

Mr Michael Evans

# Chingford Dental Care

## Inspection Report

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### Overall summary

We carried out this announced inspection on 7 September 2017 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information.

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**

Chingford Dental Care is located in Chingford in the London Borough of Waltham Forest. The practice provides predominantly NHS and some private dental treatments to patients of all ages.

There is located on the first floor of a purpose adapted retail premises. The practice has two treatment rooms.

The dental team includes the principal dentist, one dental nurse and one receptionist. A dental hygienist works at the practice one day each week.

# 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.

We received feedback from 26 patients via CQC comment cards and speaking with patients. This information gave us a positive view of the practice.

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

The practice is open between 7.30am and 2pm on Mondays to Fridays.

## Our key findings were:

- The practice was clean and generally well maintained.
- The practice had 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.
- The appointment system met patients' needs.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had infection control procedures. However there were limited systems for quality assurance of these procedures in line with published guidance.
- The practice had safeguarding processes and staff knew their responsibilities for safeguarding adults and children. However policies and procedures were not kept up to date and staff had not undertaken relevant training.

- Staff knew how to deal with emergencies. However some medicines and life-saving equipment as per current national guidelines were not available. The practice responded immediately to procure these pieces of equipment.
- The practice had some systems to help them assess and manage risk. However these were not always consistent or in line with current guidance and legislation.

We identified regulations the provider was not meeting.

## They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

## 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:

- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the protocols and procedures for use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.

# 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 some systems and processes to provide safe care and treatment. They used learning from risk assessments, incidents and complaints to help them improve.

Staff knew how to recognise the signs of abuse and how to report concerns. Improvements were needed to ensure that staff undertook relevant training in safeguarding.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

Improvements were needed to ensure that equipment was properly maintained in line with the manufacturer's instructions.

The practice had some arrangements in place for dealing with medical and other emergencies. Improvements were needed to ensure that all of the equipment and medicines were available in line with national guidelines.

No action



### Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, very good and excellent. The dentist discussed treatment with patients so they could clearly understand and give informed consent and recorded this in their records.

Improvements were needed to ensure effective arrangements when patients needed to be referred to other dental or health care professionals and the arrangements to follow up on urgent referrals.

Improvements were needed to ensure that staff completed training relevant to their roles and that there were systems in place to monitor this.

No action



### Are services caring?

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

No action



# Summary of findings

We received feedback about the practice from 26 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, kind and caring. They said that they were given detailed explanations about dental treatment, that questions in relation to their dental care and treatment were answered and they did not feel rushed to make decisions.

Patients commented that all staff made them feel at ease and comfortable, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

## **Are services responsive to people's needs?**

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

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

Staff considered patients' different needs and had made reasonable adjustments where they could to meet the needs of patients.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

**No action** 

## **Are services well-led?**

We found that this practice was not providing well-led care in accordance with the relevant regulations. (We have told the provider to take action (see full details of this action in the Requirements Notice section at the end of this report).

There was a clearly defined management structure, but the lack of robust risk assessment and

management systems affected the day to day management of the practice.

These included limited systems for assessment and management of risks associated with equipment. There were limited arrangements for ensuring that staff received appropriate training.

Improvements were required to ensure the smooth running of the service. Policies and procedures were not kept under review to ensure that they were up to date, relevant and in line with current guidance and legislation.

The practice did not adequately monitor clinical areas of their working effectively to help them improve and learn.

**Requirements notice** 

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

Staff knew about their roles and responsibilities to report any incidents or when things went wrong. Any incidents were recorded and discussed at with the practice team and learning shared where this was appropriate. Improvements could be made to have in place a documented policy document as well.

The principal dentist told us that they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). They told us that they reviewed and acted on these as appropriate. However they did not discuss these with the staff team or keep the alerts for future reference. At the time of our inspection the principal dentist was developing a system to deal with safety alerts which included arrangements to alert national agencies of patient safety incidents involving medical devices, medicines and materials used in the dental practice.

### Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. They knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Improvements were needed to ensure that this information was up to date and reflected current guidance. The practice discussed safeguarding matters at regular intervals as a team. The principal dentist was the safeguarding lead and they had recently undertaken level 2 safeguarding children training. The other staff members had not undertaken safeguarding training. Improvements were needed to ensure that staff undertook safeguarding training relevant to their roles and responsibilities.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. The practice had a system of risk assessments some of which staff reviewed every year or

more often where required. The practice followed relevant safety laws when using needles and other sharp dental items. Staff were aware of their responsibilities in relation to handling and safe disposal of dental instruments where appropriate. They also knew how to report injuries involving dental instruments and the appropriate actions to take.

The dentist confirmed that they did not use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. They described the methods which they undertook to minimise risks to patients.

The practice had a business continuity plan which described some of the events which could disrupt the normal running of the practice.

### Medical emergencies

Staff knew what to do in some medical emergency situations and completed in-house training discussions and practice sessions in emergency resuscitation and basic life support with the principal dentist every two to three months. Improvements could be made ensure that staff undertook appropriate training in basic life support training covering all relevant medical emergencies.

Some emergency equipment and medicines were not available as described in recognised guidance. For example there was no buccal Midazolam available and the practice did not have any oropharyngeal airways or paediatric pads for the Automated External Defibrillator (AED).

. Staff kept records of their checks to make sure medicines and equipment were available, within their expiry date, and in working order. We noted that the adult pads for use with the Automated External Defibrillator and the Glucagon were past their use by date.

The practice sent us evidence that immediately after the inspection midazolam, airways and paediatric AED pads were purchased and received at the practice.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. The record we looked at showed the

# Are services safe?

practice followed their recruitment procedure. All required checks including evidence of identity, skills and qualifications and employment references, where appropriate; and interviews were carried out.

The principal dentist was qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

## **Monitoring health & safety and responding to risks**

The practice's health and safety policies and risk assessments covered general workplace and specific dental topics. These policies and assessments needed to be reviewed and kept up to date to better manage potential risk..

We found that some risks associated with the premises and equipment were assessed regularly by staff who reported any issues to the principal dentist. Other safety measures were in place. Fire safety equipment was checked regularly and serviced in line with current guidance and legislation. Regular evacuation procedures were carried out and any learning from these were shared with staff to help identify and minimise risks. Improvements could be made to have a fire safety risk assessment in place

Electrical equipment was visually checked periodically by staff and an annual Portable Appliance Test (PAT) was carried out.

There were arrangements to protect patients and staff from exposure to substances which may be hazardous to health such as cleaning and other materials. A risk assessment was in place and detailed information was available in relation to chemical and other substances used at the practice. Staff had access to information on how to deal with accidental exposure to harmful substances and materials. We noted that cleaning materials and other substances were stored securely and accessible to relevant staff.

A health and safety risk assessment was in place, which assessed risks associated with the practice premises and equipment. Improvements were needed to ensure that this was reviewed periodically and updated as required.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentist when they treated patients. We were told that the dental hygienist preferred to work alone and that the dental nurse would check if they required any assistance. The dental hygienist was not available on the day of the inspection to confirm this.

## **Infection control**

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

The practice had suitable arrangements for cleaning, checking, sterilising and storing instruments in line with HTM01-05. The dental nurse was able to demonstrate that they understood and adhered to these arrangements.

The practice records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice staff carried out a number of weekly, daily and monthly checks in relation to hygiene and infection control. Improvements were needed to ensure that infection prevention and control audits were carried twice a year in line with current guidance.

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. There were procedures for flushing and disinfecting dental waterlines, periodic testing the quality of water and for monitoring hot and cold water temperatures to minimise these risks. Improvements were needed so that risks of Legionella within the practice were suitably assessed with a documented risk assessment in line with current guidelines.

The practice was generally clean when we inspected and the majority of patients who we spoke and those who completed comment cards confirmed this was usual. A number of patients commented on the high standard of cleanliness and hygiene within the practice. Some patients commented that the carpets in the waiting area was stained and that the premises were dated and in need of refurbishment.

We saw that there were systems in place for the storage and disposal of waste including clinical waste in line with current waste regulations.

# Are services safe?

## **Equipment and medicines**

We saw some servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations for sterilising equipment. We saw records for checks, maintenance and servicing for electrical equipment and installations.

The practice had suitable systems for storing medicines.

The practice stored prescriptions securely. Improvements were needed to ensure that prescription use was monitored as described in current guidance to minimise the risk of misuse.

## **Radiography (X-rays)**

The practice needed to make improvements to ensure the safety of the X-ray equipment. At the time of our inspection the practice did not have a Radiation Protection Adviser (RPA) to provide advice and guidance around the safety of

X-ray equipment. There was some documentation available in relation to the checks carried out for the X-ray equipment. We saw records in respect of maintenance and repairs. However there were no records to demonstrate that the equipment was serviced in line with the manufacturer's instructions. Following our inspection visit the principal dentist provided evidence that a RPA was arranged to visit the practice the following week.

The principal dentist told us that they reviewed each dental radiograph before determining which course of treatment to offer patients. They confirmed that they did not record the grade, justification or findings on the radiographs they took. The practice did not carry out radiography audits annually following current guidance and legislation.

The principal dentist provided some evidence that they were completing continuous professional development in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs and recalled patients for dental check-ups and treatment in line with recognised guidance. These assessments included oral examinations of soft and hard tissues, cancer screening checks and checks for gum disease.

Patients were provided with detailed information about their treatment and the dentist carried out regular reviews to monitor treatment for effectiveness and outcomes for patients.

### Health promotion & prevention

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

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentist told us that where appropriate they discussed smoking, alcohol consumption and diet with patients during appointments and this was recorded in the patients' dental record.

A dental hygienist was employed at the practice to provide advice on oral hygiene and promoting good oral health.

The practice had a selection of dental products for sale and provided an advice and instructions information leaflet to help patients maintain and improve their oral health.

### Staffing

Staff new to the practice had a period of induction and staff were monitored and provided with support and information to assist them in becoming familiar with their job roles and responsibilities and the practice policies and procedures.

Improvements were needed to ensure that clinical staff completed the continuous professional development required for their registration with the General Dental

Council and that there were robust systems in place to review and monitor staff training. We noted that staff undertook in-house training sessions with the principal dentist in areas such as basic life support, fire safety and safeguarding children.

Improvements were needed to ensure that staff had regular performance appraisal and support for personal development.

### Working with other services

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. They told us that they gave the referral letter to patients to post. There were no systems in place for ensuring that the referral had been sent. Improvements were needed to ensure that referrals were in line with current guidelines including 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.

The practice maintained a log of all referrals but did not have a monitoring system to make sure they were dealt with promptly.

Following our inspection the principal dentist introduced a more robust system for making and monitoring referrals.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information specific to their treatment. The treatment options, intended benefits and any potential risks were discussed with patients so that they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team undertook training and understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentist were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Staff who we spoke with were aware of their responsibility to respect people's diversity and human rights. The practice had information available to assist staff to understand and fulfil their roles in this area.

Patients commented positively that staff were kind, caring and respectful. We saw that the receptionist treated patients with respect and were welcoming, helpful and friendly towards patients at the reception desk and over the telephone. Patients told us that the receptionist was friendly, professional and helpful. They said that the whole staff team made patients feel welcome when they visited the practice.

Nervous patients said the dentist listened, was understanding and helped put them at ease.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas open plan in design and the receptionist and staff were mindful when speaking with patients at the reception desk and on the telephone. Staff told us that if a patient asked

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

There were magazines in the waiting area.

### **Involvement in decisions about care and treatment**

The practice gave patients clear information to help them make informed choices. Patients confirmed that they did not feel rushed during their appointment and that staff listened to them. A number of patients commented that their dentist explained everything clearly so that they could understand and be able to make decisions about their treatment.

The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. This information was recorded in some of the patients' dental records we viewed.

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

The practice provided patients with information about the range of treatments available at the practice. These included general dental treatments and treatments for gum disease.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The majority of patients described high levels of satisfaction with the responsive service provided by the practice. Eight people who provided feedback that they regularly had to wait beyond their appointment time to be seen. The majority of these people indicated that they understood that some patients may require extra time during their appointment and that they were happy to wait.

We discussed this feedback with the dentist and they acknowledged that appointments did overrun and that they did not wish to rush patients and spent as much time as needed to explain and deliver treatments. The dentist said that they would conduct an audit around patient waiting times and review where improvements could be made.

Staff told us that patients who requested an urgent appointment were, where possible seen the same day. The dentist told us that if required, patients who needed an emergency appointment would be seen at the end of the daily surgery.

Patients told us that the receptionist was helpful and always did their utmost to arrange appointments that met their needs. They also said that they had enough time during their appointment and did not feel rushed. We noted that appointments ran smoothly on the day of the inspection and that most patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

### Promoting equality

The practice had some information to guide staff in assisting patients who needed extra support. Improvements were needed carried out regular reviews to ensure that the systems in place were suitable and reflect the needs of patients. The practice was located on the first floor and the facilities were unsuitable to accommodate patients with wheelchairs.

Improvements were needed so that an accessibility assessment was carried and reviewed regularly so that

reasonable adjustments were made to the premises and facilities to meet patients' needs. They had access to interpreter/translation services which included British Sign Language and braille.

### Access to the service

The practice displayed its opening hours in the premises, and in their patient information leaflet.

The majority of patients told us that they were seen promptly.

The practice was committed to seeing patients experiencing pain on the same day and dedicated emergency appointments were available. The patient information leaflet, posters displayed in the waiting area 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.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. They also had a complaints information leaflet which explained how to make a complaint. The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they aimed to settle complaints in-house and would invite patients to speak with them in person to discuss these to resolve issues where possible.

Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. This information including contact details of these organisations was included in the patient complaints leaflet

We looked at comments, compliments and complaints the practice received within the previous 12 months. These showed that the practice received few complaints and those received were responded to appropriately.

# Are services well-led?

## Our findings

### Governance arrangements

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

The practice had some policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Improvements were required to ensure the policies and procedures were bespoke to the practice, were up to date and were reviewed to ensure that they were accurate and reflected current guidance.

The practice had some arrangements to monitor the quality of the service. However these were not consistently maintained or used to make improvements. There were limited arrangements in place to assess and address risks in areas such as infection control, fire safety and radiation protection.

The practice did not have effective systems in place for monitoring ongoing arrangements to assess and minimise risks. For example steps were needed to review the arrangements for dealing with medical emergencies to ensure that the recommended medicines and equipment were available to staff.

Improvements were required to ensure that equipment was serviced and maintained in line with the

manufacturers' recommendations and that any

Improvements were also needed to ensure that staff received appropriate training.

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

### Leadership, openness and transparency

Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the encouraged them to raise any issues

and felt confident they could do this. They knew who to raise any issues with and told us the principal dentist were approachable, would listen to their concerns and act appropriately.

There were regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had some quality assurance processes to encourage learning and continuous improvement. Any issues arising out of the checks and assessments carried out by staff were discussed and acted on. Improvements were needed to ensure that audits of various aspects of the service including safety and risk, radiography and infection prevention and control were carried out in line with regulations and guidance and that there were clear records of the results of these audits and the resulting action plans and improvements.

Staff told us that the practice valued the contributions made to the team by individual members of staff. The principal dentist told us that staff had annual appraisals in the past. Staff who we spoke with could not recollect when last they had an appraisal and we saw no evidence of completed appraisals.

The dentist told us they completed mandatory training, including medical emergencies and basic life support and training in radiography. They told us that due to time constraints they preferred to complete this training on line. They were able to provide some evidence of training. Improvements were needed to ensure that the principal dentist completed the training that the General Dental Council requires clinical staff to complete for continuous professional development.

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

The practice used patient surveys and verbal comments to obtain 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.

We reviewed the results of these surveys from the previous six months and these showed that 91% of patients who participated were either 'extremely likely' or 'likely' to

## Are services well-led?

recommend the dental practice to their family and friends. This was echoed in the comments made by patients who we spoke with and those who completed our comment cards. A number of patients told us that they had or would recommend the dental practice.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p><b>How the regulation was not being met:</b></p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <p>Audits were not carried out to ensure that X-rays were graded, justified and reported in line with current guidance and legislation.</p> <p>Audits were not carried out to ensure that infection control procedures were in line with current guidance and legislation.</p> <p>There were limited systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular:</p> <p>There was a lack of arrangements for carrying out radiography in line with current guidance and legislation.</p> <p>There was lack of arrangements for ensuring that equipment was serviced and maintained in line with the manufacturers' recommendations and that any recommendations arising from maintenance and servicing checks were carried out in a timely manner.</p>

This section is primarily information for the provider

## Requirement notices

There was a lack of systems for ensuring that staff were suitably trained and supported in relation to their roles and responsibilities.

There was a lack of systems for ensuring that referral made to secondary or specialist care were in line with current guidance.

### **Regulation 17 (1)**