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Hill House Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on 2 October 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Hill House Dental Surgery is in Langport and provides NHS dental treatment to adults and children with a private paying service for treatment with the hygienist.

There is level access for people who use wheelchairs and those with pushchairs. Although some assistance may be provided where required. There is on-street parking available near the practice.

The dental team includes three dentists, four qualified dental nurses and one trainee, one dental hygienists, and two receptionists. The practice has three treatment rooms.

The practice is owned by a partnership 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Hill House Dental Surgery is the main partner.

On the day of inspection, we collected 59 CQC comment cards filled in by patients and spoke with two other patients.

During the inspection we spoke with two dentists, including the principal dentist, one dental nurse, the dental hygienist and two receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 8am-5pm

Tuesday 8am-6pm

Wednesday 9am-6pm

Thursday 9am-5pm

Friday 9am-5pm

Our key findings were:

- The practice appeared clean and well maintained.
- Staff felt involved and supported and worked well as a team.
- 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 provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had new leadership and new systems in place to help continuously improve the practice. These needed to be embedded.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.

- The provider had information governance arrangements. However, did need to improve how they secured patient and staff information.
- The provider had infection control procedures which reflected published guidance. Although, procedures for dealing with spillages were not included.
- Staff knew how to deal with emergencies. However, some staff were overdue their training. Appropriate medicines were available. However, there was some life saving equipment missing.
- Staff recruitment procedures needed to improve to ensure staff were safely recruited.
- The provider had systems to help them manage risk to patients and staff. However, these required improvements. This included; risk assessing sharps, control of substances hazardous to health and managing the effectiveness of staff immunity to hepatitis B.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure specified information is available regarding each person employed

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

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

- Take action to ensure clinicians record in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Take action to ensure all clinicians are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

Summary of findings

- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.
- Take action to ensure the clinicians adopt an individual risk based approach to patient recalls taking into account the National Institute for Health and Care Excellence guidelines.

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

Are services safe?

Our findings

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

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

Staff had systems to keep patients safe. However, some of these must be improved upon.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider used a paper-based system and planned to install a new computer based patient record system in November 2019. This would enable them to have a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

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

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example, refusal by the patient, other methods were used to protect the airway and were documented in the dental care record and a risk assessment completed.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. However, we observed that it did not include contact details for staff members to refer to in an emergency event.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for

agency and locum staff. However, this did not reflect relevant legislation. There was no policy or procedure for obtaining Disclosure and Barring service checks and what roles required one.

We looked at three staff recruitment records. These showed the provider did not follow their recruitment procedure or met legislation requirements. We found no employment history was obtained, which meant gaps of employment could not be identified and verification of why the person left child or vulnerable adult related roles. There was no evidence of any conduct of employment. There was no proof of identity and no evidence of qualifications for one staff member.

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

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

Records showed that fire detection and firefighting equipment were regularly tested and serviced. We noted that the fire risk assessment did not assess some areas of fire safety. This included whether fire doors were required, checking fire exits, signs and blockages and the assessment of needs of vulnerable people. The provider confirmed that there would be a fire safety risk assessment carried out on 24 October 2019, which should cover these areas.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. We noted that the servicing for the wall mounted X-rays had not been completed annually, as required. The last service was in January 2017.

We saw evidence that the dentists did not always record how they justified, graded and reported on the radiographs they took. We saw evidence that four out of five records had justified radiographs. However, four out of the five records we reviewed did not show the grading of the radiograph and two out of five records did not have reporting information included. All records were paper based, and the provider was implementing a new computer-based system. They were confident that this would be improved alongside the new system.

Are services safe?

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

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

Risks to patients

Some systems to assess, monitor and manage risks to patient safety required improvement.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had identified that the health and safety risk assessment could be improved and had a new template to use to assess the practice. This included more detail on risks, more practice specific information and enabled the creation and review of action points. They planned to reassess the practice within the next month. The provider 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, the sharps risk assessment did not include current methods used in practice and the risks associated with them.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. However, we noted that one out of four staff records we reviewed did not have confirmation of the effectiveness of the vaccine. Although the provider did have a system in place to risk assess staff members whose immunity had not been confirmed, it had not been used in this case.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. We noted that four members of staff were overdue their training in basic life support. The provider informed us that these members of staff would be receiving training in November 2019. They also had a new system to implement to ensure staff were up to date with training requirements.

Emergency medicines were available as described in recognised guidance. We found there was some equipment that was missing. This included a self-inflating bag (child) and missing sizes of face masks to fit the self-inflating bags. We also found the oxygen cylinder was not of the

appropriate size, as described in recognised guidance. We found needles to use for administering the medicines were found to be out of date. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. We saw the Automated External Defibrillator checks were not completed at the appropriate intervals.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. The Hygienist worked without dental nurse support. A risk assessment was in place for when the dental hygienist worked without chairside support. However, it did not review how more complex treatments which were normally completed by the hygienist, such as pocket charting, would be completed without chairside support. We were told by one of the dentists and the hygienist that they were not carrying out this treatment. The main partner informed us this would be reviewed to ensure it was completed.

The provider had basic risk assessments to minimise the risk that can be caused from substances that are hazardous to health. However, they did not include required information, as described in the relevant regulations. The provider did have new risk assessment templates to use and told us they would be updating all risk assessments.

The provider had an infection prevention and control policy and procedure. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. However, we noted that it did not include spillage management. We observed there was no spillage kit or procedure in place for staff to follow, if a spillage occurred. Staff completed infection prevention and control training and received updates as required. However, we noted that one member of clinical staff had not received any training in this area since starting their role.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

Are services safe?

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

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records of water testing and dental unit water line management were in place. We noted one recommendation from the risk assessment to sample the water was not being completed at the recommended intervals.

We noted the practice was visibly clean when we inspected.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit in July 2019 showed the practice was meeting the required standards.

Information to deliver safe care and treatment

Staff did not always have 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 some of the individual records were written and managed in a way that kept patients safe. However, we noted that two out of the five records did not include medical history checks. Four out of six records did not include treatment options or diagnosis. The provider had recognised that this was an area to improve upon and had planned to implement a computerised patient record system in November 2019 that aimed to improve record keeping.

Safe and appropriate use of medicines

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

There were no medicines held onsite at the practice.

We saw staff stored NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines. However, we noted there had been no antimicrobial prescribing audit carried out to establish if they were following current guidelines.

Track record on safety, and lessons learned and improvements

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

In the previous 12 months there had been no safety incidents. There was an adequate system for reviewing and investigating when things went wrong. For example, there had been several trips over the last few years. It had been discussed about installing a ramp. However, it was decided it was not possible due to flooring levels. The practice learned, and shared lessons, identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. Clinicians told us how they assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. However, we noted that patient records did not always reflect what they had carried out during treatment. For example, details of NICE recall and soft tissue examinations were not always evident. The new computerised record system, we were told, would improve this.

Helping patients to live healthier lives

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

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

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

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

The dentist and dental hygienist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice and taking plaque and gum bleeding scores. We were informed and saw within patient records that the recording of detailed charts of the patient's gum condition were not always completed by the dentists and dental hygienist.

Records did not show where patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists discussed treatment options and the risks and benefits of these, so they could make informed decisions. However, we saw this had not always been documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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

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

Monitoring care and treatment

The practice should be improved to ensure what was recorded within dental care records met with current guidelines and standards. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the dentists/clinicians recorded the necessary information. We noted the last audit had been completed in 2019 and recognised that improvements were required. This included recording checks of medical histories and documenting recall frequency. However, we did not see any evidence of any improvements made.

Effective staffing

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

Staff new to the practice had a period of induction based on a structured programme. From staff records we reviewed, we noted that this was not always completed. However, we were informed and saw there was a new procedure and system that would be implemented. We

Are services effective?

(for example, treatment is effective)

confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. We noted four members of staff were overdue medical emergency training.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

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

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

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

Staff monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were professional, helpful 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. Patients could choose whether they saw a male or female dentist. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

A practice information folder was available for patients to read.

Privacy and dignity

Staff 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. Staff did not leave patients' personal information where other patients might see it.

At the time of our inspection the practice was paper based, and we observed patient records were held within the reception area of the practice and had not been fully secured. We noted there had been no risk assessment to identify any risks of any unauthorised access. Records were also not protected from the risk of fire. We saw staff records were not held securely and were accessible to all the staff team.

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 Standards and the requirements under the Equality Act.

The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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

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

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care. For example, patients living with a learning disability were provided with appointment times when the practice was quieter and longer appointment times were provided for those who needed it.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice had made reasonable adjustments for patients with disabilities. This included providing patients with reading glasses to use if they needed them.

A disability access audit had been completed. However, it had not identified British Sign Language provider contacts were not available.

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.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent

appointment were offered an appointment 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.

The NHS 111 out of hour's service was available for emergency dental treatment.

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

Listening and learning from concerns and complaints

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

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

The main partner and deputy manager were responsible for dealing with complaints. Staff would tell the main partner about any formal or informal comments or concerns straight away so patients received a quick response.

The main partner 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 main partner had dealt with their concerns.

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

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The partners were knowledgeable about issues and priorities relating to the quality and future of the practice. They understood most of the challenges and were addressing them. For example, the implementation of new policies and procedures over all aspects of the practice, installing a new computer system and becoming a less paper-based practice.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had just implemented new processes to develop leadership capacity and skills, which in turn would improve the practice provided.

Culture

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

The staff focused on the needs of patients.

The provider told us how they would deal with staff poor performance. However, we noted they did not have an established system in place.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

There were clear responsibilities and roles for management of the practice. The systems of accountability to support good governance required improvement.

The main partner had overall responsibility for the management and clinical leadership of the practice. There

was a deputy manager and partner responsible for the day to day running of the service in the main partner's absence. Staff knew the management arrangements and their roles and responsibilities.

The provider had just implemented a new system of clinical governance which had not had time to embed. This included policies, protocols and procedures that were accessible to all members of staff.

We saw there were improvements required for managing and assessing risks associated with the quality and safety of services provided. This included how medical emergencies, sharps safety, substances hazardous to health (COSHH), hepatitis B immunity, spillage procedures and fire safety were managed and risk assessed.

Appropriate and accurate information

Staff acted on appropriate and accurate information. Although dental care records should be improved to ensure compliance with legislation and take into account relevant guidelines.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. However, this could be further improved by ensuring the security of staff and patient information.

Engagement with patients, the public, staff and external partners

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

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The practice analysed the results annually from this feedback. We saw the results demonstrated 100% of people who had commented were extremely likely to recommend the practice to others.

The provider 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

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

Are services well-led?

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. The audits had clear records of the results of these audits and the resulting action plans. However, the dental care record audit did not identify gaps identified on our inspection and where there the provider had identified improvements were needed, we found these had not been addressed.

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

The dental nurses, dental hygienist and receptionists had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. However, we noted some staff were overdue their training. The provider had implemented a new system that would monitor staff training. The provider supported and encouraged staff to complete CPD.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The system to manage fire safety to ensure it complied with legislation needed to be improved.• The system to ensure staff were complying with legislation requirements for managing sharps needed to be improved.• The system to risk assess the control of substances hazardous to health needed to be improved.• There was no procedure in place to manage spillages. <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. In particular:</p> <ul style="list-style-type: none">• The systems to monitor medical emergencies needed to be improved• The systems to ensure the effectiveness of the hepatitis vaccine needed to be improved <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:</p>

This section is primarily information for the provider

Requirement notices

- Dental care records were not kept fully secure from unauthorised access

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- Staff records were not kept securely from other staff members

Regulation 17 (1)

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

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:

- The recruitment policy was not in line with legislation requirements
- Evidence of a full employment history was not obtained and recorded
- Gaps of employment could not be identified
- Verification of why the person left child or vulnerable adult roles could not be identified or assessed
- There was no evidence of conduct of previous employment relating to health and social care or child or vulnerable adult related
- There was no proof of identity for one staff member
- There was no evidence of qualifications for one staff member