Mr. Jitendra Shah

J U Shah

Inspection Report

113 Burnt Oak Broadway
Edgware
Middlesex
Tel: 020 8952 6775
Website: N/A

Date of inspection visit: 12 March 2019
Date of publication: 02/05/2019

Overall summary

We carried out this announced inspection on 12 March 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 not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was not 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

J U Shah is in the London Borough of Harrow. The practice provides NHS and private treatments to patients of all ages.

The practice is located on the first floor above a row of shops and is situated close to public transport bus services.

The dental team includes the principal dentist who owns the practice and one dental nurse/receptionist

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.

Summary of findings

On the day of inspection, we received feedback from 15 patients.

During the inspection we spoke with the principal dentist and the dental nurse.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9am to 5.30pm.

Our key findings were:

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The appointment system met patients' needs.
- The practice had thorough staff recruitment procedures.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Not all areas of the premises were suitably maintained.
- The practice infection control procedures did not reflect published guidance. Infection control audits were only carried out annually. Single-use items were being reused.
- Risks arising from fire and Legionella had not been suitably identified and mitigated.
- The clinical staff did not provide patients' care and treatment in line with current guidelines.
- The practice was not providing preventive care and supporting patients to ensure better oral health.
- There was ineffective leadership and a lack of clinical and managerial oversight for the day-to-day running of the service.
- The practice did not have suitable information governance arrangements.

We identified regulations the provider was not meeting. 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.

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 

We found that 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 are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

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

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

The practice had suitable arrangements for dealing with medical and other emergencies.

Not all areas of the premises were suitably maintained. The practice infection control procedures did not reflect published guidance. Infection control audits were only carried out annually. Single-use items were being reused. Risks arising from fire and Legionella had not been suitably identified and mitigated

Are services effective?

Enforcement action 

We found that this practice was not providing effective 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 are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Patients described the treatment they received as very good and excellent. Some patients told us that their dentist always explained their treatment in detail.

We noted that patients' dental records were incomplete and poorly maintained and did not include information to demonstrate that patients were explained the procedures and that they understood and consented to their care and treatment.

There were ineffective systems to ensure the practice had effective protocols in place for referral of patients and ensure that routine and urgent referrals were made suitably and that urgent referrals were followed up promptly.

Summary of findings

Are services caring?

No action

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

We received feedback about the practice from 15 people. Patients were positive about all aspects of the service the practice provided. They told us staff were respectful, friendly and understanding

They said that they were given helpful, detailed and clear explanations about dental treatment and said their dentist listened to them. Patients commented that they made them feel at ease, 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?

No action

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. Patients commented that they received treatment in a timely manner.

Staff considered patients' different needs and had made arrangements to support them. There was step free access to the practice and accessible toilets facilities were available which were fitted with a handrail. The practice also had a hearing loop. A Disability Access audit had not been undertaken.

The practice had no arrangements in place to help patients whose first language was not English and those with sight or hearing loss.

The practice had arrangements to respond to and deal with complaints.

Are services well-led?

Enforcement action 

We found that this practice was not providing well 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 are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

There was no defined management structure within the practice and there was a lack of suitable oversight and management system which affected the day to day running of the practice.

Policies and procedures were not bespoke to the practice and were not updated regularly.

There were ineffective systems to review and improve the quality of services provided. Audits where they were carried out, were not accurate and were not used to identify areas for improvement.

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays)

The practice did not have systems to keep patients safe.

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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Details of the local reporting authority were readily available to all staff.

The practice had a system to highlight vulnerable patients in their records e.g. adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who required other support such as with mobility or communication.

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

We noted that dental dam kits were not available. The principal dentist told us that they did not use dental dams when providing root canal treatment. The principal dentist told us other methods were used to protect the airway; However, these were not documented in the dental care records and a risk assessment not completed.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had the appropriate checks in place for agency and locum staff. We looked at two

staff recruitment records. These showed that the practice followed their recruitment procedure.

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

The practice had ensured that equipment was maintained according to manufacturers' instructions. We saw records confirming the servicing, maintenance and regular checks of these appliances had taken place. However, the five-year fixed electrical wire safety check had not been carried out.

Fire risk to the premises had not been identified and mitigated. The practice had no access to firefighting equipment such as fire extinguishers and emergency lighting. There was only one smoke detector at the top of the stairs. The stairs leading to the practice were very steep and were very dark and lacked suitable lighting.

The practice had arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. There were records available to show that X-ray equipment had been serviced and maintained regularly.

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

From discussions with the principal dentist, and records we checked, we noted that the dentist did not justify, grade or report on the radiographs they took.

The practice did not monitor the quality of the dental radiographs through audits as these were not carried out on a regular basis.

Risks to patients

The practice had current employer's liability insurance.

The principal dentist told us that a dental nurse worked with them when they treated patients in line with GDC Standards for the Dental Team.

We looked at the practice's arrangements for safe dental care and treatment. Staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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

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.

There were limited arrangements to minimise the risks that can be caused from substances that are hazardous to health. There were records available for some, but not all of the hazardous materials used at the practice and there was no risk assessment in place. Staff did not have access to detailed information to guide them on how to act in the event of accidental exposure to hazardous substances.

The practice had an infection prevention and control policy. Records showed equipment used by staff for cleaning and sterilising instruments were tested daily and validated.

The practice 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 (HTM01-05) published by the Department of Health. Staff had received infection prevention and control training and received updates as required.

We found that single use items (rose head bur) were being re-used. They appeared rusty and stored in a bur stand that the principal dentist was using. The principal dentist showed us a new pack of burs that clearly stated that these were single use only.

- Single use dental instruments should not be reused taking into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. Staff told us that they disinfected the dental unit waterlines. A Legionella risk assessment had not been undertaken to assess and mitigate risks.

The practice was generally clean when we inspected. We identified some concerns in relation to the maintenance of the premises. We noted that there was evidence of damp on the walls in the surgery as the wallpaper was peeling off.

The principal dentist told us the roof had been leaking which the landlord had repaired and that they had an action plan to make suitable internal repairs from the water leak. No further assurances were provided.

Evidence showed that dental amalgam was not segregated and disposed of appropriately. The principal dentist could not provide any records in relation to the disposal of dental amalgam in line with current legislation and guidance and the dental chair had not been fitted with an amalgam separator in line with current legislation (Control of Mercury (Enforcement) Regulations 2017.

The practice disposed of their clinical waste via a waste collection service. However, we saw tiger striped bags were used throughout the practice which should only be used for non-infectious recognisable healthcare waste, such as gloves, gowns and other items which are not contaminated with infectious bodily fluids, The correct orange bags that should be used to dispose infectious or potentially infectious soft clinical waste contaminated with blood/ bodily fluids e.g. dressings, swabs, wipes, gloves, gowns, masks and aprons in line with the Health Technical Memorandum 07-01: Management of Healthcare waste were not available.

The practice carried out infection prevention and control audits once a year. Improvements were needed so that these audits were completed twice a year in line with current national guidance.

Information to deliver safe care and treatment

Dental and other records were kept securely. Information handling processes at the practice were in compliance with General Data Protection Regulations requirements (GDPR) (EU) 2016/679.

Improvements were needed so that staff had access to information they needed to deliver safe care and treatment to patients. We looked at a sample of dental care records and noted that individual records were not written and managed in a way that kept patients safe. Dental care records we saw lacked detail and completeness.

Safe and appropriate use of medicines

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

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

Are services safe?

The practice stored NHS prescriptions as described in current guidance and recorded.

Track record on safety and Lessons learned and improvements

There were some systems in place for reporting and investigating accidents or other safety incidents. The principal dentist told us that there had been no safety incidents within the previous 12 months.

There were some risk assessments in relation to safety issues. Improvements were needed so that these were practice specific and reviewed appropriately to help the practice to understand risks.

There principal dentist described how they would investigate and review practices if things went wrong. They described how and to whom they would report any issues.

Improvements were needed to the practice systems for receiving and acting on safety alerts such as those issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).

The principal dentist could not demonstrate that relevant alerts were reviewed or that there were suitable arrangements in place to share and learn from these.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The principal dentist was not up to date with current evidence-based practice. They could not demonstrate that they assessed patient needs and delivered care and treatment in line with current legislation, standards and guidelines such as that issued by The National Institute for Health and Care Excellence (NICE).

The dental care records which we viewed did not show that extra oral and soft tissue checks, basic periodontal examinations (BPE) and oral cancer screening were carried out as part of each patient's dental assessment.

The principal dentist was unable to demonstrate that they fully understood and followed NICE guidelines in relation to areas such as patient recalls or extraction of wisdom teeth.

Helping patients to live healthier lives

The principal dentist told us that they were providing preventive care and supporting patients to ensure better oral health, however they were not clear as regards the Delivering Better Oral Health toolkit guidance.

They told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. However, we noted from the dental care records we checked that nothing relating to preventative measures was recorded in the patients' dental care records.

The principal dentist told us that discussions were undertaken with patients around smoking, alcohol consumption and diet to help them maintain and improve their oral health. Dental care records which we checked did not contain information in relation to this advice given to patients.

Consent to care and treatment

Patients said their dentist listened to them and gave them information about their treatment.

The principal dentist told us that they understood the importance of obtaining and recording patients' consent to treatment. They said they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

We saw signed consent records. Improvements were needed so that consent records included information in relation to the specific treatment, intended benefits, potential complications or risks. There was no information within the patients' dental care record to show that these or potential treatment options had been discussed.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions.

The principal dentist was unaware of the principles of the Gillick competence by which a child under the age of 16 years of age can consent for themselves or the need to consider this when treating young people under 16 years of age.

Monitoring care and treatment

The principal dentist told us that they obtained and reviewed information in relation to patients' medical history including any health-related conditions.

Improvements were needed so that the practice kept detailed dental care records containing information about the patients' current dental needs and past treatment.

The dental records which we viewed lacked detail and completeness to demonstrate that the dentist assessed patients' treatment needs in line with recognised guidance.

Effective staffing

Staff had some knowledge and experience to carry out their roles. We confirmed that the principal dentist and the dental nurse had 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 principal dentist confirmed that they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

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

Are services effective?

(for example, treatment is effective)

The practice also had systems and processes 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.

There were no arrangements in place to ensure referrals were monitored suitably.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us that staff was caring, friendly and understanding.

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

Patients confirmed that staff were reassuring helped them to relax. A number of patients also commented that their dentist was understanding of their needs, especially if they were experiencing dental pain or discomfort.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area was open plan in design and staff were mindful of this when assisting patients in person and on the telephone. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to 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

Improvements were needed so that staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act and the Accessible Information Standards (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were not available for patients who did not have English as a first language.
- Patients were told about multi-lingual staff who might be able to support them.

The principal dentist told us that they had discussions and they used leaflets, X-rays and models to help patients understand treatment options discussed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice took account of patient needs to help them plan routine appointments and to manage appointments for emergency dental treatments. Patients said that they were able to access appointments that were convenient to them.

Patients described high levels of satisfaction with the responsive service provided by the practice, with some saying that they were seen on the same day when needed.

A Disability Access audit had not been completed so that the practice could assess and provide support to patients as far as was practicable.

Timely access to services

Patients told us that they were able to access care and treatment from the practice within an acceptable timescale for their needs. They confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. The practice displayed its opening hours in the practice and on the practice answer machine.

Staff told us that patients who requested an urgent appointment were where possible seen on the same day. Patients told us they 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 answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints

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

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The principal dentist was responsible for dealing with any formal or informal comments, and concerns were dealt with straight away so that patients received a quick response.

The principal dentist told us that they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. A copy of the complaints procedure and information about organisations patients could contact if not satisfied with the way the practice dealt with their concerns, was displayed in the patient waiting area.

We looked at comments, compliments and complaints the practice received in the past 12 months. These showed that the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The practice lacked suitable arrangements in place to help ensure that the provider had the capacity and skills to deliver high-quality, safe care.

The dental team was small and the principal dentist had responsibility for the leadership and management arrangements within the practice.

The principal dentist could not demonstrate that they understood their responsibility to lead and manage the dental team.

Vision and strategy

The principal dentist could not demonstrate that they had a clear vision to deliver the services provided and there was a lack of planning, systems or business contingency plans in place.

Culture

The dental nurse we spoke with stated they felt respected, supported and valued. They were proud to work in the practice.

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

Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There was a lack of clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had policies, procedures and protocols that were not practice specific and did not reflect the day-to-day running of the practice or current legislation and guidelines.

There were limited arrangements in place to ensure that all staff understood and followed current legislation and guidance in relation to areas such as appropriate disposal of clinical waste, making and monitoring referrals, monitoring and improving the quality of dental X-rays and maintaining appropriate records.

There were limited processes for identifying and managing risks. This related to ensuring that risks associated with the management of Legionella and fire were properly assessed and mitigated. There was no Legionella or fire risk assessment in place.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice was aware of and had systems in relation to the General Data Protection Regulation (GDPR) requirements.

Engagement with patients, the public, staff and external partners

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice 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 practice had limited arrangements in place to help monitor and improve the quality of care and treatment. This related to ensuring that audits in relation to infection control and dental radiography were complete and accurate and in line with current guidance and regulation and that there were systems in place share learning and to use this to make improvements where indicated.

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

Are services well-led?

The dental nurse had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.

This section is primarily information for the provider

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	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose **How the regulation was not being met:** The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • There were ineffective arrangements for ensuring that clinical and healthcare waste was disposed appropriately taking into account the guidelines issued by Health Technical Memorandum 07-01: Safe Management of Healthcare waste. • There were ineffective arrangements for ensuring that dental amalgam was segregated and disposed of appropriately. • There were ineffective arrangements for ensuring the use of dental dam for root canal treatment when treating patients taking into account guidelines issued by the British Endodontic Society. • There were ineffective arrangements for ensuring the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE). • There were ineffective arrangements for ensuring that single use dental instruments were used as intended and not reused taking into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05:

This section is primarily information for the provider

Enforcement actions

Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

- There were ineffective arrangements for assessing and mitigating Legionella and fire risks within the practice.
- There were ineffective arrangements in place to assess and repair areas of the ceilings and walls which were damaged.
- There were ineffective arrangements to assess and minimise the risk of water leaks from the roof.

Regulation 12 (1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	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:** The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • There was a lack of clinical and managerial oversight at the practice.

This section is primarily information for the provider

Enforcement actions

- There were limited arrangements in place to ensure that the practice policies and procedures were practice specific and took into account current legislation and guidelines.
- There were ineffective systems for ensuring that audits, where they were carried out, were accurate and complete and that these were used to monitor and improve the quality and safety of services provided.
- There was lack of effective arrangements for ensuring referrals were monitored suitably.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user.

In particular:

- The practice did not maintain detailed dental care records containing information about the patients' current dental needs and past treatment.
- There was lack of practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray ensuring compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017.
- There was lack of up to date documentation and staff awareness as regards the Control of Substances Hazardous to Health (COSHH) Regulations 2002.
- There was lack of staff awareness of Gillick competency.
- Needs of people with a disability, including those with hearing difficulties had not been suitably identified and mitigated taking into account the requirements of the Equality Act 2010.

Regulation 17 (1)