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Pelham Dental Studio

Inspection Report

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Overall summary

We carried out this announced inspection on 18 July 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 was not providing well-led care in accordance with the relevant regulations.

Background

Pelham Dental Studio is in Gravesend and provides NHS and private treatment to adults and children.

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

The dental team includes one dentist, one dental nurse, and two receptionists. The practice has one treatment room.

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 collected 34 CQC comment cards filled in by patients and spoke with five other patients.

During the inspection we spoke with one dentist, one dental nurse and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 9am to 5pm

Friday 9am to 12pm

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and most life-saving equipment were available.
- The provider had some systems to help them manage risk to patients and staff, however these could be improved.
- The provider did not have a safeguarding process. Staff, when questioned knew some of their responsibilities for safeguarding vulnerable adults and children. However, not all staff had completed safeguarding training.

- The provider did not have thorough staff recruitment procedures.
- 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 supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider did not have effective leadership or a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider did not have suitable information governance arrangements.

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 recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure patients are protected from abuse and improper treatment

Full details of the regulation/s the provider was/is not meeting are at the end of this report.

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.

No action 

Are services effective?

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

No action 

Are services caring?

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

No action 

Are services responsive to people's needs?

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

No action 

Are services well-led?

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

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 some systems to keep patients safe.

Staff were not sure of their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider did not have any safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw that only one member of staff had completed safeguarding training. Staff knew about some of the signs and symptoms of abuse and neglect but were unaware of how to report concerns or who they would report any concerns to. Information was not available that would support staff to recognise if patients were at risk of child sexual exploitation, modern-day slavery, trafficking or female genital mutilation. We discussed the requirement to notify the CQC of any safeguarding referrals as staff were not aware.

The provider had 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 which lacked detail and did not have any information about outside organisations for staff to report to. Staff felt confident they could raise concerns without fear of recrimination.

The dentist did not use dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. Or where the dental dam was not used, for example refusal by the patient, no other methods were used to protect the airway.

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

The provider had a recruitment policy which lacked up to date information. The practice did not have appropriate recruitment procedures to help them employ suitable staff. Essential recruitment checks were not consistently carried

out before new employees commenced work; for example, Disclosure and Barring Service (DBS) checks and obtaining references. We looked at four staff recruitment records. These showed the provider had not followed their recruitment procedure.

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

Staff ensured that facilities and some equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. However, we noted that gas appliances were not regularly serviced. We discussed this with the provider who told us that he did not need to have the gas boiler serviced and that he had checked this online. We did discuss how this could impact on the employer's liability insurance should a problem with the gas appliance arise.

Records showed that fire detection and firefighting equipment were regularly tested and serviced.

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 saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider did not carry 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

The systems to assess, monitor and manage risks to patient safety were ineffective.

The practice's health and safety policies, procedures and risk assessments had not been reviewed since 2016 and in some cases 2011. This did not help manage potential risk.

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. A sharps risk assessment had not been undertaken.

Are services safe?

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.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were available as described in recognised guidance. We found staff did not keep records of their checks of these to make sure these were available, within their expiry date, and in working order. We noted that the checks were monthly and we discussed this with staff who assured us that the checks would be conducted weekly as per current guidance. We saw that there were no child size clear masks available and the size 0 oropharyngeal airway had expired and required replacement. This was brought to the attention of the dentist to review the arrangements against the required standards as described in Resuscitation Council UK guidance. The General Dental Council requires dental practices to follow this.

A dental nurse worked with the dentist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

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.

The provider did not have suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. The data sheets were for only a small amount of dental materials used at the practice and there were no assessment sheets for cleaning products used in the practice.

The provider had an infection prevention and control policy and procedures. 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. Staff completed infection prevention and control training and received updates as required.

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.

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 partial procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, however this was not wholly in line with a risk assessment. We saw that none of the recommendations had been actioned and records of water testing had not been carried out. We saw that dental unit water line management was in place.

We saw cleaning schedules for the premises. 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. We noted that the policy was brief and did not contain up to date information.

The practice had not carried out any infection prevention and control audits since February 2014. There was no evidence that the findings of the last audit had been reviewed. We spoke with the provider and staff about carrying out six-monthly audits in line with the guidance in HTM01-05.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written but lacked detail, such as risks and benefits of different treatment options, soft tissue examinations and consent had not been recorded. Dental care records we saw were not complete, were legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements. We noted that the dental care records were not completed in line with current guidance and required some improvement.

Are services safe?

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

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

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

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety and Lessons learned and improvements

There were some risk assessments in relation to safety issues, however the ones available were not sufficient. The last health and safety risk assessment had been completed in 2018 but lacked information in all areas.

In the previous 12 months there had been no safety incidents.

There was no system for receiving and acting on safety alerts, and the principal dentist and practice manager were not aware of these until examples were shown to them. We checked to ensure that medicines and equipment were not affected by any relevant alerts. The practice manager gave assurance that they would ensure that future alerts are received, acted upon and retained for reference. Staff did not learn from external safety events as well as patient and medicine safety alerts.

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. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation.

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.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. We did not see evidence that they directed patients to these schemes when necessary.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Records showed 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 patients' consent to treatment. However, we did not see where consent had been recorded. The dentist told us he gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. However, we did not see this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice did not have a consent policy which included information about the Mental Capacity Act 2005. The team had some understanding of their responsibilities under the act when treating adults who might not be able to make informed decisions. Staff when questioned had minimal understanding of 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 kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. We discussed with the provider the need for detailed and contemporaneous record keeping and signposted them to the Faculty of Dental Practice (FGDP) guidance on record keeping.

We saw the practice did not audit patients' dental care records to check that the necessary information had been recorded.

Effective staffing

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

Staff new to the practice told us they had a period of induction based on a structured programme, however no inductions had been recorded. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

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

Are services effective?

(for example, treatment is effective)

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 caring, helpful and considerate. 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 told us staff were kind and helpful when they were in pain, distress or discomfort.

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

They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

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

- Interpretation services were available for patients who did speak or understand English. Although staff had never had to use this. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand.

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The 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 dentist described to us the methods they used to help patients understand treatment options discussed. These included, for example, models and X-ray images.

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.

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. These included an accessible toilet with hand rails and a call bell. We noted that the step free access into the practice was via a winding ramp. Patients would need to navigate an area covered with gravel to access the ramp. This limited the usability of the ramp and patients in self-propelling wheelchairs may not have been able to access the ramp. We discussed this with staff who confirmed that they would decide how best to provide a solution and create a smooth path onto the ramp.

A disability access audit had not been completed to continually improve access for patients.

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

Timely access to services

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

The practice displayed its opening hours in the premises and included it in their information leaflet.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with the local out of hours dental service and the NHS111 out of hour's service.

The practice's 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 would respond to them appropriately to improve the quality of care. However, the practice had not received any complaints over the past two years.

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

The provider and one of the receptionists were responsible for dealing with these. Staff would tell the provider or receptionist about any formal or informal comments or concerns straight away so patients received a quick response.

Staff aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. We did not see information about organisations patients could contact if not satisfied with the way the practice staff had dealt with their concerns.

We looked at comments and compliments the practice received over the last year.

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

We found the dentist needed to prioritise the leadership of the practice, and ensure that staff are provided with guidance, legislation; and supported to deliver the practice strategy and address risks to it.

Staff were lacking in knowledge about issues and priorities relating to the governance and quality of services. During the inspection, they recognised there were deficiencies, understood the challenges and demonstrated a commitment to address them.

The dentist was visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

Culture

The practice had a culture of sustainable care.

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 practice had long standing staff and patients told us that they had been receiving treatment at the practice for many years and staff knew their patient base very well.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

The provider had taken sole responsibility for systems of governance and management. The system of clinical governance was inadequate to support the delivery of services. Many policies, protocols and procedures were

generic, not appropriate to the systems in the practice and contained out of date information. There was no evidence that these were reviewed on a regular basis and some policies had a review date of “never”

The dentist had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

There were ineffective processes for identifying and managing risks, issues and performance. Opportunities were missed to identify these areas as no auditing, assessment or review took place.

For example:

- A lack of systems to receive, or knowledge of patient safety alerts.
- Safeguarding arrangements were ineffective.
- Staff recruitment and induction processes were ineffective.
- Hazardous substances were not appropriately assessed and recorded.
- Staff were not aware of Gillick competencies or how this would affect them providing treatment to young people.
- The practice did not have a system for recording or learning from significant events and accidents.
- The gas appliances in the practice had not been subject to a gas safety check.
- The fire risk assessment had been completed by the provider, was brief and failed to identify all fire risks.
- Medical emergency medicines and equipment were being checked monthly and not weekly as per the Resuscitation Council guidance, some equipment was missing or had expired.
- A sharps risk assessment had not been conducted
- Actions arising from the legionella risk assessment conducted in 2011 had not been addressed. Water temperatures from sentinel outlets were not being monitored.

Appropriate and accurate information

Are services well-led?

Staff did not have accurate information to refer to. The majority of the policies and guidance material we reviewed were out of date, lacked information or were generic and not specific to the practice.

Quality and operational information was not being collated or used to ensure and improve performance.

The provider 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

Staff involved patients and staff to support sustainable services.

The provider used patient surveys and verbal comments to obtain staff and patients' views about the service.

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

The provider did not have quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Audits for dental care records and infection control had not been completed. We saw that data had been collected with regard to the quality of radiographs taken, but no audit had been conducted.

The dental nurse and both receptionists had annual appraisals. They had discussed learning needs at these appraisals. We saw evidence of completed appraisals in the staff folders.

Staff completed some 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. No safeguarding training for both GDC registrants had been completed.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>systems and processes must be established and operated effectively to prevent abuse of service users.</p> <ul style="list-style-type: none">• The provider did not have any safeguarding information, policy or contact details for safeguarding vulnerable adults and children, for staff to refer to.• The practice did not ensure that staff completed safeguarding training to the appropriate level or updated their training at appropriate intervals. Evidence of training was only seen for one member of staff. There was no evidence that the induction included ensuring staff were familiarised with safeguarding arrangements as no inductions had been recorded.• Information about current procedures and guidance about raising concerns about abuse was not accessible to staff. For example, there was no information relating to areas of safeguarding highly relevant to the population and area, including Female Genital Mutilation, domestic violence, trafficking and modern slavery. <p>Regulation 13 (1) (2)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Requirement notices

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:

- Many policies were generic, undated or out of date, not personalised to the practice, and lead roles were not identified. Several policies (RIDDOR and incident reporting) did not exist.
- There was no system to receive patient safety alerts and the registered person was not aware of these.
- Hazardous substances were not appropriately assessed and recorded
- There were ineffective systems to monitor emergency medicines and equipment.
- Risk assessments were not effective including generic practice assessments, safe use of sharps, COSHH, legionella and fire.
- Knowledge and systems in relation to significant events and incidents was ineffective
- Staff were not aware of Gillick competencies or how this would affect them providing treatment to young people.

There were no systems or processes that enabled the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- Data had been collected with regard to the quality of radiographs, but no auditing of quality had been conducted.
- Infection prevention and control audits (which are required on a six-monthly basis) had not been carried out since 2014

Requirement notices

- Health and safety risks had not been assessed sufficiently in the premises.

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:

- Staff files were incomplete. One clinical member of staff had not had a DBS check or risk assessment. No identification, no references, no checks of conduct in previous employment. No inductions.
- Staff files were incomplete. For example, one clinical member of staff did not have records of the following; a DBS check or risk assessment to negate the need for a DBS, identification, references, checks of satisfactory conduct in previous employment, an induction. References were not sought for any members of staff
- The induction process was insufficient, did not include safeguarding, was not recorded and staff could not recall what their induction had entailed.

Regulation 19 (3)