourage improvement.

Regulation 17(1)