

Danbury Dental Care Limited

Danbury Dental Care Ltd

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 14 March 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

Danbury Dental Care is a private dentist located on the main road in the village of Danbury in Essex. The practice is located on the ground floor of a Grade II Listed building which has been adapted to meet the needs of patients. The practice has approximately 3000 patients and has an older than average population. There are two dentists, a hygienist and three dental nurses, one of whom is also the practice manager. The practice is open from 8.30am to 8pm on Mondays and from 8.30am to 5pm Tuesday to Friday. When the practice is closed an answerphone message gives an emergency contact telephone number for one of the dentists who provide out of hours care and advice.

The principal dentist 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.

We received feedback from 41 patients via CQC comment cards, this feedback was very positive about the care and treatment received from all staff within the practice.

Our key findings were:

- The practice did not have a system for recording and analysing significant events.

Summary of findings

- The practice had identified and managed risks to patients, however not all findings within the fire risk assessment had been acted on.
- The practice did not have a recruitment policy in place; staff had the relevant checks carried out. Staff underwent a thorough induction process.
- The practice had emergency oxygen and emergency medicines available and all staff knew of their location. The practice did not have a defibrillator available and there was no risk assessment in place to address this issue. Staff had received some basic safeguarding training and knew the procedures to follow to raise any concerns. This training was not to the standard expected of dental professionals.
- Infection control procedures were in place, there was a policy available but there was not a lead member of staff and there were no infection control audits carried out.
- Rubber dams were not being used in the treatment of root canal.
- Radiography audits were not being carried out.
- The practice had a complaints policy in place. Complaints were acknowledged and dealt with in a timely manner.
- All staff had evidence of attending basic life support training.
- There were sufficient numbers of suitably qualified staff to meet patients' needs
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear and detailed explanations about their proposed treatment, its costs, options and risks. Patients were therefore able to make informed decisions about their choice in treatments.
- We observed that patients were treated with dignity and respect and confidentiality was maintained.

- The appointment system met patients' needs whether they wanted to be seen urgently or for routine appointments.
- Staff meetings were held monthly, these meetings were recorded and staff signed to confirm their attendance.

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

- Ensure all risks to patient's safety are well managed by addressing the findings within the fire risk assessment and conducting a risk assessment for the need of a defibrillator.
- Ensure infection control audits are carried out in line with recommended guidance.
- Ensure staff receive the level of safeguarding training that is recommended for dental professionals.
- Ensure radiography audits are carried out to govern the safe, appropriate and effective use of x-rays.

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 medicines to be used in the case of emergency to ensure it complies with nationally recognised guidance.
- Review the system for identifying, recording, analysing and sharing significant events.
- 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

Introduce a practice specific recruitment policy.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice did not have a policy in place to record, analyse or share significant events. Staff we spoke with did not have a clear understanding of how to recognise or deal with a significant event.

The practice had policies and procedures in place for safeguarding vulnerable adults and children. Staff demonstrated an awareness of the signs of abuse and knew their duty to report any concerns about abuse. Staff had received training but this was not to the level expected for dental professionals.

We saw evidence that medical alerts were flagged to clinicians when treatments took place.

The practice had equipment readily available for dealing with medical emergencies including emergency medicines and oxygen; staff knew of their locations. The practice did not have an automated external defibrillator (AED) and had not conducted a risk assessment, although staff had identified locations within the village where a defibrillator was available.

The practice had conducted safety tests on electrical equipment in 2013 and had arranged for this to be repeated shortly after our inspection.

The practice had carried out a fire risk assessment in 2012 but had not fully addressed all the findings within the report.

The practice did not have a staff recruitment policy in place to ensure pre-recruitment checks were always carried out.

The practice had an infection control policy available but had not carried out any infection control audits.

X-rays were carried out in line with the Ionising Radiation Regulations 1999 (IRR 99) and in line with the Faculty of General Dental Practitioners (FGDP) guidelines.

Are services effective?

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

All new patients were given a one hour patient assessment to discuss past medical history and current concerns. The results of assessments were discussed with patients and treatment options and costs were explained.

Dentists and clinical staff were aware of National Institute for Health and Care Excellence (NICE) and received updates.

Advice was given to patients on how to maintain good oral hygiene and the impact of diet, tobacco and alcohol consumption on oral health. An intra-oral camera allowed patients to understand their own dental health.

There were enough suitably qualified and experienced staff to meet patients' needs. Staff were encouraged to update their training, and maintain their continuing professional development (CPD).

Referrals were made to other services in a timely manner when further treatment or treatment outside the scope of the practice was required.

Staff we spoke with had not received any training in the Mental Capacity Act (MCA) 2005 but did have an understanding of this and patient consent was obtained in line with relevant legislation including the MCA.

Summary of findings

Are services caring?

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

All comments from patients at the practice were very positive about the care and treatment they received.

Patients' confidentiality was maintained at all times. Staff treated patients with privacy, dignity and respect. Patient electronic records were stored securely on the computer. Any paper notes kept were also stored securely.

Are services responsive to people's needs?

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

The practice provided patients with detailed information about the services they offered on their website and within the practice. The appointment system responded promptly to patients' routine needs and when they required urgent treatment. Longer appointment times were available for patients who required extra time or support.

The practice building had been adapted and was suitable for those who had impaired mobility.

There was a complaints policy and procedure in place, there had only ever been one complaint but this had been dealt with appropriately.

Are services well-led?

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

The registered manager and practice manager took a lead in the day to day running of the practice.

On-going continuous professional development was encouraged and opportunities for training were offered to staff. All staff received annual appraisals.

There was no robust framework in place to monitor and improve patient safety. There were no systems in place for infection control or radiography audits to be carried out. The practice did not have a system in place for the identification or recording of significant events. Practice specific risk assessments had been completed with regards to health and safety and legionella. Practice specific policies were available and we saw evidence of staff signing to acknowledge them. However, there was no recruitment policy. Staff recruitment checks included Disclosure and Barring Service (DBS) checks, proof of identification and training.

The practice held monthly staff meetings and these were documented. There was a standing agenda which staff were able to add to, one of the practice's policies was reviewed every month at this meeting and staff signed to acknowledge this.

The practice actively sought patient feedback by distributing surveys to patients; we saw records of these and actions taken in response to patients' suggestions.

Danbury Dental Care Ltd

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection at Danbury Dental Ltd on 14 March 2016.

The inspection was led by a CQC inspector and included a dental nurse specialist advisor.

During the inspection we spoke to staff, observed staff and patient interactions, reviewed documents and patient feedback.

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 did not have procedures in place to identify, investigate, respond to or learn from significant events. Staff we spoke to were not clear on the meaning or importance of significant events.

The practice had received only one complaint during the previous three years the record of which was comprehensive and detailed the complaint in full. Patient feedback was discussed at monthly staff meetings.

There was a system for reporting injuries under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. Staff we spoke with were aware of these reporting systems. No incidents had been reported in the last twelve months.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts via email and were discussed at monthly staff meetings. These alerts identify any problems or concerns relating to a medicine or piece of medical equipment, including those used in dentistry.

Reliable safety systems and processes (including safeguarding)

The practice had a safeguarding vulnerable adults and children policy. Procedures and key information including and were available. The staff members we spoke with had received safeguarding training and demonstrated an awareness of the signs of abuse and their duty to report any concerns about abuse. However, the training undertaken was not of the level expected for dental professionals; most staff, including a dentist and dental nurses had only received level 1 training.

We asked how the practice treated patients during root canal treatment. Staff explained that root canal treatment was not carried out using a latex free rubber dam or any alternative. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth). Therefore patients could not be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

We saw evidence that medical alerts were flagged to clinicians when treatments took place. This included alerts regarding patients who had a latex or antibiotic allergy.

The practice had procedures in place to assess the risks in relation to the control of substances hazardous to health (COSHH). This included any chemical which could cause harm if accidentally spilt, swallowed, or came into contact with the skin. For example, cleaning materials and all dental materials used in the practice. Each of these had been risk assessed and recorded in the COSHH file which all staff were aware of. Hazardous materials were stored safely and securely. The practice kept data sheets from the manufacturers in the COSHH file to inform staff what action to take in the event of a spillage, accidental swallowing or contact with the skin.

Staff and patients were provided with personal protective equipment (PPE) (gloves, aprons, masks and visors to protect the eyes). We found sufficient PPE available for practice staff and patients.

Portable electrical equipment had been tested in 2013 and arrangements were made for this testing to be repeated shortly after our inspection.

Medical emergencies

The practice had procedures and some equipment in place for dealing with medical emergencies. Emergency equipment included emergency medicines and oxygen with adult and child masks. The practice did not have an automated external defibrillator (AED) and had not undertaken a risk assessment with regards to its absence. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

The practice had emergency medicines in line with the British National Formulary guidance for medical emergencies in dental practice. We checked the emergency medicines and all medicines except midazolam were present, the practice held intravenous diazepam instead, this was contrary to recommendations made by the British National Formulary. All medicines were within their expiry date.

All staff files included evidence of basic life support training. The practice had a first aid kit and accident book available.

Are services safe?

Staff recruitment

We reviewed recruitment files for six members of staff. The practice did not have a recruitment policy for the employment of new staff. Most pre-employment checks were carried out; they included obtaining proof of identity, checking skills and qualifications, registration with professional bodies and a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice had a robust induction system for new staff. This included mandatory training, health and safety information and a sign off sheet to acknowledge all practice policies.

There were sufficient numbers of suitably qualified and skilled staff working within the practice.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor and manage most risks.

There was a health and safety policy and risk assessment available. There was also a fire risk assessment carried out in 2012; however not all the findings highlighted in the report had been actioned. For example, there were only domestic smoke detectors in place and the risk assessment had stated this was not adequate. Fire extinguishers were serviced annually and regular fire drills were carried out.

Infection control

The practice had an infection control policy available. The practice employed a cleaning contractor who had appropriate cleaning schedules and risk assessments in place. The practice did not have systems in place for auditing the infection control procedures and had no records of Infection Prevention Society infection control audits that had been completed in accordance with recommendations in the Department of health document HTM01-05.

We found that there was an adequate supply of liquid soaps and hand towels throughout the practice. Sharps bins were signed and dated and were not overfilled. A clinical waste contract was in place and waste matter was appropriately sorted and stored until collection. We saw waste consignment notes from an approved contractor.

We looked at the procedures the practice used for the decontamination of used or dirty dental instruments. The practice had a specific decontamination room that had been arranged according to the Department of Health's guidance: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

Within the decontamination room there were clearly defined dirty and clean areas to reduce the risk of cross contamination and infection. Staff wore appropriate personal protective equipment during the process and these included gloves, aprons and protective eye wear.

The practice had an autoclave designed to sterilise non wrapped or solid instruments. At the end of the sterilising procedure the instruments were dried on racks, packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date that met the recommendations of HTM01-05.

The equipment used for cleaning and sterilising was maintained and serviced in line with the manufacturer's instructions. Records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Staff wore personal protective equipment when cleaning instruments and treating patients who used the service. Our observations supported this. Staff files showed that staff had received inoculations against Hepatitis B. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

The practice had a needle stick injury policy which the staff were aware of and staff were able to describe what action they would take if they had a needle stick injury. A needle stick injury is the type of injury received from a sharp instrument or needle.

There were regular legionella risk assessments conducted to ensure the risks of legionella bacteria developing in water systems within the premises were identified or actions were taken to reduce the risk of patients and staff developing legionnaires' disease. Staff had also received legionella awareness training. (Legionella is a bacterium found in water systems and can contaminate dental units if effective controls are not in place).

Are services safe?

Equipment and medicines

Medical equipment was monitored to ensure it was in working order and in sufficient quantities, and there were records of portable appliance testing in 2013. The practice had arranged for this to be repeated shortly after our inspection.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient stocks available for use. Emergency medicines were checked and were in date. Emergency medicines were located centrally but securely for ease of use in an emergency. The practice stocked intravenous diazemuls instead of the recommended buccal midazolam, we discussed this with the provider who told us this would be replaced.

Emergency equipment including oxygen was also available.

Radiography (X-rays)

The practice had x-ray equipment available. X-rays were taken in line with the Ionising Radiation (Medical Exposure) Regulations (IRMER) regulations 1999.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. This was as identified in the Ionising Radiation Regulations 1999 (IRR 99).

The practice had documentation to demonstrate the X-ray equipment had been maintained at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested and serviced with repairs undertaken when necessary.

The practice had not monitored the quality of its X-ray images on a regular basis by carrying out annual X-ray audits in order to reduce the risk of patients being subjected to further unnecessary X-rays. Both the current regulations for the use of ionising radiation for medical and dental purposes (IRR99 and IR(ME)R2000) place a legal responsibility to establish and maintain quality assurance programmes in respect of dental radiology. As part of this, it is necessary to ensure the consistent quality of radiographs through audit.

Patients were required to complete medical history forms and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where female patients of child bearing age might be pregnant. Dental care records showed that information related to X-rays was recorded and followed guidance from the Faculty of General Dental Practice (UK) This included justification, quality assurance and a report on the findings of the X-ray.

We saw that the practice used digital radiography which significantly reduced radiation and the need to use chemicals for developing and processing X-rays. We saw such radiographs were embedded in the patient's electronic records which meant all information contained in them was easily accessible for clinicians.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

All new patients received a one hour patient assessment, all returning patients would also receive a shorter assessment. The assessment included taking a medical history from new patients and updating information for returning patients. This included health conditions, current medicines being taken and whether the patient had any allergies.

Staff told us that the results of each patient's assessment was discussed with them and treatment options and costs were explained. Dental care records were updated with the proposed treatment after discussing the options.

Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines. Staff were aware of NICE guidelines and received updates.

We reviewed feedback left by patients in CQC comment cards. All feedback was very positive regarding staff attitudes, the care and treatment received and the facilities provided.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. Patients were advised on how to maintain good oral hygiene and the impact of diet, tobacco and alcohol consumption on oral health, as well as the importance of having regular dental check-ups as part of maintaining good oral health. In order to assist dentists with this, the practice had an intra-oral camera to help educate patients on oral hygiene.

Staffing

Two dentists worked at the practice. There were three dental nurses, one of whom also worked as a practice manager, and one dental hygienist.

Clinical staff had appropriate professional qualifications and were registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration with the General Dental Council CPD contributes to the staff members' professional development. Staff said they were supported in their learning and development and to maintain their professional registration.

Staff files showed details of the number of hour's CPD staff members had undertaken and training certificates were also in placed in the files.

The practice had a system for appraising staff performance annually and records showed that all appraisals had taken place. Staff said they felt supported and involved in discussions about their personal development. They told us that the provider was supportive and available for advice and guidance.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. This included treatments such as conscious sedation which was provided by an external provider at a clinic held at the practice once a month.

Consent to care and treatment

The practice had a policy for consent to care and treatment. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient. Documents within the practice demonstrated staff were aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions.

Staff had not received Mental Capacity Act 2005 (MCA) training. Staff we spoke with did have an understanding of the MCA. The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We saw that staff at the practice were treating patients with dignity and respect. Discussions between staff and patients were polite, respectful and professional. A private room was available to protect patient's privacy.

We saw that patient electronic dental care records were held securely on the computer and any paper dental care records were kept securely.

We reviewed Care Quality Commission comment cards that had been completed by patients, about the services

provided. All comment cards contained very positive comments about the services provided. Patients said that practice staff were professional, kind and supportive and the care and treatment provided was of an excellent standard.

Involvement in decisions about care and treatment

41 Care Quality Commission (CQC) comment cards completed by patients included comments about how treatment was explained in a way they could understand. Feedback from patients spoken with showed they had been involved in all decisions relating to their care and treatment at the practice and staff always ensured they understood these decisions.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered on their website in addition to a range of patient information was available in the waiting room. We found the practice had an appointment system to respond to patients' routine needs and when they required urgent treatment. When the practice was closed an answerphone message with emergency contact details for the dentist was provided to arrange care and advice out of hours.

The length of appointments and the frequency of visits for each patient was based on their individual needs and treatment plans. Longer appointments were available for patients who needed more time.

Tackling inequity and promoting equality

The practice only provided private dental treatment, children of existing patients were treated free of charge.

The practice building was a Grade II Listed property, however this had been adapted and was suitable for patients who had impaired mobility. All facilities were on the ground floor and the essential facilities were accessible to people with restricted mobility.

Staff members told us that longer appointment times were available for patients who required extra time or support, such as patients who were particularly nervous or anxious.

Access to the service

The practice's normal opening hours were Monday to Friday 8.30am to 5pm, with extended hours provided on Monday evenings until 8pm. Feedback from patients about the appointments system was positive.

Concerns & complaints

The practice had a complaints policy available. There had only been one complaint made, this was in 2011. We reviewed this complaint and found it had been recorded in detail, responded to appropriately and had been discussed with staff to encourage learning.

Are services well-led?

Our findings

Governance arrangements

The principal dentist and the practice manager took a lead in the day to day running of the practice.

The practice had limited arrangements in place for monitoring and improving the services provided for patients. For example, audits were not carried out to monitor radiography or infection control but there was a robust system in place to encourage and act on patient feedback.

Monthly staff meetings were well structured, documented and encouraged staff learning and the sharing of information. At each meeting one practice policy was also reviewed and staff signed to acknowledge this.

There was no robust governance framework in place; there was a range of policies and procedures in use at the practice, these included health and safety, recruitment checks, fire and legionella. However some risks were not well managed; for example, findings in the fire risk assessment were not all actioned. There was no recruitment policy available. There were no systems in place for ensuring infection control or radiography audits were being carried out. When we addressed these issues with the practice, staff were very receptive to our feedback and immediately began the process of implementing our recommendations.

The practice used a dental patient computerised record system and all staff had been trained to use the system.

We found that staff were aware of their roles and responsibilities within the practice.

Leadership, openness and transparency

The practice had an open and honest culture focused on delivering high quality patient centred care. We found clear lines of responsibility and accountability within the practice. Staff told us that they could speak with the registered manager if they had any concerns. Our observations together with comments from patients and staff confirmed that all staff were able to discuss any professional issues openly. Staff said they felt respected and involved in the practice.

We viewed one complaint received and the practice had responded in an open and honest manner.

The practice had a whistle blowing policy for staff to raise concerns in confidence. Staff told us that they felt confident that they could raise concerns and knew the procedure for whistleblowing and who they could speak with about those concerns.

Learning and improvement

The practice aimed to deliver high quality, patient centred dental care. All staff we spoke to were aware of this value and worked towards this at all times. All clinical staff were aware of NICE guidelines and ensured they delivered best practice to their patients.

Continual professional development was encouraged and the registered manager promoted learning opportunities.

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

The practice ensured that patients were involved in making decisions about their care and treatment and this information was recorded in their records. Patient feedback forms distributed monthly by the practice were all very positive and included comments indicating they received a professional service and excellent quality care and treatment. There was also evidence of actions taken in response to patient feedback.

Feedback from patients to CQC in the comment cards received also said they were very happy with the care and treatment they received.

There was a system in place to assess and analyse complaints and to share learning, records were detailed and would always be discussed at staff meetings to encourage learning.

The practice held monthly staff meetings and these were documented. There was a standing agenda which staff could add to and included subjects such as complaints, new guidelines and safety issues. Staff appraisals were structured and carried out annually to promote staff. Staff told us that they felt part of a team and well supported by the principal dentist.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems and processes must enable the registered person to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <ul style="list-style-type: none">• The registered person was not completing audits to monitor infection control an radiography• The registered person did not have a system in place for the identification or recording of significant events. <p>This was in breach of regulation 17 (1)(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none">• Not all staff had received an adequate level of safeguarding training.• The provider had not conducted a risk assessment for the need of a defibrillator. <p>This was in breach of regulation 17 (1)(2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>