

Dr. Haley Seresht

Surrey Docks Dental Practice

Inspection Report

Surrey Docks Health Centre
11 Blondin Way
London

Tel: 020 7252 1628

Website: <http://www.surreydocksdental.co.uk/>

Date of inspection visit: 22 November 2018

Date of publication: 14/12/2018

Overall summary

We carried out this announced inspection on 22 November 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

We found that this practice was 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

Surrey Docks Dental Practice is in the London Borough of Southwark and provides NHS and private treatment to patients of all ages.

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

The dental clinical team includes a principal dentist, three associate dentists, a dental hygienist, and four qualified dental nurses. The clinical team is supported by three receptionists and a practice manager. The practice has four treatment rooms.

Summary of findings

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

On the day of inspection, we obtained feedback from two patients.

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

The practice is open at the following times:

Monday: 8.30am to 8pm

Tuesday and Thursday: 8.30am to 6pm

Wednesday: 9am to 7pm

Friday: 8.30am to 5pm

Saturday: 9am to 3pm

Appointments are not available between 1pm to 2pm Monday to Friday.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.
- The provider had medicines and equipment on site for managing medical emergencies. Some recommended emergency equipment was not available, but was ordered shortly after the inspection.

- The practice had infection control procedures. Improvements could be made to ensure the audits were undertaken six-monthly as per current guidance.
- Improvements were required to establish thorough staff recruitment procedures. The provider began to address this immediately after the inspection.
- Improvements could be made to ensure dental dams were used for root canal treatments and in cases where not used it was risk assessed and suitably recorded in the dental care records.
- Improvements were required to ensure the practice had effective systems to help them assess, monitor and manage the risks relating to undertaking of the regulated activities.

We discussed our findings with the principal dentist and the practice manager. They showed a commitment to addressing our concerns, and in making the necessary improvements.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed, and ensure specified information is available regarding each person employed.

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

- Review the practice's protocols for completion of dental care records considering guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's protocols for referral of patients and ensure all referrals are monitored suitably.
- Review the security of prescription pads in the practice and ensure there are suitable systems in place to track and monitor their use.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.

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 providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

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

Staff were qualified for their roles; improvements were required to ensure thorough recruitment processes.

The practice followed national guidance for cleaning, sterilising and storing dental instruments. They showed us an infection control audit they had completed.

The practice had arrangements for dealing with medical and other emergencies. Improvements could be made to ensure all staff were clear on how to use the medical equipment.

Premises and equipment were clean and the majority of equipment was properly maintained, though we found some equipment needed to be regularly serviced.

The provider took prompt action and began to address the shortcomings shortly after the inspection.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as being of a high standard, caring and professional.

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

The dentists discussed treatment with patients so they could give informed consent.

The practice team kept patient dental care records which were clearly written and stored securely. We found the quality of dental care records, including recording of consent could be improved.

The practice supported staff to complete training relevant to their roles, though there was a lack of an effective system to help them monitor this.

The provider began to address the shortcomings shortly after the inspection.

No action



Summary of findings

Are services caring?

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

We received feedback about the practice from two people. Both patients were positive about all aspects of the service they had received. They told us staff were caring, attentive and compassionate.

They said that they were given helpful, detailed and clear explanations about dental treatment and said their dental clinician 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.

No action



Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if they were experiencing dental pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children.

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 Requirements Notice section at the end of this report).

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

We found the provider could make improvements by ensuring all staff had a clear understanding of requirements to support good governance and management. In particular, this related to 'never events', significant events, regulations regarding amalgam use, setting up and using the emergency equipment, reporting of safety incidents externally, Reporting of Injuries Diseases and Dangerous Occurrences (RIDDOR), and Gillick competence.

Requirements notice



Summary of findings

Improvements were required to ensure risks associated with undertaking of regulated activities were suitably identified, assessed, monitored and mitigated.	
---	--

Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that the majority of staff received safeguarding training; evidence of safeguarding adults training for one member of staff was not available. Safeguarding training updates for another were overdue. Shortly after the inspection the provider sent us evidence that the overdue safeguarding training had been completed by this member of staff.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the Care Quality Commission.

There was a system to highlight vulnerable patients in their records e.g. people with a learning disability or a mental health condition, or who required other support such as with mobility or communication.

The practice had a whistle-blowing policy. Staff told us that they felt confident they could raise concerns without fear of reprimand.

Improvements could be made to ensure the dentists used rubber dams when providing root canal treatment in accordance with guidance from the British Endodontic Society. In instances where the rubber dam is not used, such as for example refusal by the patient, and where other methods are used to protect the airway this needs to be suitably risk assessed or documented in the dental care record. After the inspection the provider told us they had developed a policy document regarding the use of rubber dam, and assured us they would discuss this with the dentists.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff. We checked six staff recruitment records and found the practice's recruitment processes required improvement to reflect the relevant legislation. This include for example seeking assurances of satisfactory conduct in previous employment, photographic identification and criminal record checks undertaken at the time of staff commencing employment. Shortly after the inspection the provider began to address these shortcomings. They sent us an employment history record for a staff member, told us they had obtained photographic identification, and initiated the outstanding criminal background checks.

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

The practice ensured that the majority of the facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances. We found an autoclave used to sterilise dental instruments needed an annual service. The provider told us shortly after the inspection that they had made arrangements for it to be serviced in early December 2018.

Records showed firefighting equipment such as fire extinguishers were regularly tested. Staff told us they checked fire exits, emergency lighting and smoke detectors on a regular basis; improvements could be made to ensure these checks were suitably logged. The same applied for the completion of fire evacuation drills. Shortly after the inspection the provider began to log fire safety checks.

Fire risk assessments had previously been carried out by practice manager. Shortly after the inspection the provider arranged for a fire risk assessment to be completed by a contractor as guidance stipulates these risk assessments are undertaken by a person who can identify risks suitably.

The practice had arrangements regarding the use of dental radiography, though improvements were required. We found safety tests of the equipment were overdue by a year, and the local rules required updating. Shortly after the inspection the provider told us they had arranged for the radiography equipment to be tested in early December 2018.

The practice carried out radiography audits every year following current guidance and legislation.

Are services safe?

We confirmed that dental clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The practice had employer's liability insurance.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk.

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. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to confirm that all but one member of clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. The provider had checked the effectiveness of the vaccination for most staff; however, they had not verified that two members of clinical staff had achieved a satisfactory antibody level. Shortly after the inspection, the provider sent us this evidence for a member of staff, and assured us they had taken the necessary action for the other staff member.

We saw evidence of training in emergency resuscitation and basic life support (BLS) for all but two members of clinical staff. Improvements could be made to ensure all staff had good awareness of how to respond to a medical emergency using the oxygen cylinder and Automated Electronic Defibrillator. Shortly after the inspection, the provider told us they had arranged for outstanding BLS training to be completed.

Emergency equipment and medicines were available. The provider ordered additional medicines and equipment to ensure their stock was in line with national recommendations. Staff kept records of their checks of the equipment and medicines available to make sure these were in stock, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council's Standards for the Dental Team. The dental hygienist worked without

chairside assistance. Shortly after the inspection the provider assessed the risks relating to this and implemented actions to improve support for the dental hygienist.

The practice had disposable injection syringes available; staff told us these were not routinely used. The provider had not assessed the risks related to the use of sharp items in the practice, but they completed a sharps risk assessment shortly after the inspection.

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

The provider had an infection prevention and control policy. They did not have an infection control annual statement in place.

There was evidence demonstrating that all but one member of clinical staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking, and sterilising instruments in line with guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

The records showed equipment used by staff for cleaning and sterilising instruments were validated and used in line with the manufacturers' guidance.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The majority of recommendations had been actioned and records of water testing and dental unit water line management were in place. The practice could make improvements by ensuring staff received Legionella awareness training, and by implementing a Legionella management scheme in line with the action plan from the risk assessment.

The practice showed us an infection prevention and control (IPC) audit they had recently completed. Improvements could be made to ensure these were undertaken at six-monthly intervals in line with current national guidance.

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

Are services safe?

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

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

Information to deliver safe care and treatment

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

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

There was a stock control system of medicines and materials which were held on site, though it could be improved to ensure that dental materials did not pass their expiry date. The provider assured us they had safely disposed of these materials immediately after the inspection.

The practice stored and kept records of NHS prescriptions as described in current guidance. They could improve recording of prescriptions stored and prescriptions issued.

The provider could improve storage of prescription pads by ensuring they were locked away overnight. They could also improve the monitoring of prescription pads by logging the serial numbers as described in current national guidance.

Track record on safety

The provider had an incident policy in place to provide guidance to staff on how to manage serious incidents. They could make improvements by implementing an incident recording form,

Lessons learned and improvements

The provider told us they had not experienced any serious incidents in the last 12 months. They had an accident book staff could use to record accidents that happened on the premises.

Improvements were required to ensure relevant staff were aware of processes for reporting safety incidents externally to the relevant organisations.

The provider had recently implemented a system for receiving and acting on safety alerts relating to medicines and equipment.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The principal dentist had systems to keep their selves up to date with current evidence-based practice.

The practice offered dental implants. These were placed by an associate dentist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

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 based on an assessment of the risk of tooth decay.

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

Consent to care and treatment

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

The practice's consent policy included information about mental capacity. The dentists understood their responsibilities under the Mental Capacity Act when treating adults who may not be able to make informed decisions. The policy also referred to the legal precedent known as Gillick competence) by which a child under the age of 16 years of age can consent for themselves. A dentist we spoke with was not aware of the considerations needed regarding treating young people under 16 years of age.

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

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs and historic treatment.

We discussed with the dentists how information to deliver safe care and treatment was handled and recorded. We checked a sample of dental care records to confirm our findings and noted that dental care records were legible, stored securely and complied with data protection requirements.

The dental care records contained majority of key information about patient's care and treatment; quality of record keeping however, could be improved.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff new to the practice had a period of induction.

The General Dental Council (GDC) requires clinical staff to complete continuing professional development. We confirmed that the majority of dental clinical staff completed the continuing professional development required for their registration with the GDC, though evidence of training safeguarding adults, infection prevention and control, and basic life support training was not in place for some staff members. The provider began to address this shortly after the inspection.

Staff had completed other training such as for consent, equality and diversity, handling complaints, legal and ethical issues, equality and diversity, oral cancer and mental capacity.

The principal dentist told us that they discussed training needs at appraisals, but that the frequency of appraisals had lapsed. We saw evidence of completed appraisals for a dental nurse. For two other members of staff it appeared appraisals had been commenced but not completed. Shortly after the inspection the provider completed two new staff appraisals.

Co-ordinating care and treatment

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

Are services effective?

(for example, treatment is effective)

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

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

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

The practice could implement a referral tracker to effectively monitor all referrals they made.

Are services caring?

Our findings

Kindness, respect and compassion

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

We spoke with two patients who commented positively that staff were caring, helpful, accommodating, professional and considerate.

Staff treated patients in a friendly, compassionate, respectful and familiar manner and were friendly towards patients at the reception desk and over the telephone.

Patients choose whether they saw a male or female dentist. They told us staff were kind and helpful when they were nervous, in pain or distress.

Information leaflets were available in the waiting area 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. Staff told us that if a patient asked for more

privacy they could take them into another room. The computer screens at the reception desk were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care. Interpretation services could be accessed for patients who did not speak or understand English.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. 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 dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, models, and radiograph images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, staff told us they would sit with patients who could not read, and those who had problems with their vision, and help them read and complete the necessary forms required for their treatment.

The practice had completed a Disability Access Audit and formulated an action plan to continually improve access for patients. They had wheelchair access throughout the practice, and a hearing loop for patients with hearing problems.

Timely access to services

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

The practice displayed their opening hours on the premises.

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

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

Listening and learning from concerns and complaints

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

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice also had information for patients explaining how to make a complaint.

The practice manager and principal dentist were responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so that patients received a quick response.

The practice manager told us that they 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 they not satisfied with the way the practice dealt with their concerns.

We checked a complaint the practice received in October 2018 and found the practice responded to the concern appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

Staff told us the principal dentist and practice manager were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

There was a clear vision and set of values. There were protocols in the practice to manage any behaviour and performance that was inconsistent with these values.

Culture

The practice had a culture of openness, transparency, and staff told us there a family-like working environment.

The principal dentist told us they valued the contributions made to the team by individual members of staff. Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

The principal dentist had overall responsibility for the clinical leadership of the practice. The practice manager was responsible for the management and day to day running of the service.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. The provider could make improvements by ensuring policies were reviewed and updated on a regular basis, as some policies we checked contained outdated information and details that were not relevant to the practice.

The provider could also make improvements by ensuring all staff had a clear understanding of requirements to support good governance and management. In particular this related to 'never events', significant events, regulations

regarding amalgam use, setting up and using the emergency equipment, reporting of safety incidents externally, Reporting of Injuries Diseases and Dangerous Occurrences (RIDDOR), and Gillick competence.

Shortly after the inspection the provider updated their policy on the use of rubber dam, amalgam and mercury, and told us they would discuss these with their staff.

Improvements were required to ensure risks were suitably identified, assessed, monitored and mitigated. These related to having effective processes for the management of medicines, materials and equipment, infection control audits, radiography, staff recruitment, immunisation, appraisal and training, and the lack of suitable risk assessments.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

The practice used verbal comments to obtain patients' views about the service. The provider told us they encouraged patients to complete the NHS Friends and Family Test (FFT). The FFT is a national programme to allow patients to provide feedback on NHS services they have used.

The provider told us they gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and these were acted on. For example, the provider had arranged for the lead dental nurse to have allocated time to complete specific duties to ensure there would be minimal interruption to patient care.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of access for disabled patients, radiography, and an infection prevention and control audit. They had clear records of the results of these audits and the resulting action plans. They had made improvements relating to disabled access.

We discussed our findings with the principal dentist and the practice manager. They showed a commitment to

Are services well-led?

addressing our concerns, and to learning and making the necessary improvements. Shortly after the inspection, they began to address several of the shortcomings we had identified.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met</p> <p>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. This related to:</p> <ul style="list-style-type: none">• Risks associated with fire safety, staff immunity to vaccine preventable diseases and outstanding actions from the Legionella risk assessment.• Undertaking regular infection prevention and control audits.• Ensuring equipment and materials on the premises were suitably monitored and managed.• Ensuring effective processes were in place to monitor staff training, undertake appraisals and ensure staff were aware of their responsibilities relating to Gillick competence, never events, significant events, Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) 2012, reporting of safety incidents externally, and amalgam regulations. <p>Regulation 17 (1)</p>

Regulated activity	Regulation
--------------------	------------

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 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. This related to:

- Ensuring employment histories, Disclosure and Barring Service checks, photographic identification, and satisfactory evidence of conduct in previous employment were obtained when recruiting staff.

Regulation 19 (3)