

Dr. Richard Grant

Cramlington Dental Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 8 December 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

The practice is owned by Dr. Richard Grant.

The practice offers primary care dentistry under the NHS and private treatments and procedures from purpose built premises.

The practice is open Monday to Friday 9am to 5.30pm.

There are three dentists, five dental nurses, two trainee dental nurses, two hygienists and two receptionists. The practice has five dental surgeries.

Dr Richard Grant, the principal dentist is the registered provider for the practice. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received feedback from patients about the service via 44 Care Quality Commission comment cards. All the comments were positive about the staff and the services provided. Comments included: staff are very friendly, excellent, professional and supportive.

Our key findings were:

- There was an effective complaints system.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in place.

Summary of findings

- Patient care and treatment was planned and delivered in line with evidence based guidelines and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and their confidentiality was maintained.
- Patients could access routine treatment and urgent care when required.
- Staff felt involved and supported, and worked well as a team.
- The governance systems were not fully effective.
- The practice sought feedback from staff and patients about the services they provided.

We identified regulations that were not being met and the provider must:

- Ensure audits of various aspects of the service, such as radiography, dental care records and infection control are undertaken at regular intervals to help improve the quality of service. The practice must also ensure all audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure that all staff receive annual appraisals.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review the frequency that Portable Appliance Testing (PAT) takes place and ensure that the tests are undertaken when recommended.

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 effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, management of medical emergencies.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and how to report them. Staff had also received training in infection control. There was a decontamination room and guidance for staff on the effective decontamination of dental instruments.

At the time of the inspection not all relevant staff had been checked by the Disclosure and Barring Service, although the process had commenced. Staff were suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by new staff.

Are services effective?

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

Consultations were carried out in line with good practice guidance from the National Institute for Health and Care Excellence. For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors noted.

On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was used to plan patient care and treatment. Patients were offered options of treatments available and were advised of the associated risks and benefits. Patients were provided with a written treatment plan which detailed the treatments considered and agreed together with the fees involved.

Patients were referred to other specialist services where appropriate in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development activities.

Are services caring?

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak with them in the surgery or in a private room.

Comments on the 44 completed CQC comment cards we received included statements saying the staff were very friendly, excellent, professional and supportive.

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

Summary of findings

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

Are services well-led?

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

Staff were supported through training and offered opportunities for development.

Staff reported that the registered provider was approachable; that they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

The practice had not undertaken some clinical governance processes such as six monthly infection control audits, clinical record keeping audits, X-ray audits or annual appraisals of staff.

The practice held regular staff meetings which were minuted and gave all staff an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

Cramlington Dental Centre

Detailed findings

Background to this inspection

The inspection was carried out on 8 December 2015 and was led by a CQC inspector who was supported by a dentist specialist advisor.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with three dentists, five dental nurses, a hygienist and five patients. We reviewed policies, procedures, 10 patient records and other records relating to the management of the service. We reviewed 44 completed Care Quality Commission comment cards.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and were encouraged to raise safety issues to the attention of colleagues and the principal dentist. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The principal dentist told us that any accident or incidents would be discussed at practice meetings or whenever they arose.

The practice had a policy and processes to deal with complaints. The policy set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The practice had received three complaints in the last year. We saw that they had been dealt with in accordance with the complaints policy.

The principal dentist and staff were aware of their responsibilities under the duty of candour. They told us that if there was an incident or accident that affected a patient they would apologise to the patient and engage with them to address the issue.

A principal dentist told us that they received alerts by email from the Medicines and Healthcare products Regulatory Agency), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, actioned and stored for future reference.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for child protection and safeguarding vulnerable adults using the service. They included the contact details for the local authority's safeguarding team, social services and other relevant agencies. The principal dentist was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice. We saw that all staff had received safeguarding training in vulnerable

adults and children. Staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns and were confident that if they raised any concerns they would be followed up appropriately by the principal dentist.

The principal dentist told us that they routinely used a rubber dam when providing root canal treatment to patients. This was in accordance with guidance issued by the British Endodontic Society. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient.

The practice did not have a whistleblowing policy, however we saw evidence that the principal dentist introduced a whistle blowing policy shortly after the inspection. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The practice kept medicines and equipment for use in a medical emergency. These were in line with the Resuscitation Council UK and British National Formulary guidelines. All staff knew where the emergency items were kept. We saw that the practice kept records which indicated that the emergency equipment, emergency oxygen and AED were checked regularly. We checked the emergency medicines and found that they were of the recommended type and in date for safe use.

Staff recruitment

The practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed two recruitment files which confirmed that the processes had been followed.

Are services safe?

We saw that all dentists had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The principal dentist told us that all dentists had a DBS check and since being notified of our inspection they had requested DBS checks for all other staff.

All relevant staff had personal insurance or indemnity cover in place which was provided by the practice. The General Dental Council in accordance with its standard requires those registered with them to have in place personal insurance or indemnity to cover. These policies help ensure that patients could claim any compensation to which they may be entitled should the circumstances arise. In addition, there was employer's liability insurance which covered employees working at the practice which was due to expire in July 2016.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that might arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw that the registered provider had a system in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance.

The practice undertook regular fire risk assessments, the last assessment took place in December 2015. This and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

The practice had a detailed infection control policy which was reviewed annually.

The practice had a dedicated decontamination room that had full facilities which enabled them to undertake the decontamination of dental instruments. The

decontamination room was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' areas. There was a separate hand washing sink for staff, in addition to two separate sinks for the decontamination of dental instruments. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed to guide staff. Staff told us that they wore appropriate personal protective equipment when working in the decontamination room and when treating patients and this included disposable heavy duty gloves, aprons and protective eye wear. In addition, there were full decontamination facilities in two of the surgeries. A dental nurse was the lead for infection control.

We found that instruments were cleaned and sterilised in line with published guidance (HTM01-05). The dental nurse spoke knowledgeably about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination room in lidded boxes.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

All staff were aware of the designated 'clean and 'dirty' areas within the surgeries. These zones were clearly identified in each of the surgeries.

The principal dentist advised due to personal circumstances they had not kept pace with all the requirements placed on the practice. For example, they were not able to provide us evidence of a formal infection control audit of the practice. However, they assured us that they would ensure that infection control audits as indicated in HTM01-05 would take place as soon as possible.

We saw from staff records that all staff had received infection control training.

Are services safe?

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and surgeries, and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet. We saw that the sharps bin was being used correctly and located appropriately in the surgeries. Clinical waste was stored securely for collection. The principal dentist had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed that all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

A legionella risk assessment took place in December 2015, and the practice were awaiting the report. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

Portable Appliance Testing (PAT) – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) was not undertaken annually. We saw that there was no record of a recent PAT test. We discussed this with the principal dentist. They told us that they would arrange a test to take place as soon as possible.

The practice displayed fire exit signage. We saw that the fire extinguishers had been checked to ensure that they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Anaesthetics were stored appropriately. Other than anaesthetics and emergency medicines, no medicines were kept at the practice.

Radiography (X-rays)

The X-ray equipment was located in each of the surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine in each surgery needed to be operated safely. The local rules were displayed in the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor. We saw that the dentists were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The principal dentist told us that the practice had not undertaken any quality audits of the X-rays. However, they told us that they would now ensure that quality audits would take place in accordance with the Faculty of General Dental Practice guidelines.

The dentists told us that they routinely used a rectangular collimator when taking X-rays. A rectangular collimator decreases the amount of radiation the patient is exposed to.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information on the patient's electronic dental records for future reference. In addition, the dentists told us that they discussed patients' life styles and behaviours such as smoking and drinking and where appropriate offered them health promotion advice. This was recorded in the patient's records. We saw from the dental care records we reviewed that at all subsequent appointments, patients were always asked to review their medical history form. This ensured the dentists were aware of the patients' present medical condition before offering or undertaking any treatment. The records showed that routine dental examinations included checks for gum disease and oral cancer had taken place.

The principal dentist told us that it was practice policy that all patients are informed of the treatment offered and costs involved. Personal dental treatment plans were printed out, detailing that information and given to patients to sign in accordance with the guidelines. The dentists told us that they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. We saw from the dental records these discussions took place. We discussed record keeping with the principal dentist they stated that the practice had not undertaken any record keeping audits. They acknowledged that record keeping audits needed to be undertaken and agreed to ensure that the practice would now undertake them in accordance with the guidelines.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations.

Patients requiring specialist treatments that were not available at the practice such as orthodontics were referred to other dental specialists. Their oral health was then

monitored at the practice after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception and waiting area contained a range of information that explained the services offered at the practice and the NHS fees for treatment. Staff told us that they offered patients information about effective dental hygiene and oral care in the surgeries.

The principal dentist advised us that they offered patients oral health advice and provided treatment in accordance with the Department of Health's guidance 'The Delivering Better Oral Health' toolkit. Treatments included applying fluoride varnish to teeth. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay.

Staffing

We saw that all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

Staff training was being monitored by the principal dentist. Records we reviewed showed that all staff had received training in basic life support, infection control and safeguarding children and vulnerable adults.

The principal dentist advised us that the practice was not currently undertaking annual staff appraisals. Following our discussions with the principal dentist they stated that they were aware of this and action was already being taken to reintroduce the annual appraisals process. Staff told us that they felt well supported by their colleagues and the principal dentist.

Staff told us that they were a good close team that worked well together and covered for each other when colleagues are absent for example, because of sickness or holidays.

Working with other services

The dentists explained that they would refer patients to other dental specialists when necessary. They would refer patients for minor oral surgery and orthodontic treatment

Are services effective?

(for example, treatment is effective)

when required. The referrals were based on the patient's clinical need. In addition, the practice followed the two week referral process to refer patients for screening for oral cancer.

Consent to care and treatment

Staff demonstrated an awareness of the Mental Capacity Act (MCA) 2005 and its relevance to their role. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions for themselves. The dentists

demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff ensured patients gave their consent before treatment began. Staff informed us that verbal consent was always sought prior to any treatment. In addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be withdrawn at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they could speak with them in the surgery or in a private room.

Within a wall which adjoined two surgeries there was a clear window. The staff and patients occupying the surgeries could easily see into the other surgery. There were no curtains or blinds available at the window to maintain patient privacy. We discussed our concerns with the principal dentist. We have received evidence that the practice has taken immediate action to obscure the window sufficiently to maintain patient privacy.

Staff understood the need to maintain patients' confidentiality. The principal dentist was the lead for

information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patients' records, both paper and electronic, were held securely.

Comments on the 44 completed CQC comment cards we received included statements saying the staff were very friendly, excellent, professional and supportive.

Involvement in decisions about care and treatment

Comments made by patients who completed the CQC comment cards confirmed that patients were involved in their care and treatment.

The dentists we spoke with understood the principles of the Gillick competency test and used it. The test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. For patients with disabilities or in need of extra support, staff told us that they would be given as much time as was needed to provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the reception and waiting area described the range of services offered to patients and opening times. Information was also displayed explaining the practice's complaints procedure. Staff told us that they offered patient information leaflets on oral care and treatments in the surgery to aid patients' understanding if required or requested.

The opening times were Monday to Friday 9am to 5.30pm.

Patients in need of urgent dental care during normal working hours the practice offered same day appointments.

Tackling inequity and promoting equality

The surgeries were located on the ground floor with step free access throughout the premises as such all the public areas were accessible to patients with mobility issues.

Staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services. The practice had access to a translation service for patients with English as a second language and who might require assistance.

Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone or via email. When treatment was urgent, patients would be seen on the same day or within 24 hours. Patients in need of urgent care out of the practice's normal working hours were directed by answerphone message to the NHS 111 service who would then direct them to an out of hours dental service for treatment.

Concerns & complaints

The practice had a complaints policy and procedures. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The practice displayed information in the waiting area on how to complain. The staff we spoke with were aware of the complaints process and told us that they would refer all complaints to the principal dentist to deal with. We saw that the practice had received three complaints in the last 12 months which were processed in accordance with its complaints policy.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, safety policy and an infection control policy. Staff we spoke with were aware of their roles and responsibilities within the practice.

However, the principal dentist had not ensured that some of the clinical governance processes had taken place. For example, six monthly infection control audits as indicated in HTM01-05 had not been undertaken. Nor had the practice undertaken clinical record keeping audits, X-ray audits or annual appraisals of staff.

We reviewed some patients' dental care records. They were not always completed in accordance with the Faculty of General Dental Practice (FGDP) – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. For example, they recorded that patients' medical histories had been up dated prior to each treatment; soft tissue examinations, diagnosis and consent in addition to other information such as alerts generated by the dentist to remind them that a patient had a condition which required additional care and advice and other information. However, not all patient records were complete in all respects. We discussed our findings with the principal dentist. They stated that they had not undertaken any patients' records audits and were unaware of the problem. They agreed to reintroduce patients' records keeping audits.

The principal dentist told us that they had not been able to fulfil all their responsibilities in respect of ensuring that all governance policies and procedures were adhered to, due to personal circumstances. However, they explained that as matters have improved they are now in a better position to

reintroduce processes and procedures that had become dormant. They advised us that they would ensure that their governance arrangements were reviewed, updated and implemented as soon as possible.

Leadership, openness and transparency

There was an open culture at the practice which encouraged candour and honesty. Staff told us that it was a good practice and they felt able to raise any concerns with each other, the principal dentist. They were confident that any issues would be appropriately addressed. Staff also told us that they worked well together and supported each other.

The principal dentist and staff were aware of their responsibilities to comply with the duty of candour.

Learning and improvement

The practice maintained records of staff training which showed that all staff were up to date with their training. We saw that training was accessed through a variety of sources including formal courses and informal in house training. Staff we spoke with stated they were given sufficient training to undertake their roles and given the opportunity for additional training.

Practice seeks and acts on feedback from its patients, the public and staff

The practice was participating in the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. We saw the results of the April to October 2015 responses. There were 105 responses. Eighty-five stated that they were extremely likely to recommend the practice to family and friends and 20 were likely to do so.

We saw that the practice held regular practice meetings which were minuted and gave all staff an opportunity to share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered provider had not ensured that staff annual appraisals had taken place. Regulation 18(2)(a)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered provider had not ensured that the six monthly infection control audits, clinical record keeping audits or X-ray audits had taken place. Regulation 17(1)(2)(a) and (b)