P.B. Robinson (Doncaster) Limited

Bentley Road

Inspection Report

325 Bentley Road
Doncaster
South Yorkshire
DN5 9TG
Tel: 01302 782206
Website: www.robinsondentaldoncaster.co.uk/bentley-high-street/

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Overall summary

We carried out an announced comprehensive inspection on 15 September 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

We found that this practice was 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 providing well-led care in accordance with the relevant regulations.

Background

Bentley Road Dental Practice is situated in the Bentley area of Doncaster. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services include preventative advice, treatment and routine restorative dental care.

The practice has six surgeries, two decontamination rooms, an X-ray room, two waiting areas and a reception area. Treatment and waiting rooms are on the ground and first floor of the premises.

There are six dentists, a dental hygienist, six dental nurses, one receptionist and a practice manager.

The opening hours are Monday to Friday 9-00am to 5-30pm.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

On the day of inspection 57 people provided feedback. The patients who provided feedback were positive about

Summary of findings

the care and treatment they received at the practice. They told us they were involved in all aspects of their care, found the staff to be friendly and they were treated with dignity and respect.

Our key findings were:

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions. Staff received training appropriate to their roles.
- Patients told us they were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients commented they felt involved in their treatment and that it was fully explained to them.
- Patients were able to make routine and emergency appointments when needed. The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.

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

- Review the practice's protocols for the taking of X-rays giving due regard to the Faculty of General Dental Practice (FGDP) guidance on the "Selection Criteria for Dental Radiography".

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

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

- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking theX-rays and reporting on the X-rays giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review the practice's protocols for completion of dental records with regards to documenting discussions about treatment options.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Take action to ensure the appointment books are not visible on the reception desk

Review the practice's protocol for undertaking regular audits of dental care records.

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.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We saw evidence that incidents or accidents were documented, investigated and reflected upon by the dental practice.

The practice manager conducted an annual risk assessment of the practice which identified potential risks to patients or staff and appropriate action was taken to reduce any risk which was identified.

Staff had received training in safeguarding and knew the signs of abuse and who to report them to.

The staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Are services effective?

We found that this practice was not providing effective care in accordance with the relevant regulations. We have told the registered provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Patients' dental care records did not always provide comprehensive information about their current dental needs and past treatment. Dental care records which we reviewed on the day of inspection did not always include evidence about discussions of treatment options.

X-rays were not always taken in accordance with a patients risk factor and when X-rays were taken they were not always justified or reported on.

The practice was aware of the importance of prevention and the dentists were aware of the 'Delivering Better Oral Health Toolkit' (DBOH) with regards to fluoride application and fissure sealants. However, when advice about oral hygiene was given it was not always recorded in the dental care records.

Patients were recalled at appropriate intervals in line with the guidance from the National Institute for Health and Care Excellence (NICE).

Are services caring?

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

We reviewed 55 comment cards and spoke with two patients. We found common themes that patients felt they were treated with dignity and respect in a clean and safe environment. Patients comments included they were involved in treatment planning and a full explanation of treatment options were given. We staff interacted with patients in a kind and helpful way.

We saw that the appointment books were left open on the reception desk where they could be seen by other patients.

Summary of findings

We witnessed that patients were treated with respect and dignity during interactions on the reception desk and telephone.

Are services responsive to people's needs?

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

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns in a timely manner. Staff were familiar with the complaints procedure.

The practice had emergency appointment slots available each day. Patients commented that they were able to access emergency appointments when required. There were clear instructions available for patients who required emergency treatment outside opening hours.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

A clearly defined management structure was in place and all staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice.

The practice audited clinical and non-clinical areas as part of a system of continuous improvement and learning. However, the gap between the most recent clinical record audits had been two years.

The practice regularly undertook an annual patient satisfaction survey and were also undertaking the NHS Family and Friends Test.

The arrangements in place worked well to share information with staff by means of monthly practice meetings, dentist meetings and nurse meetings which were all minuted for those staff unable to attend.

Bentley Road

Detailed findings

Background to this inspection

This announced inspection was carried out on 14 September 2015 by a CQC inspector who had access to remote advice from a specialist advisor.

We informed the local NHS England area team and Healthwatch Doncaster that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we spoke with three dentists, two dental nurses, the receptionist and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. We saw evidence that they were documented, investigated and reflected upon by the dental practice. Significant events were discussed regularly at the monthly staff meetings. Patients would be given an apology and informed of any action taken as a result. The practice manager understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The practice responded to national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. All staff had access to contact details for both child protection and adult safeguarding teams.

The practice manager was the safeguarding lead and all staff had received safeguarding training within the last 12 months. Staff were aware of the different types and signs of abuse and felt confident about raising any concerns with the safeguarding lead.

The practice had systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments).

Rubber dam was not used during root canal procedures. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the operating field to increase the efficacy of the treatment and protect the patients' airway.

Medical emergencies

The practice had a well structured policy which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency resuscitation kits, oxygen and emergency medicines were stored securely with easy access for staff working in any of the treatment rooms. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed monthly checks were carried out to ensure the equipment and emergency medicines were safe to use. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support within the last 12 months.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed. The practice manager told us the practice carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We reviewed records of staff recruitment and these showed that all checks were in place.

All qualified clinical staff at this practice were registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, fire evacuation procedures and risks associated with Hepatitis B.

Are services safe?

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. The practice had a nominated infection control lead who was responsible for ensuring infection prevention and control measures were followed.

Staff received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards.

Hand washing facilities were available in each treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection. The practice had two decontamination rooms, one on the ground floor and one on the first floor to prevent having to transport instruments up or downstairs.

One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used an ultrasonic machine to decontaminate dirty instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in an autoclave. The decontamination rooms had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore PPE during the process and these included disposable gloves, aprons and protective eye wear.

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place.

The practice had carried out the self- assessment audit relating to the Department of Health's guidance on decontamination in dental services (HTM01-05).This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

Records showed a risk assessment process for Legionella was last carried out in 2010 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). It had been suggested that the risk assessment was reviewed in 2012. However, this had not been done. This was brought to the attention of the practice manager who informed us that a new risk assessment would be done immediately. The practice did undertake processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning of each session and between patients, monitoring cold and hot water temperatures each month and using daily and monthly water treatments in order to reduce the risk of Legionella developing.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, autoclaves, ultrasonic baths and the compressor. The practice maintained a

Are services safe?

comprehensive list of all equipment including dates when maintenance contracts which required renewal. We saw evidence of validation of the autoclave and the compressor. Portable appliance testing (PAT) was completed (PAT confirms that electrical appliances are routinely checked for safety).

Prescriptions were stamped only at the point of issue to maintain their safe use.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries and within the radiation protection folder for staff to reference if needed.

X-ray audits had been carried out in the last year. This showed that X-rays which had been taken were of an acceptable quality. However, the audit was for the whole practice and not for individual dentists, therefore the audit could not identify discrepancies for individual dentists. This was brought to the attention of the practice manager who informed us that X-ray audits would now be completed for individual dentists.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept paper dental care records. We reviewed with the dentists the information recorded in 15 patient care records regarding the oral health assessments, treatment and advice given to patients. They contained limited information about the patient's current dental needs and past treatment. Medical history checks were taken at each assessment appointment and these were documented in the care records. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice UK (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentist used National Institute for Health and Care Excellence (NICE) guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient's risk of dental disease.

We recognised that there was no documentation of discussions with the patient regarding treatment options. We also noted that when X-rays were taken they were not justified and infrequently reported on. IR(ME)R dictates that a reason for taking each X-rays must be documented and also that each X-ray must have a report to show that it has been evaluated.

The dentists did not follow FGDP guidelines with regards to the selection criteria for dental radiography. Bitewings (X-rays which show the upper and lower back teeth and how the teeth touch each other in a single view) were not taken at suggested intervals in line with FGDP guidance. Patients could, therefore, potentially be at risk of undetected dental decay.

Health promotion & prevention

The practice was aware of the importance of preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health Toolkit' (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, we saw evidence that the practice recalled patients at high risk of tooth decay to receive fluoride applications and fissure sealants to their teeth.

The medical history form patients completed included questions about smoking and alcohol consumption. The dentists told us patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. However, this was not always documented in the care records. There were health promotion leaflets available in the waiting room to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. One of the staff members who we spoke with had recently started working at the practice and they informed us that she had completed the induction process and that it had been beneficial to becoming integrated into the working environment.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all relevant staff and we saw evidence of on-going CPD. Mandatory training included basic life support and infection prevention and control.

The practice manager monitored staffing levels and planned for staff absences to ensure the service was uninterrupted. If staff members were ever absent then staff could be moved over from one of the sister practices to ensure that the service continued unaffected.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. Staff told us the practice manager was readily available to speak to at all times for support and advice. Staff told us they had received annual appraisals and reviews of their professional development. We saw evidence of completed appraisal documents.

Working with other services

The practice worked with other professionals providing care to its patients where this was in their best interest. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment.

The practice completed detailed proformas or referral letters to ensure the specialist service

Are services effective?

(for example, treatment is effective)

had all the relevant information required. Dental care records contained details of the referrals made and the outcome of the specialist advice.

Consent to care and treatment

The dentists told us that patients were given appropriate information to support them to make decisions about the treatment they received. However, these discussions were not documented in the care records. We did see evidence of signed treatment plans which included the cost involved was completed prior to undertaking a course of treatment.

Staff had undertaken training on the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to dental treatment. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients were positive about their experience and they commented that they were treated with care, respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. We observed staff were helpful and respectful to patients. Staff said that if a patient wished to speak in private an empty room would be found to speak with them.

During the inspection we saw that the appointment books were left open on the reception desk and were clearly visible to any persons who were waiting at the desk. We discussed this issue with the practice manager and they told us that action would be taken to resolve this.

Involvement in decisions about care and treatment

Patients commented they felt involved in their treatment and it was fully explained to them. Patients were given a copy of their treatment plan and associated costs and allowed time to consider options before returning to have their treatment. Before treatment commenced patients signed the treatment plan to confirm they understood and agreed to the treatment.

Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the premises and facilities were appropriate for the services that were planned and delivered.

We found the practice had an efficient appointment system in place to respond to patients' needs. We observed patients were offered appointments at a time and date to suit them and patients we spoke with confirmed this. Patients told us that the practice was providing a service that met their needs; they were offered a choice of dentist and treatment options. There were vacant appointment slots to accommodate urgent or emergency appointments. We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice regularly sought the views of patients through the patient suggestion box, annual patient survey and the NHS Family and Friends Test to voice their concerns and needs. Results of the NHS Family and Friends Test are displayed in the waiting areas. The practice had acted upon patient feedback and made cosmetic improvements to the interior of the building.

Tackling inequity and promoting equality

The practice had equality, diversity and disability policies to support staff in understanding and supporting the needs of patients. The practice recognised the needs of different groups in the planning of its services. We saw that they had made adjustments to enable patients to receive their care or treatment, including an audio loop system for patients with a hearing impairment.

There was step free access to the premises and also to one of the ground floor surgeries which was large enough to accommodate a wheelchair. We were told that patients in wheelchairs were allocated this surgery. However, there was no step free access to the ground floor toilet. Patients with mobility issues also had the option of going to a local sister practice which we were told was fully disabled-friendly.

Access to the service

The practice displayed its opening hours in its premises, on the practice website and in the practice leaflet. Patients told us that they were rarely kept waiting for their appointment. Patients could access care and treatment in a timely way and the appointment system met their needs.

Where treatment was urgent patients would be seen within 24 hours or sooner if possible. Dentists allocated slots each day for emergency appointments. Patients commented that they received an emergency appointment on the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service on the telephone answering machine when the practice was closed.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner.

We looked at the practice procedures for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint and aiming to send a formal response within 10 days. If it was not possible to fully investigate the complaint within 10 days then the complainant would be informed of this.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the practice and led on the individual aspects of governance such as responding to complaints and managing risks**.** Staff were clear about their roles and responsibilities within the practice and of lines of accountability.

The practice had a proactive approach for identifying where quality or safety was being affected and addressing any issues**.** Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to fire, exposure to hazardous substances and medical emergencies.

Lead roles, for example in health and safety, infection control and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members.

There was a full range of policies and procedures in use at the practice and accessible to staff. These included guidance about infection control, incident reporting and data protection.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner. All staff were aware of whom to raise any issues with and told us that the practice manager was approachable, would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

Learning and improvement

Quality assurance processes were in place at the practice to encourage continuous improvement. Staff told us they had access to training and this was monitored to ensure essential training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as clinical record keeping, X-rays and infection control. The most recent clinical record audit was undertaken in August 2015, before then it was August 2013. The August 2013 audit had identified areas for improvement with some of the dentists. An action plan had been formulated to address these issues. However, in the audit conducted in August 2015 there was very little evidence that improvements had been made. We discussed this with the practice manager who informed us that more regular audits would be undertaken when areas for concern were identified.

The practice had monthly staff meeting where significant events, policies, audit results and ways to make the practice more effective were discussed and learning was disseminated. All staff had annual appraisals where learning needs and aspirations are discussed.

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

The practice had systems in place to seek and act upon feedback from patients using the service. These included carrying out annual patient surveys. The most recent patient survey report in August 2015 showed a high level of satisfaction with the quality of the service provided. The practice had acted upon patient feedback and made improvements to the interior of the building. The practice also conducted the NHS Family and Friends Test. Results of this showed a high patient satisfaction with the 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	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met The registered provider did not take into account nationally recognised evidence-based guidelines. Regulation 9(1) and 9(3)(a).