Dr. David Gilmartin

Cambridge Dental Hub

Inspection Report

1 Brooke House, Kingsley Walk, Cambridge, CB5 8TJ
Tel:01223 363277
Website: www.**cambridgedentalhub**.co.uk

Date of inspection visit: 20 January 206
Date of publication: 16/03/2016

Overall summary

We carried out an announced comprehensive inspection on 20 January 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 not 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 providing well-led care in accordance with the relevant regulations.

Background

Cambridge Dental Hub is a new practice situated in central Cambridge. It offers a range of services including general dentistry, orthodontics, implants and cosmetic surgery to privately paying patients. The practice employs eleven part-time dentists, one orthodontist and one dental hygienist. They are supported by three dental nurses and a practice manager. The practice opens from 7.30 am to 7.30 pm Monday to Friday; from 7.30 to 5pm on a Saturday; and from 9 am to 5.30 pm on a Sunday. It also opens on Bank Holidays.

There was no registered manager at the practice at the time of our inspection. However the practice manager was in the process of applying to become registered with us, and had submitted her application. 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.

The practice has a patient waiting area, four treatment rooms, a decontamination room for cleaning, sterilising and packing dental instruments, and a small staff area for making drinks.

We spoke with three patients during our inspection and also received 33 comments cards that had been completed by patients prior to our inspection. We received many positive comments about the practice's modern facilities, its extensive opening hours and the staff's skills. Patients were happy with the quality and effectiveness of their treatment.

Our key findings were:

Summary of findings

- The practice offered extensive opening hours both during the week, at weekends, and on Bank Holidays, making it very accessible to patients.
- We received consistently good feedback from patients about the quality of the practice's staff and the effectiveness of their treatment.
- The practice provided a good range of dental services, including implants, orthodontics , cosmetic dentistry and conscious sedation, in modern and recently refurbished premises.
- The practice had equipment and medicines for treating medical emergencies in line with the recommendations of the British National Formulary and the Resuscitation Council UK guidance.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation. Patients' dental care records provided an accurate, thorough and contemporaneous record of patient care.
- Staff enjoyed their work citing good team work, support and training as the reason.
- Patients' views about the practice were proactively sought and used to improve the service.

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

- Ensure the practice's infection control procedures and protocols meet guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance

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

- Review the use of CCTV cameras to ensure it meets guidance as set out in the Information Commissioner's' Office; In the picture: A data protection code of practice for surveillance cameras and personal information.
- Provide staff with accredited safeguarding training for children and vulnerable adults.
- Bag oxygen masks in the medical emergency kit to maintain their hygiene.
- Maintain accurate, complete and detailed records relating to the employment of staff.
- Improve the range of the audit for the quality of dental care records with due regard to guidelines recommended by the Faculty of General Dental Practice.
- Review audit protocols to ensure learning points are documented and shared with all relevant staff.
- Improve the quality of the recording of practice meeting minutes.

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

The practice carried out and reviewed risk assessments to identify and manage risks to both patients and staff. Emergency equipment was available and medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were available to meet patients' needs. However, there were some shortfalls in the decontamination of instruments and their subsequent storage which indicated a lack of robustness in the protocols deployed. Staff had not received accredited training in the safeguarding of vulnerable adults and children, and the practice did not obtain photographic ID of new staff.

Are services effective?

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

Staff assessed patients' needs and delivered care in line with current evidence based guidance. The practice kept detailed dental care records of the treatment carried out and monitored any changes in patients' oral health. Patients were referred to other services appropriately, although there was no process in place to track referrals and ensure they had been received.

Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all members of staff.

Clinical audits were completed to ensure patients received effective and safe care, but some were limited in scope and lacked a clear learning outcome from which all staff could benefit.

Are services caring?

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. Patient information and data was handled confidentially.

Are services responsive to people's needs?

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

The practice offered a wide range of dental services to its patients. Opening hours were excellent, ensuring that appointments were easy accessible at times suitable for patients. The practice kept and emergency out of hours mobile phone, ensuring that patients could speak directly with a dentist in the event of an emergency outside of its opening hours.

The practice had made some adjustments to accommodate patients with a disability.

Patients' complaints were dealt with in a timely and empathetic way.

Are services well-led?

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

Summary of findings

The dentists and practice manager were approachable and the culture within the practice was open and transparent. There was a clear leadership structure and staff were well supported and told us that it was a good place to work. The practice sought feedback from its patients and staff which it acted on.

Cambridge Dental Hub

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008

The inspection took place on 20 January 2016 and was conducted by a CQC inspector and a dental specialist advisor.

During the inspection we spoke with the principal dentist, the practice manager, and two dental nurses. We also spoke with three patients and received feedback from another 33 patients about the quality of the service from comment cards they had completed prior to our inspection. We observed one patient consultation, 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

The practice had only been opened for a year and had not experienced any serious incidents or significant events in that time. However staff were fully aware of the need to report events and told us they would inform the practice manager immediately. An accident book was easily available to record any events. Staff were also aware of their responsibilities to report appropriate incidents in line with RIDDOR requirements.

The practice manager informed us that any serious incident that occurred would be discussed at the fortnightly team meetings so that any learning could be shared with staff.

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. A poster was on display in the staff and patient toilet giving the contact details of relevant agencies involved in protecting people. Staff told us they had purposely put safeguarding contact details in the toilet so that patients and staff could access them in private, without being seen. The practice manager told us that any children with known safeguarding concerns could be flagged on the practice's computer system to ensure dental clinicians were aware of them.

Staff we spoke with understood their responsibilities in relation to safeguarding, and were aware of the different types of abuse a vulnerable adult could face. All had received training from the principal dentist and therefore staff could not demonstrate they had been trained to the acceptable and recognised level.

CCTV was used in treatment rooms and around the premises for the added safety of both staff and patients, and we viewed signs around the practice informing patients of its use. However there was no information available for patients detailing who had access to the images, how long they would be retained for and how to request access to them in line with guidance from the Information Commissioner's' Office, 'In the picture: A data protection code of practice for surveillance cameras and personal information'.

There were robust procedures in place for the management of sharps' injuries and no staff had received an injury since the practice had opened a year ago.

Medical emergencies

The practice had arrangements in place to manage emergencies and records showed that all staff had received training in basic life support. Emergency equipment, including oxygen and an automated external defibrillator was available . Records confirmed that it was checked daily by staff. However oxygen masks were not placed in bags to maintain their hygiene and safety.

Medicines were available to deal with a range of emergencies including angina, asthma, chest pain and epilepsy, and all medicines were checked daily and within date for safe use.

Emergency medical simulations were regularly rehearsed by staff so that they were clear about what to do in the event of an incident at the practice. The practice manager gave us a recent example where they had practised how to respond to someone collapsing in the toilet behind a locked door.

Staff recruitment

We spoke with one recently recruited member of staff who told us their recruitment had been thorough. They had been interviewed by three of the practice's staff and had also been invited in for a trial day before taking up the post which they had found useful.

We reviewed three staff recruitment files and found that appropriate checks had been undertaken for staff prior to their employment. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). However, no photographic ID was obtained for staff.

Staff underwent an induction when they started working at the practice to ensure they had the knowledge and skills for their role.

Monitoring health & safety and responding to risks

Are services safe?

We looked at a range of policies and risk assessments which described how the practice aimed to provide safe care for patients and staff. These were satisfactory and covered a wide range of areas including display screens, fire safety, and the use of latex. A legionella risk assessment had been carried out in January 2015, although staff were not routinely checking water temperatures at sentinel points each month.

We noted that there was good signage throughout the premises clearly indicating the fire exit, the location of emergency medical equipment, CCTV usage and X-ray warning signs. There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for products used within the practice. We viewed evidence in relation to health and safety including hazardous waste, electrical installation and emergency lighting tests which showed that the practice maintained a safe environment for staff and patients.

Infection control

Patients who completed our comment cards told us that 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, corridors and treatment rooms. The patient /staff toilet was clean and contained liquid soap and electronic hand dryers so that people could wash their hands hygienically. We checked all 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 separate sinks for patients and staff to use and posters above them providing prompts of the correct way to wash hands. There were foot operated bins and personal protective equipment available to reduce the risk of cross infection.

We noted good infection control procedures during the patient consultation we observed. The dentist washed her hands prior to oral examination; 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. We saw that both the dentist and dental nurse wore appropriate personal protective equipment and the patient was given eye protection to wear during their treatment.

However, we noted that mirrors and probes were kept in an open stock pouch in a drawer within the treatment zone, which carried the risk of them becoming contaminated over time. However we found that some cleaning equipment had not been stored appropriately to ensure safety.

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01-05), decontamination in primary care dental practices. On the day of our inspection, a dental nurse demonstrated the decontamination process to us and mostly used the correct procedures. However, we observed that instruments were manually scrubbed above the water, rather than under it to prevent splatter, as recommended by the published guidance (HTM 01-05). We also noted that the overflow on the hand washing sink was open, contrary to recommendation. At the end of the sterilising procedure the instruments were packaged, sealed, stored and dated with an expiry date. However we checked a number of these sealed pouches and found instruments with cement and white filling material on them, despite having been processed and sterilised, indicating a lack of robustness in the practice's decontamination process.

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.

The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. Clinical waste was stored safely prior to removal in locked bins, inside locked railings, outside the building.

All dental staff had been immunised against Hepatitis B.

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. However, other than the provider telling us he conducted portable appliance testing himself, there was no evidence to show he did this, or evidence to demonstrate that he was competent to do so.

Are services safe?

Staff we spoke with told us they had suitable equipment to enable them to carry out their work.

There was a system in place to ensure that staff received safety alerts from the Medicines and Health Care products Regulatory Agency and we noted an alert concerning a type of ceramic reconstruction kit on display for staff to see. Our review of dental care records showed that the batch numbers and expiry dates for local anaesthetics were always recorded.

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 and serviced.

A Radiation Protection Advisor and Radiation Protection Supervisor 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 the radiation protection folder for staff to reference if needed. 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 and its grade. This protected patients who required X-rays as part of their treatment.

The dentists carried out regular audits of the quality of their X-rays. However the learning value of these could be enhanced by the auditor checking the original grading awarded, against a sample of x-rays for each clinician to ensure they had been accurately assessed initially.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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. We saw that dental care records contained a comprehensive written patient medical history which was updated on every examination. People's dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to them. Our discussions with the dentist and nurses showed that that they were aware of, and worked to, guidelines from National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice(FGDP) about best practice in care and treatment. Dental care records we viewed evidenced clearly that NICE guidance was followed for patients' recall frequency and that that routine dental examinations for gum disease and oral cancer had taken place. Dental decay risk assessments had been completed for patients.

We found that some audits were limited in their scope. For example the practice's radiograph audit was a percentage marking of the grades originally given, rather than an examination of the original x-rays to verify that the original grading was accurate. The practice's dental care records did not follow the audit recommended by the FGDP.

We saw a range of clinical and other audits that the practice carried out to help them monitor the effectiveness of the service. However we found that some of these audits were limited in their scope. For example the practice's radiograph audit was a percentage marking of the grades originally given, rather than an examination of the original x-rays to verify that the original grading was accurate. The practice's dental care records audit did not follow the audit recommended by the FGDP.

The practice carried out conscious sedation for very nervous patients (these are techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation). All patient sedations were undertaken by a general medical council registered doctor who provided specific sedation services. However records of the procedure ranging from the patient assessment, through treatment to their recovery were not kept on site for the practice to assure themselves that it had been conducted correctly. Following our inspection, the practice sent us a sample of patient dental care records where sedation had been carried out. We found that all the appropriate health checks and monitoring of the patients during their sedation had been carried out. We also spoke with the seditionist and were assured that he undertook the procedure in line with guidance issued by the Intercollegiate Advisory Committee for Sedation in Dentistry.

Health promotion & prevention

A number of oral health care products were available for sale to patients on site including interdental brushes, toothpaste and mouthwash and dental care records we viewed confirmed that patients were given advice about dental hygiene, tobacco and alcohol consumption.

The practice had an informative website which provided information about a range of dental health topics. The site stated that the practice offered a wide range of free resources to help patients who wanted to quit smoking. However we found that there was limited staff awareness and promotion of local facilities available to assist patients with this.

Staffing

Staff told us there were enough of them to maintain the smooth running of the practice. A dental nurse always worked with the dentist and the hygienist. In addition, there were always two additional dental nurses available; one to cover reception and another to undertake decontamination work, or administrative tasks such as scanning. The practice manager told us that staff could be brought in from the provider's other practice in Milton Keynes if needed.

Staff files we viewed demonstrated that they were appropriately qualified, trained and where appropriate, had current professional validation. Staff also received a yearly appraisal of their performance, where their strengths, weaknesses and training needs were discussed.

Professional registration, insurance and indemnity checks were undertaken each year to ensure dental clinicians were still fit to practice. The practice had appropriate Employer's Liability in place.

Working with other services

Are services effective?

(for example, treatment is effective)

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves. Referrals for suspected oral cancer were always phoned through immediately and then a paper copy sent to the appropriate hospital. Patients were always give a copy of their referral form for reference. However, there was no system in place to check that non-urgent referrals had been received, once sent. Therefore the practice was not able to follow up these referrals until the patient themselves raised a concern that they had not heard anything.

Consent to care and treatment

Patients we spoke with told us that they were provided with good information during their consultation and that they always had the opportunity to ask questions to ensure they understood before agreeing to a particular treatment. They confirmed they received a detailed plan which outlined their agreed treatment and the costs involved.

Dental records we viewed demonstrated clearly that treatment options, and their potential risks and benefits explained to patients in some depth. Evidence of their consent had also been recorded. Specific consent forms for a range of treatments including those for fillings, implants, referrals, CT scans, sedation and root canal treatment were available both in the practice and also on its website.

We spoke with staff and found they had an adequate understanding of the Mental Capacity Act 2005 (MCA) and its relevance in obtaining consent. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 33 completed cards and received many positive comments about the empathetic and supportive nature of the practice's staff.

We spent time in the reception area and observed a number of interactions between the reception staff and patients coming into the practice. The quality of interaction was good: staff were friendly, helpful and professional both on the phone and face to face.

All consultations were carried out in the privacy of the treatment rooms and we noted that treatment room doors were closed during procedures. The main reception area itself was not particularly private, and conversations between reception staff and patients could be easily overheard by those waiting. However, staff assured us they could offer a room to any patient who wanted to speak privately. One staff member told us they had escorted a patient who was visibly distressed and anxious prior to their appointment to a secluded area. The staff member told us how they had stayed with the patient to calm them, and also accompanied them during their consultation.

Staff gave us examples of where they had gone above and beyond their duty to meet patients' needs. In one instance, organising a taxi to a dental technician so that a patient could have their broken dentures fixed before their grand daughter's wedding that same day.

Involvement in decisions about care and treatment

Patients we spoke with told us that their dental health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice offered a range of services in additional to general dentistry including orthodontics**,** dental implants, conscious sedation, a same day crown service and a range of cosmetic procedures. A hygienist worked at the practice so patients could access combined check-up and hygiene appointments. A number of payment plans and options were available so that patients could spread the cost of their treatment.

Patients had access to a helpful website about the practice. It provided comprehensive information about the range services offered, the dental team, its opening hours, and the different types of treatments and their cost.

The practice offered extensive opening hours to patients both early in the morning, late into the evening, and at week-ends and Bank Holidays, making it easily accessible to patients who could not attend during normal working hours. Appointment slots were held each day for those patients needing urgent treatment. In addition to this, the practice also offered a 24 hour emergency telephone service that was staffed by the principal dentist.

We conducted a tour of the practice and found the premises and facilities were appropriate for the services delivered. Each treatment room had a specialist treatment chair with a back massage and heat function.

Tackling inequity and promoting equality

Access to the practice was on the ground floor, with wheel chair access via the back door. Treatment rooms were also on the ground level, and treatment chairs did not have attached spittoons or lights to make them more accessible. An adapted toilet was available, although the practice's internal and external doors were not automatic. There was no portable hearing loop available for hearing impaired patients.

Many of the practice's staff were bi-lingual and spoke a wide range of languages between them, including those also spoken by their patients. The practice manager gave us examples of where staff had provided translation services for patients so that they could better understand their treatment options.

Concerns & complaints

Information about how to complain was available in the practice's information leaflet and also in the patient waiting area. It detailed the timescales in which complaints would be responded to, and also listed external agencies patients could contact if they were not satisfied with the practice's response.

We viewed the practice's complaints log and noted it had recorded a number of patients' concerns. These had all been investigated thoroughly and a full written and empathetic response had been sent to patients. Where appropriate, the full cost of treatment had been refunded. This assured us that the practice took patients' complaints seriously.

Staff told us that patients' complaints were discussed at the regular practice meetings so that learning from them could be shared.

Are services well-led?

Our findings

Governance arrangements

The principal dentist took responsibility for the overall leadership in the practice, leading on clinical, management and quality monitoring roles. He was supported by the practice manager, who worked at the practice three days a week.

The practice had policies and procedures in place to support the management of the service, which had been reviewed to ensure they were up to date and relevant.

Communication across the practice was structured around a fortnightly meeting involving all staff, and we were told that this was the key forum for communicating with staff and discussing patient complaints, incidents, procedures and staffing issues. However the recording of minutes from these meetings was not detailed .The minutes did not contain any summary of what was discussed, the outcome of those discussions, or any agreed action.

Leadership, openness and transparency

Staff clearly enjoyed their work citing good team work, support and access to training as the reason. Although staff worked long hours during the day, they told us it was easy to take days off, or swap shifts with other staff. Staff told us that there was an open culture within the practice and they had the opportunity to raise their concerns. They reported that the practice manager and dentists were very approachable.

Learning and improvement

At the time of our inspection, one dentist was currently undertaking a Master's Degree in clinical dentistry; and others were undertaking specialist training in periodontics, endodontics and dental implants. The practice employed a GMC registered specialist doctor to undertake its conscious sedation procedures. Nurses had undertaken additional training in sedation, implants and radiography. The practice manager told us she had applied to undertake a level 5 diploma in management studies to enhance her skills.

Lunch and learns training sessions were held every eight weeks and staff reported that the principal dentist took many opportunities to share his learning, often providing impromptu training sessions with staff during quiet times.

Regular audits were undertaken to ensure standards were maintained in a range of areas including radiography, infection control, the quality of clinical notes, staff personnel files and sedation. However, we found little evidence that audit results were actively shared with staff to aid learning and effect improvements.

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

Patients were encouraged to complete a satisfaction questionnaire which asked them to comment on the quality of the practice's general appearance and facilities , its staff, its appointment system, and the choice of treatments. These questionnaires were regularly reviewed by staff and used to improve the service. We viewed eight recently completed questionnaires which showed high satisfaction levels in all these areas.

We were given examples of where the practice had responded to patients' feedback. For example, the practice had decided to open at lunch times to better meet patients' needs and a desk had been put in the waiting area so that patients could complete their forms more easily. Consent forms could be downloaded from the practice's web site so that patients could complete them prior to attending the surgery.

The practice gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and managers.

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
	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12- Safe care and Treatment- which states Care and Treatment must be provided in a safe way for service users. This includes assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated. We found that the provider's decontamination procedures were not robust and failed to meet nationally recognised guidance and standards. Regulation 12(2)(h)