

M&K Adventures Ltd

# The Barn Cosmetic and Dental Clinic

## Inspection Report

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### Overall summary

We carried out this announced inspection on 13 March 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a 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**

The Barn Cosmetic and Dental Clinic is in Odstock, Wiltshire and provides private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including one for blue badge holders, are available at the practice.

# Summary of findings

The dental team includes the principal dentist, a visiting dentist, two dental nurses, one dental hygienist, one receptionist and a practice manager. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at The Barn Cosmetic and Dental Clinic is the practice manager.

On the day of inspection, we collected 32 CQC comment cards filled in by patients and obtained the views of four other patients.

During the inspection we spoke with the principal dentist, the 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 to Friday from 8.30am to 5pm.

## Our key findings were:

- The practice appeared clean.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

- The practice's recruitment procedures were not thorough.
- The practice had systems to help them manage risk to patients and staff. This required improved management, governance and oversight.
- The practice's systems did not effectively enable the registered person to assess, monitor and improve the quality and safety of the services being provided. Audits undertaken did not have associated action plans.
- Recommended actions resulting from undertaken risk assessments had not been completed.
- The practice's infection control procedures did not fully reflect published guidance. Improvements were required to ensure the equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure the equipment being used to care for and treat service users is safe for use.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure specified information is available regarding each person employed.

## 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 practice's protocols for medicines management and ensure all medicines are stored and dispensed of safely and securely.
- Review the suitability of the premises and ensure all areas are fit for the purpose for which they are being used.
- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

# Summary of findings

- Review the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.
- Review the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation, take into account relevant guidance, and staff follow them.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

The practice had some systems and processes to provide safe care and treatment. We found areas that required improvement, for example, the management and oversight of risks to patients and staff, and records in relation to checks required on recruitment of staff and to Hepatitis B immunity of clinical staff.

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

Staff were qualified for their roles. Some of the required recruitment checks were not in place, for example Disclosure and Barring Service and employment references.

Premises and equipment were clean. Improvements were required to ensure premises and equipment were properly maintained. The practice did not fully follow national guidance for cleaning, sterilising and storing dental instruments.

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

Requirements notice 

### 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 excellent and professional. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records. Improvements were required to ensure patients understood all sections of the consent form for implant treatment.

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

The provider supported staff to complete training relevant to their roles.

No action 

### Are services caring?

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

No action 

# Summary of findings

We received feedback about the practice from 36 people. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, friendly and caring.

They 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.

## Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had arrangements to help patients with hearing loss.

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

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 although improvements were required to ensure that all risks were identified and actions taken to mitigate the risks were discussed with staff and documented.

Staff felt supported and appreciated.

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

The provider monitored some clinical areas of their work to help them improve and learn although we noted infection control audits and radiography audits had not been carried out at the recommended intervals and there were no completed action plans. The practice asked for and listened to the views of patients and staff.

Requirements notice



# Are services safe?

## Our findings

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

The practice had some 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.

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

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

The 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 and procedure to help them employ suitable staff. We looked at all staff recruitment records. Improvements were required to ensure that all necessary documentation was available for all staff. For example, we identified missing documentation in the form of qualification certificates, employment history, satisfactory evidence of conduct in previous employment and DBS certificates.

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

The practice did not always ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including gas appliances.

A fire risk assessment had been carried out in 2016, however the recommended actions had not been completed. We received confirmation from the practice manager that a subsequent fire risk assessment was

carried out and the practice would ensure all recommended actions were completed as soon as practicably possible. Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were tested inconsistently, and firefighting equipment, such as fire extinguishers, were regularly serviced. However, the provider had not ensured the emergency lighting had been regularly serviced.

Improvements were required to ensure the necessary arrangements were made to certify the safety of the X-ray equipment. Following the inspection, the practice manager confirmed to us that the X-ray machines have been serviced and a contract signed to ensure this equipment is serviced annually.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out a radiography audit in March 2019, however they had not been completing radiography audits every year and consequently were not following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography, although the relevant documentation in respect of one member of the clinical team was not available for us to examine.

### **Risks to patients**

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

The practice did not have a health and safety policy and, although it had carried out a health and safety risk assessment, this was not practice specific and did not reflect the risks we identified during the inspection. Following the inspection, the practice arranged for an external company to carry out a health and safety risk assessment.

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 and other sharp dental items. However, a sharps risk assessment had not been undertaken.

# Are services safe?

The provider had ineffective systems in place to ensure all clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that 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 available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support.

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

The practice's infection prevention and control policy and procedures needed reviewing. They did not fully follow 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 practice's arrangements for transporting, cleaning, checking, sterilising and storing instruments were not fully in line with HTM 01-05. The ultrasonic cleaner had not been validated annually. Improvements were required to ensure the equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Most recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw recent cleaning schedules for the premises. The practice was visibly clean when we inspected.

Although the practice manager was not able to find any policies in relation to clinical waste on the day of the inspection, the practice's procedures in place to ensure clinical waste was segregated and stored appropriately were in line with guidance.

The practice carried out an infection prevention and control audit in February 2019, we noted there was an associated action plan, however, this had not been completed. The last infection prevention and control audit was undertaken in July 2017 and consequently the provider was not carrying out these audits twice a year as it is recommended.

## **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 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**

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentist was aware of current guidance with regards to prescribing medicines.

An antimicrobial prescribing audit had been carried out in March 2019.

## **Track record on safety and Lessons learned and improvements**

## Are services safe?

The practice monitored and reviewed 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.

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. They were shared with the team and acted upon if required.

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Effective needs assessment, care and treatment**

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

The practice offered dental implants. These were placed by a visiting specialist who, we were assured, had undergone appropriate post-graduate training in this speciality, however, there was no evidence of any qualifications or training. The practice manager confirmed these documents had been requested and copies would be kept on file.

The provision of dental implants was in accordance with national guidance. However, staff were decontaminating and sterilising implant healing caps which were designated as single use only by the manufacturer. Following the inspection, we received confirmation from the principal dentist that these components would be disposed of and would not be re-used, in accordance with the manufacturer's instructions.

The practice had access to intra-oral cameras to enhance the delivery of care.

### **Helping patients to live healthier lives**

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

The dentists prescribed high concentration fluoride toothpaste 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.

The 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.

The practice was 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.

The 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

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**

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Improvements were required to ensure all sections of the consent form were clear, specifically in respect of the section which lists possible consequences of not having implant 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 may give 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.

We saw the practice audited patients' dental care records to check that the clinicians recorded the necessary information. However, there was no associated action plan or evidence that the results were discussed with clinicians.

### **Effective staffing**

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

# Are services effective?

(for example, treatment is effective)

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council, however we were not able to see any relevant certificates for one member of the clinical team. We were assured copies of these certificates would be kept on file.

Staff discussed their training needs at annual appraisals.

## **Co-ordinating care and treatment**

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

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

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

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

# 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 welcoming, friendly and caring. 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. They 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 provided 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.

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

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

Staff helped patients to be involved in decisions about their care and were aware of the requirements under the Equality Act.

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

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, X-ray images and an intra-oral camera. The intra-oral cameras enabled photographs to be taken of the tooth being examined or treated and shown to the patient or their relatives to help them better understand the diagnosis and treatment.

# 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.

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

The practice had made reasonable adjustments for patients with disabilities. These included steps free access, a hearing loop, and accessible toilet with hand rails and a call bell.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

### 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 and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel

rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting, although we received information from one patient which indicated otherwise.

The practice's 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.

### 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 policy providing guidance to staff on how to handle a complaint.

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous 12 months. 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**

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

### **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 when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could 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. The practice manager was responsible for the day to day running of the service. 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. Some of these, however, were difficult to retrieve, were not practice specific or meaningful and required reviewing.

There were ineffective processes for managing risks, issues and performance. For example, a sharps risk assessment had not been carried out, recruitment folders were incomplete, radiography and infection control audits had not been completed at the recommended intervals and there were no completed action plans. Equipment had not been maintained appropriately, for example radiography equipment had not been serviced as required.

### **Appropriate and accurate information**

The practice 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 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, comment cards and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on.

The practice gathered feedback from staff through meetings, surveys, 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**

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

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control, however there was no evidence that the results had been analysed and discussed with staff and there were no associated action plans to continually improve the practice's processes and procedures.

The principal dentist valued the contributions made to the team by individual members of staff.

The dental nurses had not yet had an appraisal. The practice manager told us all appraisals were booked for April and they will discuss learning needs, general wellbeing and aims for future professional development.

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

## Are services well-led?

encouraged staff to complete CPD. Although we could not see evidence of completed training for one member of the clinical team, we were assured that all relevant training had been completed and certificates would be kept on file.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p><b>How the regulation was not being met</b></p> <p>The registered persons 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:</p> <ul style="list-style-type: none"><li>• Tests required to check that the ultrasonic cleaner was working effectively were not being carried out.</li><li>• Staff were not following the manufacturer's instructions in respect of single use healing abutments.</li><li>• The implant kit storage system could not guarantee the sterilisation of some of the equipment.</li></ul>
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>

## Requirement notices

### How the regulation was not being met

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

- A radiography audit had not been completed every year, this is a mandatory requirement of the Ionising Radiations Regulations 2017 (IRR17) and the Ionising Radiations (Medical Exposure) Regulations 2017 (IR(ME)R2017).
- Infection Prevention and Control audits were not being carried out twice a year as recommended by published guidance, and when these audits were undertaken, the associated action plan had not been completed.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- Required actions had not been completed after a fire risk assessment was carried out.
- Fire alarm and emergency lighting tests were carried out inconsistently.

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.

This section is primarily information for the provider

## Requirement notices

### In particular:

- Risk assessments such as those related to safe sharps had not been conducted.
- Risks from lack of suitable recruitment processes had not been identified and mitigated.

### Regulated activity

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

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**Fit and proper persons employed**

### How the regulation was not being met

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

### In particular:

- Recruitment checks such as references, DBS checks and immunisation records were not available.