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Park Dental Studio Rotherham

Inspection Report

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Overall summary

We carried out this announced inspection on 20 November 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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

We found this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Park Dental Studio is in Rotherham and provides NHS dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes two dentists, one dental nurse and one receptionist. The practice has two treatment rooms.

Summary of findings

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

On the day of inspection, we collected 16 CQC comment cards filled in by patients. All comments reflected positively on the service provided.

During the inspection we spoke with the principal dentist, the dental nurse and the 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 – 5:30pm and Friday 9am – 4pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained. Improvements could be made to monitor environmental cleaning processes.
- The practice's infection control procedures did not reflect published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Legionella management systems were not carried out in line with guidance.
- Improvement was needed to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- 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.
- Leadership and oversight could be improved to ensure guidance and regulations are being followed.
- Quality assurance systems could be improved to follow guidance and for learning and improvement.
- Staff felt involved and supported and worked 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 had information governance arrangements.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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






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

- Take action to register the use of dental X-ray equipment with the Health and Safety Executive as required by Regulation from the 1 January 2018.
- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.
- Review the security of the external waste receptacle to ensure it follows guidance issued in the Health Technical Memorandum 07-01.

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?	Enforcement action 
Are services effective?	No action 
Are services caring?	No action 
Are services responsive to people's needs?	No action 
Are services well-led?	Enforcement action 

Are services safe?

Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions 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.

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

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 had 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 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 also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The practice's infection prevention and control procedures were not followed in line with 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. For example:

- Wire brushes were used to clean dental instruments.
- Personal protective equipment was not being used during the instrument decontamination process.
- The system to clean, dry and process dental instruments was not in line with guidance; instruments were not cleaned under water. Staff were not aware of the requirement to use temperature monitored water and detergent for this process.
- Lint free cloths were not used to dry the instruments; damp instruments were then sealed into sterilisation pouches causing condensation.

- Liquid soap was not wall mounted and the soap dispenser was refilled.
- Inadequate signage and airflow within the decontamination room.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. The instrument cleaning process described to us by staff highlighted the process was ineffective due to time constraints and a lack of awareness of recognised guidance.

We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

We also noted fixtures within the treatment room where effective cleaning could be difficult to maintain. In particular: cabinetry was broken at floor level in three places exposing porous damp wood and rust was visible underneath the dental chair.

Records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

A Legionella risk assessment was carried out July 2018. The provider tested hot and cold-water temperatures regularly and the results were in line with the risk assessment. We identified improvements could be made to enhance staff awareness and oversight of processes to bring them in line with guidance and the risk assessment. In particular:

- There was no evidence to support that dental unit water lines were being flushed in the frequently used treatment room.
- No system was in place to flush the water lines in the infrequently used treatment room.
- Discussion of Legionella management systems with staff highlighted limited awareness.

On the day of inspection, the practice was visibly clean. We asked the provider how environmental cleaning standards were monitored and was told there was no system in place. Environmental cleaning was contracted out. We noted that cleaning equipment, such as mop heads were left damp inside buckets and staff told us they had on

Are services safe?

several occasions had to re-do environmental cleaning tasks prior to being able to open the practice. The provider agreed that communication with the contractor could be improved and a review of the cleaning process and standards was required.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted the locked but unsecured external clinical waste receptacle was located at the rear of the practice in an area that could be accessed by the public. We highlighted to the provider that whilst the receptacle was locked there was a risk of it being removed from its location as it was not attached to a secure fixture.

The provider carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. These results did not reflect our findings on the inspection day and no action plan was in place to drive improvement.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The provider was unable to demonstrate that dental dams were used in line with guidance from the British Endodontic Society when providing root canal treatment. Dental care records were not annotated with reference to the use of dental dams or if any alternative methods were used to protect the airway.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

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

We discussed fire safety management systems with the provider and found areas where improvements could be made. In particular:

- There was no visible fire evacuation signage and no documented evidence of the practice being fire risk assessed.
- No system was in place to carry out regular fire safety management checks.
- No fire evacuation drills were undertaken.
- Staff had not completed any fire awareness training.

The practice's arrangements to ensure the safety of the X-ray equipment required further action. Local rules for use of X-ray machines were in place but were out of date, were not site specific and did not reflect current regulations. The provider had not registered the use of dental X-ray equipment with the Health and Safety Executive as required in regulations from the 1 January 2018.

We saw evidence the provider justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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

The practice's systems to manage dental material stock rotation was not effective. We found several in-use materials had passed their expiry date.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety. We identified areas within risk management where improvements could be made. For example:

- Staff followed the relevant safety regulation when using needles and other sharps instruments. No risk assessment was in place to assess and mitigate associated risks.
- Systems in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus were not effective. For example, vaccination records were not available for one staff member. No risk assessment was in place to mitigate role specific risks whilst awaiting results of the vaccination.
- None of the clinical staff could demonstrate adequate knowledge of the recognition, diagnosis and early management of sepsis. No staff training had been undertaken and no information and awareness signage was in place.

Are services safe?

The provider had current employer's liability insurance.

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

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team.

A basic list of risks associated with substances that are hazardous to health was listed on related safety data sheets, the lists did not cover first aid measures. No standalone detailed risk assessments were in place.

Information to deliver safe care and treatment

Improvements could be made to ensure they 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 dental care records with the provider to confirm our findings and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

We saw staff stored NHS prescriptions as described in current guidance. No system was in place to monitor and track their use.

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

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. Staff had an awareness of monitoring and reviewing incidents and records were kept to support this. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider could not demonstrate an effective system for receiving and acting on patient safety alerts. Records reviewed showed patient safety alerts dated November 2019 and August 2019; these had no documented action taken. There were no patient safety alerts prior to August 2019 retained and no system in place to reflect action taken in response.

Are services effective?

(for example, treatment is effective)

Our findings

We found 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 professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The provider took into account guidelines as set out by the British Society of Disability and Oral Health when providing dental care in domiciliary settings such as care homes or in people's residence.

Helping patients to live healthier lives

The practice provided 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 products if a patient's risk of tooth decay indicated this would help them.

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

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

Records showed patients with 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

gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The staff were not aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after.

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

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits. Improvements could be made to the audit process to ensure they accurately reflect the findings and a resulting action plan is in place to drive improvement.

Effective staffing

Systems were in place to ensure staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

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 for treatment the practice did not provide.

Are services caring?

Our findings

We found 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, friendly and caring. We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

The practice provided a daily 111 emergency service. The provider also demonstrated how they had learned to speak dentistry related Polish and Slovak to help patients native to these countries improve their dental experience.

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 limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of 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. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way 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 website and 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 study models and X-ray images to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found 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 about 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.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

16 cards were completed, giving a patient response rate of 32%

100% of views expressed by patients were positive.

Common themes within the positive feedback were staff were attentive to the patients' needs, always treated with dignity and respect and the flexibility of emergency appointments.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a ground floor treatment room and an accessible toilet.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

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

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were 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 practice provided a daily emergency access clinic under the 111 out of hours service and took part in an emergency on-call arrangement with the 111 out of hour's service.

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

Listening and learning from concerns and complaints

Staff told us 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 about how to handle a complaint. The practice information leaflet explained how to make a complaint.

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

The provider 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 provider 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 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 Enforcement Actions 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 provider worked between two sites throughout the week, when in practice, the priority was providing treatment to patients. Management of systems and processes was mainly done remotely or managed on a day-to-day basis by the staff. We identified gaps in communication, knowledge and awareness of guidance and systems had led to an oversight in good governance and standards in some areas. Improvement was required to ensure leadership and oversight of clinical governance was being maintained and brought in line with guidance and regulation in the longer term.

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

Culture

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

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. On the day of inspection, several emergency appointments were arranged via the 111-emergency service. The provider was proactive and ensured these patients had time dedicated to them despite being fully involved in the inspection process. The provider also demonstrated how they had learned to speak dentistry related Polish and Slovak to help patients native to these countries improve their dental experience.

We saw the provider had systems in place to deal with staff poor performance.

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 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.

The practice had systems of clinical governance in place which included policies, protocols and procedures. We identified areas within these where improvement was needed to ensure risk and oversight was embedded and to ensure they remained up to date with guidance, regulations and standards. The provider told us how they had delegated some responsibilities within the small team to help bring about good governance in the providers absence, this process was not currently effective.

Areas of concern included risk management and systems and processes. In particular:

Risk management and oversight of systems, in particular:

- Fire safety and management and response to patient's safety alerts were not effective.
- Safer sharps, Hepatitis B immunity and manual cleaning processes risk mitigation.
- Leadership, effective communication and oversight of clinical governance and management systems were not effective.
- Staff could not demonstrate adequate knowledge of the recognition, diagnosis and early management of sepsis.
- Awareness of legal guardianship, Power of Attorney and responsibilities under the Mental Capacity Act 2005 were not understood.
- No system in place to monitor and track prescription use.
- Systems for the use of X-ray equipment were not in compliance with current regulations.
- The systems to manage audit for quality assurance, learning and improvement were not effective.
- Oversight and management of environmental cleaning standards were not effective.

Are services well-led?

- The system in place to manage stock rotation was not effective.

Appropriate and accurate information

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

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

Patients were encouraged to complete the NHS Friends and Family Test. 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, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation, we found these could be improved upon.

Quality assurance processes to encourage learning and continuous improvement included audits of radiographs and infection prevention and control. Not all were completed in line with guidance.

Staff completed 'highly recommended' training as per General Dental Council professional standards, related areas we reviewed on the inspection day highlighted limited awareness of guidance and procedures.

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met.</p> <p>Assessments of the risks to the health and safety of service users receiving care or treatment were not being carried out. In particular:</p> <p>The registered person failed to comply with guidance to ensure Legionella management systems were effective: In particular:</p> <ul style="list-style-type: none">• There was no evidence to support that dental unit water lines were being flushed in the frequently used treatment room.• No system was in place to flush the water lines in the infrequently used treatment room.• A limited awareness of Legionella management amongst staff had not been identified. <p>The registered person failed to comply with guidance to ensure infection, prevention and control systems were effective: In particular:</p> <ul style="list-style-type: none">• Personal protective equipment was not being used during the instrument decontamination process.• The system to clean, dry and process dental instruments was not in line with guidance.• Inadequate signage and airflow within the decontamination room.• Ineffective processes due to time constraints and a limited awareness of guidance.• Ineffective oversight to identify areas of non-compliance.• Ineffective environmental cleaning due to damaged/deteriorating fixtures.

Enforcement actions

The registered person had failed to comply with guidance to ensure a patients' airway was protected during root canal treatment. Evidence of risk assessment or alternative methods used was not demonstrated.

The registered person had failed to comply with regulations to ensure fire safety management systems were effective. In particular:

- No documented risk assessment.
- No visible fire evacuation signage in place.
- No regular fire safety management checks in place.
- No fire evacuation drills undertaken.
- No fire safety awareness training undertaken.

The registered person had failed demonstrate adequate knowledge of the recognition, diagnosis and early management of sepsis.

The registered person had failed to implement an effective system to ensure prescription use was monitored and tracked.

The registered person had failed to implement an effective process to act upon patient safety alerts received from the Medicines and Healthcare products Regulatory Agency.

The registered person had no awareness of legal guardianship and Power of Attorney and responsibilities under the Mental Capacity Act 2005 were not fully understood.

Regulation 12 (1)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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.

How the regulation was not being met.

Enforcement actions

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:

- Fire safety management systems did not comply with guidance.
- Safe sharps systems were not risk assessed in use in line with current regulations.
- The system in place to receive and record action taken in response to a patient safety alert from the Medicines and Healthcare products Regulatory Agency was not effective.
- A process to mitigate role specific risks for staff without Hepatitis B vaccination results was not in place.
- Systems for the use of X-ray equipment were not in compliance with current regulations.
- No system in place to monitor and track prescription use.

There was additional evidence of poor governance. In particular:

- Leadership, effective communication and oversight of clinical governance and management systems were not effective.
- The systems to manage audit for quality assurance, learning and improvement were not effective.
- Oversight and management of environmental cleaning standards were not effective.
- The system in place to manage stock rotation was not effective.

Regulation 17(1)