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Brandon Dental Care - Mr Saleh

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 12 July 2016 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 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

Brandon Dental Surgery provides primarily NHS dental treatment to children and adults. The practice has one dentist, two dental nurses, a part-time dental hygienist and a receptionist. A specialist visits to provide implants to patients about every three months. The premises consist of two treatment rooms, a small decontamination room, a patient waiting area and small reception area. The practice opens Monday to Friday from 9am to 5.30pm.

Our key findings were:

- We received consistently good feedback from patients about the quality of the practice's staff and the effectiveness of their treatment.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- The arrangements in place for identifying, recording and managing risk were not robust.
- The practice was visibly clean and well maintained. Infection control and decontamination procedures were good, ensuring patients' safety.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.

Summary of findings

- Patients could access routine treatment and urgent care when required.
- Patients received their care and treatment from well supported staff, who enjoyed their work.

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

- Ensure the practice has arrangements in place for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Ensure the practice's recruitment process is in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Ensure the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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

- Review availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review fire safety systems so that staff regularly practice evacuating the building in the event of a fire, and ensure there is a comprehensive and updated fire risk assessment in place.
- Review the practice's compliance with legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000
- Review the current legionella risk assessment and implement the required actions to ensure that risks are being managed with due regard to the guidelines issued by the Department of Health -Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Consider providing the dental hygienist with the support of an appropriately trained member of the dental team.
- Review the security of prescription pads in the practice.
- Review the availability of an interpreter service for patients who do not speak English as their first language.
- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.

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?

No action

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

There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse and maintaining the required standards for sterilising dental instruments. Emergency equipment was available and staff received regular training in basic life support. We found that all the equipment used in the dental practice was well maintained. However, the practice did not use a system which allowed staff to discard needles without the need to re-sheath them and not all staff had recent training in infection control, health and safety, and fire safety.

Are services effective?

No action

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence and the Faculty of General Dental Practice Guidelines. Patients received a comprehensive assessment of their dental needs including taking a medical history. Patients were referred to other services appropriately and staff were suitably trained and skilled to meet patients' needs.

Are services caring?

No action

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

Patients spoke highly of the dental treatment they received, and of the caring and empathetic nature of the practice's staff. Patients told us they were involved in decisions about their treatment and didn't feel rushed in their appointments.

Are services responsive to people's needs?

No action

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

Patients told us appointments were always available and that getting through on the phone was easy. They told us they rarely waited long having arrived. The practice had made some adjustments to accommodate patients with a disability, although there was no hearing loop available, despite some patients having a hearing impairment.

The practice's complaints' procedure did not include any information about other organisations patients could contact should they be unhappy with their treatment.

Summary of findings

Are services well-led?

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

The practice had a number of policies and procedures to govern activity and held regular staff meetings. Regular audits of the quality of the service were undertaken, although the frequency and quality of these audits needed to be strengthened to provide meaningful information for improvement.

Staff told us that they felt well supported and could raise any concerns with the principal dentist. They also received an annual appraisal which included feedback about their performance. Staff told us the practice was a good place to work. However, staff were not clear about identifying significant events and incidents and there was no established system to ensure investigations, actions and learning from events was completed and shared. The practice had not signed up to receive electronic safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Arrangements in place for identifying, recording and managing risk in the premises were not robust and recruitment procedures did not ensure only suitable staff were employed.

Requirements notice 

Brandon Dental Care - Mr Saleh

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 12 July 2016 and was conducted by two CQC inspectors and a dental specialist advisor.

During the inspection we spoke with the principal dentist, a dental nurse and the receptionist. We received feedback from 46 patients about the quality of the service, which included comment cards and patients we spoke with during our inspection. We reviewed policies, procedures and other documents 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

Some staff's knowledge of the requirements of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) was limited and not all understood what constituted a serious incident. There was no specific policy for managing significant events, although a specific form to record any serious incidents was available. During our inspection we were made aware of significant events including a patient who had fallen down the stairs breaking their arm, and of laboratory work that had not been sent. However these had not been recorded or fully reviewed to identify any learning from them, and ensure they did not reoccur.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. Policies were available to all staff, and clearly outlined who to contact for further guidance if they had concerns about a patient's welfare. Staff had received appropriate training in safeguarding patients and were aware of the different types of abuse a vulnerable adult could face and of external agencies involved in protecting children and adults. Contact numbers for agencies involved in protecting people were easily accessible in a specific safeguarding file. There was no named lead with specific responsibility for safeguarding as recommended by national guidelines.

Although only the dentist handled sharps, he resheathed syringe needles without the use of a sharps safety device. This practice was not compliant with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The dentist we spoke with confirmed that they routinely used rubber dams to ensure patient safety.

Medical emergencies

The practice had arrangements in place to manage medical emergencies and records showed that all staff had received regular training in basic life support. Emergency medical simulations were not regularly rehearsed by staff so that they had a chance to practice what to do in the event of an incident.

The practice had an automated external defibrillator, which is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. There were also emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. However, we found a number of out of date syringes in the kit.There was an oxygen cylinder along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. We noted the kit did not include the full set of airways equipment or the form of midazolam that can be administered to a patient quickly if needed.

Staff recruitment

We viewed the recruitment files for three staff employed at the practice. We noted that the practice had failed to obtain essential pre-employment information to ensure the person was suitable to work. For example one recent staff member had been employed without references or a disclosure and barring check (DBS) having been obtained. Another member of staff had been employed without any references. Interview notes were not kept to show that staff had been employed fairly and in line with employment law.

A specialist visited the practice every three months to provide implants for patients. there was no information about his qualifications, training, indemnity, GDC registration or DBS. The practice obtained this information following our inspection.

Monitoring health & safety and responding to risks

The practice did not have a full risk assessment in place to monitor the safety of the premises. During our inspection, we viewed a number of hazards including a steep staircase and an outward opening door close to another that had not been identified so that control measures could be put in place to reduce any risks. The practice's fire risk assessment was basic and had not been updated since 2010, despite a recent refurbishment of the reception area. Fire detection and firefighting equipment such as

Are services safe?

extinguishers were regularly tested, and we saw records to demonstrate this**.** Full fire evacuations were not practiced regularly to ensure staff knew what to do in the event of a fire and there was no information visible for patients of what to do in the event of a fire.

There was a health and safety policy available with a poster in waiting area which identified local health and safety representatives. We noted there was signage throughout the premises clearly indicating fire exits, although there were no signs to indicate the location of emergency medical equipment, the name of first aiders, or X-ray warning signs to ensure that patients and staff were protected.

A risk assessment for Legionella had been complete by an external company in 2011, but this could not be found by staff. The company sent it through that day but the previous owner of the practice who was helping the provider during our visit, admitted it was the first time he had seen it, and the recommendations it contained. However, staff were undertaking monthly sentinel water temperature checks and quarterly dip slide tests. Regular flushing of the water lines was carried out in accordance with current guidelines, at the start and end of each day, and between patients to reduce the risk of legionella bacteria forming.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for materials used within the practice. The practice had a business continuity plan to deal with any emergencies that might occur which could disrupt the safe and smooth running of the service, although this lacked detail and did not include contact numbers of staff or essential utility companies.

Infection control

Patients who completed our comment cards told us they were happy with the standards of hygiene and cleanliness at the practice.

We observed that all areas of the practice were visibly clean and hygienic, including the waiting area, corridor, stairway and reception area. We checked two treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed flooring and modern sealed work surfaces so they could be cleaned easily. There were foot operated bins and personal protective equipment available to reduce the risk of cross infection. Sharps' boxes were sited safely so they could not be knocked over. A body fluid spillage kit was available.

We noted that staff uniforms were clean, long hair was tied back and staff's arms were bare below the elbows to reduce the risk of cross infection. It was not clear if one dental nurse had up to date hepatitis B immunity in place and the manager told us he would obtain confirmation of this following our inspection.

The practice had a dedicated decontamination room and there were clear systems in place for transferring dirty and clean instruments to and from the treatment rooms. We observed the decontamination process used by staff and found this was being completed in accordance with guidelines. Staff used a system of manual scrubbing for the initial cleaning process. Following inspection with an illuminated magnifier, instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When instruments had been sterilized, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines.

We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively.

We observed that sharps' containers and clinical waste bags were properly maintained in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice and waste was stored securely prior to removal in a locked shed in the garden.

Equipment and medicines

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. All equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this. Portable appliance testing had taken place in June 2016.

Staff told us they had suitable equipment to enable them to carry out their work, and any repairs or replacements were actioned swiftly. One dental nurse told us that local

engineer usually came out within 48 hours to fix any broken items. We noted one broken x-ray machine, but this had been decommissioned and the fuse removed so it could not be used in error by staff.

We saw from a sample of dental care records that the batch numbers and expiry dates for local anaesthetics were always recorded in patients' clinical notes. Staff did not receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) so it was not clear how they kept up to date with any alerts and recalls for drugs and medical devices.

Prescription pads were held securely although some were pre-stamped with the practice's details which compromised their security.

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 reviewed demonstrated that the X-ray equipment was regularly tested and serviced. The X-Ray machine had been fitted with a rectangular collimator to reduce the radiation dose to patients, as recommended. We noted that the practice had failed to notify the health and safety executive of new equipment purchased in 2015 and also of the change of ownership of the practice. There was no signage outside the treatment room to warn patients that x-rays took place in there.

A Radiation Protection Advisor and Radiation Protection Supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training.

Dental care records demonstrated the justification for taking X-rays, as well as a report on the X-rays findings. There were regular audits of the quality of the x-rays, however these were not undertaken by a suitably qualified and trained member of the dental team.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with four patients during our inspection and also received 42 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the practice's staff and the quality of their dental treatment.

During our visit we found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Our discussion with the dentist and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues. Antibiotic prescribing and patients' recall frequencies also met national guidance. Medical histories were signed by all new patients and then verbally updated at each visit. All patients were given a laminated poster to read when they arrived at reception, prompting them to tell the dentist of any changes to their well-being or medication since their last visit.

We saw a range of clinical and other audits that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping, the quality of dental radiographs and infection control. However the recording keeping audit was undertaken over a year ago in February 2015, and the x-ray audit was not undertaken by a suitably qualified member of the dental team.

Health promotion & prevention

A number of oral health care products were available for sale to patients including interdental brushes, mouthwash and floss, and a limited range of information leaflets available in reception for patients about sensitive teeth and periodontal disease. A part-time dental hygienist was employed by the practice to provide treatment and give advice to patients on the prevention of decay and gum disease and staff we spoke with were aware of local smoking cessation services.

The dentist we spoke with was not aware of the Department of Health's publication 'Delivering better oral health: an evidence-based toolkit for prevention', although talked passionately about the importance of prevention in dental care. Dental care records we reviewed demonstrated that the dentist had given oral health advice to patients and that referrals to the hygienist were made if appropriate.

Staffing

There was a stable and established staff team at the practice, many of whom had worked there a number of years. Staff told us there were generally enough of them to maintain the smooth running of the practice and cover could be provided by the practice's previous owner or a separately registered dentist who operated on the same site. The dentist always worked with a dental nurse. The dental hygienist worked alone and without support of a dental nurse. The General Dental Council (GDC) recommends that dental staff are supported by an appropriately trained member of the dental team at all times when treating patients in a dental setting.

Files we viewed demonstrated that staff had current professional validation with the GDC and had and indemnity cover where applicable. The practice had appropriate Employer's Liability insurance in place.

Staff told they were supported to undertake training, and records we viewed showed that staff had undertaken courses in safeguarding people, basic life support and radiography if needed. Not all staff had recent training in infection control, health and safety, fire, and equalities and diversity.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves such as sedation, oral surgery or orthodontics. Urgent referrals such as those for suspected oral cancer were followed up with a phone call to ensure that they had been received. However, there was no formal system in place to track referrals and patients were not given a copy of their referral for their information.

Consent to care and treatment

Patients told us that they were provided with good information during their consultation and they had the opportunity to ask questions before agreeing to a

Are services effective?

(for example, treatment is effective)

particular treatment. Dental records we reviewed demonstrated that treatment options, and their potential risks and benefits had been explained to patients in detail. Evidence of their consent had also been recorded.

Although staff told us they had received training in the Mental Capacity Act 20015, we found that some staff's knowledge of how to support patients who did not have mental capacity was limited and not in line with the principles of the Act.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before our inspection, we sent comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 42 completed cards and received many positive comments about the empathetic and supportive nature of the practice's staff. Two patients told us that staff worked well with their small children.

We spent time in the reception area and observed a number of interactions between the receptionist and patients coming into the practice. The quality of interaction was good, and the receptionist was friendly, helpful and professional to patients both on the phone and face to face. She told us she had worked many years at the practice and knew many of the patients well.

Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. They told us that patients' medical history forms were always completed in the treatment room and not in the reception area and that a TV was available in the waiting area to distract patients from overhearing conversations at the reception desk. Computers were pass word protected and screens were not overlooked to ensure patients' information could not be seen at the reception desk.

The two treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were with dentists. However we noted that conversations taking place between the dentist and patients could be overheard in the waiting area.

Involvement in decisions about care and treatment

Patients told us their dental health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They reported that they felt listened to and supported by staff and didn't feel rushed time consultations. Patient feedback on the comment cards we received was also positive and aligned with these views.

The dentist told us he used a specific approach called 'tell, show and do' to explain treatment to patient so that they fully understood what was going to happen. He also told us he used a number of visual aids to help patients understand. Patients we spoke with confirmed this was the case.

Dental care records we reviewed demonstrated that clinicians recorded the information they had provided to patients about their treatment and the options open to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information was available about appointments in the practice's patient information leaflet. The practice was open Mondays to Fridays from 9am to 5.30pm and, although no extended opening hours were offered, patients told us it was easy to get an appointment at a time that suited them.

Staff told us that one or two slots were made available each day for urgent appointments for patients experiencing dental pain, and that patients could be fitted in between fixed appointments if needed. In addition to this, the practice had a reciprocal arrangement in place that patients requiring emergency treatment could be offered an appointment with a separately registered dentist who operated in the same building. Access for urgent treatment outside of opening hours was provided by the 111 telephone number for access to the NHS emergency dental service. This information was provided to patients in the practice information leaflet and on the front window should any patient come when the practice was closed.

A hygienist also worked at the practice to support patients with treating and preventing gum disease and a specialist clinician visited every three months to offer implant services.

Tackling inequity and promoting equality

The practice was on the ground floor making it easily accessible to patients with mobility problems and there was wheelchair access via a portable ramp to the rear of the premises. The toilet was not disabled friendly and there was no portable hearing loop available despite the dentist telling us he had a number of hearing impaired patients. There were no easy riser chairs, or wide seating available in the waiting area to accommodate patients with mobility needs.

Information about the practice was not available in any other languages, or formats such as large print, braille or audio. The practice did not have access to any translation and interpreting services, despite having a number of Polish, Lithuanian and Portuguese patients. However, during our inspection the practice renewed its application to access appropriate translation services, funded by the NHS.

Concerns & complaints

There was a poster in the waiting room advising patients to contact the receptionist if they wished to complain. No other information was available to patients about the practice's process for dealing with complaints, the timescales for investigation, or other organisations that could be contacted such as the General Dental Council or parliamentary health service ombudsman. When we asked the receptionist how to raise concerns she was not able to give us any written information about the process. She stated that all complaints had to be received in writing. This could deter patients from raising their concerns and it was not clear how the practice was recording or monitoring informal verbal complaints, despite staff telling us that patients sometimes complained about waiting times for their consultation once they arrived.

It was not possible to assess how the practice managed its complaints as we were told none had been received in the last few years.

Are services well-led?

Our findings

Governance arrangements

The dentist had responsibility for the day to day running of the practice, supported by a receptionist. The practice had a set of basic policies and procedures to support its work and meet the requirements of legislation and we viewed those in relation to clinical waste management, information governance, equal opportunities, and data protection.

Communication across the practice was structured around a recently introduced staff meeting where issues about the practice's contract delivery, staffing issues and patient feedback were discussed. Staff told us the meetings were useful and they felt able to raise concerns at them. Minutes of the meetings were taken, however the names of those who attended was not recorded, nor who would be responsible for any agreed actions arising from the meeting.

A weekly check list was used to prompt staff to ensure that areas of the practice were safe including the waiting room, fire exits and autoclaves .

Each year the practice completed an information governance toolkit to ensure it handled patients' information in line with legal requirements. The practice had scored 70% on its most recent assessment, indicating it to managed information in a satisfactory way.

Staff told us they received an appraisal each year by the dentist, in which the received feedback about their performance and any training needs were identified.

However, on the day of the inspection we identified a number of areas that required improvement. This included managing safety alerts, assessing risk, recording and learning from significant events, the checking of medical emergency equipment; and ensuring radiation procedures and sharps management met national guidance. This demonstrated that some of the governance systems in place were not operating effectively.

Learning and improvement

Staff we spoke with felt supported by the practice and reported that they were encouraged to develop their knowledge and skills. It was clear that the principal dentist wanted to improve and was keen to address many of the shortfalls we identified during our inspection.

Regular audits and checks were undertaken to ensure standards were maintained in a range of areas including radiography, and the quality of clinical records. However the frequency and quality of these audits needed to be strengthened to provide meaningful information for improvement.

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

A suggestion book was available in the waiting area for patients to leave their comments or concerns, and we viewed many positive comments about the practice in the book. We noted that one patient had suggested that the practice renew its window frames: staff told us that new frames had been ordered to replace the badly worn ones.

The practice had introduced the NHS Friends and Family test as another way for patients to let them know how well they were doing and results of these were shared at staff meetings. The NHS Choices web site was also monitored and the dentist responded to any feedback left there by patients.

The practice gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us the principal dentist listened to them and implemented their suggestions.

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
Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Regulation 19- Fit and proper persons employed which states: Recruitment procedures must be established and operated effectively. Information specified in schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014must be available in relation to each such person employed We found that appropriate pre-employment checks had not been obtained for all staff to ensure they were suitable to work with children and vulnerable adults. Regulation 19 (3)(a)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HCSA 2008 Regulations 2014 Good Governance** How the regulation was not being met: The provider did not operate effective systems and processes to ensure compliance with the regulations. There were not effective systems in place to assess and monitor the quality of clinical care. This included managing safety alerts, assessing risk, recording and

This section is primarily information for the provider

Requirement notices

learning from significant events, the checking of medical emergency equipment; and ensuring radiation procedures and sharps management met national guidance.

Regulation 17 (1)