

Stanstead Road Dental Practice Limited

Stanstead Road Dental Practice Limited

Inspection Report

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Overall summary

We carried out this announced inspection on 9 May 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

We found that this practice was 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

Stanstead Rd Dental Practice Limited is in the London borough of Lewisham and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice for limited periods.

Summary of findings

The dental team includes one dentist, one dental nurse, one trainee dental nurse, one dental practice manager and a company director. The practice has two treatment rooms, however, only one is currently in use.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at Stanstead Rd Dental Practice Limited is the company director. A registered manager is legally responsible for the delivery of services for which the practice is registered

On the day of inspection received feedback from three patients.

During the inspection we spoke with the dentist, the dental nurse, the company director and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday -8.30am - 5.45pm

Tuesday-10am -7.45pm

Wednesday and Thursday -9am -5.45pm

Friday -9am -4.45pm

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- The provider had appropriate staff recruitment procedures.
- The provider asked patients for feedback about the services they provided.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The provider had systems to deal with complaints efficiently.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff treated patients with dignity and respect; however, they did not always take care to protect their privacy and personal information.

- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system did not always take into account of patients' needs.
- Staff did not always feel involved and supported.
- Staff knew how to deal with emergencies. However, not all emergency medicines and life-saving equipment, was available as per national guidance.
- There was no emergency lighting and no fire detection system in place.
- An up to date fire risk assessment was not available. The previous risk assessment was undertaken in 2010 and not all recommendations had been completed.
- The provider did not have suitable arrangements to ensure the safety of the X-ray equipment.
- There were ineffective governance arrangements in place.
- There were insufficient systems in place to manage risk to patients and staff.
- The provider did not demonstrate effective leadership nor was there a culture of continuous improvement.

We identified regulations the provider was not complying with. They must:

- Ensure that care and treatment is provided to patients in a way that is safe
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations the provider is not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

Review the availability of an automated external defibrillator, (AED), in the practice to manage medical emergencies, taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council, and undertake a risk assessment if a decision is made not to have an AED on site.

Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

Summary of findings

Review the practice's protocol and staff awareness of their responsibilities in relation to the duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. Staff were qualified for their roles.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles.

Equipment, including the gas boiler and the air conditioning unit was not serviced and properly maintained and five-year electrical fixed wiring checks had not been undertaken.

Medicines and equipment, as per current national guidance were not available for when dealing with medical emergencies and arrangements needed to be improved.

Fire extinguishers had been serviced in August 2018. There was no emergency lighting and no fire detection system in place.

The provider did not have suitable arrangements to ensure the safety of the X-ray equipment.

Requirements notice



Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

Patients described the treatment they received as wonderful and professional.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

We saw evidence that staff completed training relevant to their roles.

No action



Summary of findings

Are services caring?

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

We received feedback about the practice from three people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly and pleasant.

During the inspection, we saw that staff protected patients' privacy; however, they were not always aware of the importance of confidentiality.

No action 

Are services responsive to people's needs?

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

The practice's appointment system did not always take into account patients' needs and some patients were not always seen within an appropriate timescale.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to interpreting and translation services.

The practice took patients views seriously. They valued compliments from patients and had system in place to respond to concerns appropriately.

No action 

Are services well-led?

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

Governance arrangements needed to be improved. There were no systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of services users. An up to date fire risk assessment was not available. Risk assessments for legionella and sharps had not been completed.

Systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities were not in place. Infection control and radiology (X-ray) audits had not been completed.

Management structures were not clearly defined. The registered manager who was also the director, did not demonstrate effective leadership.

The practice team kept complete patient dental care records which were, clearly written or typed, however they were not always stored securely.

Enforcement action 

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice did not always have clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse.

We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a whistleblowing policy.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was documented in the dental care record and a risk assessment completed.

The practice had recruitment procedures to help them employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure.

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

The practice did not always ensure that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. This included for example having a five-year electrical fixed wiring checks and ensuring regular servicing of the air conditioning unit and the gas boiler.

The practice had not routinely or effectively assessed risks associated with fire safety. A fire risk assessment had not been completed since 2010. There was no emergency lighting and no fire detection system in place. Fire extinguishers had been serviced in August 2018.

Improvements were required for the practice to demonstrate that they had suitable arrangements to ensure the safety of the X-ray equipment and that they had the required information.

The registration to the Health and Safety (HSE) had not been undertaken. The provider attempted to do this during the inspection.

Radiograph audits had not been completed.

We saw evidence to confirm that clinical staff had completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

The systems to assess, monitor and manage risks to patient safety required improvements.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had not been completed so that risk associated with the use and disposal of dental sharps were identified and mitigated.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff we spoke with knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support (BLS).

Emergency equipment and medicines were not available as described in recognised guidance. There were no syringes, needles, airways, clear face masks and ambulatory bags in the emergency kit. We also noted that medicines namely, Buccal Midazolam was missing, and Glucagon had expired as it had not been stored in

Are services safe?

accordance with the manufacturer's instructions. There was one oxygen cylinder with no expiry date on it. The provider and the practice manager stated that they have had it around seven years and it had never been serviced.

The practice did not have an automated external defibrillator, (AED), in the practice to manage medical emergencies, in line with guidelines issued by the Resuscitation Council (UK) and the General Dental Council. A risk assessment had not been undertaken to consider the risks of a decision not to have an AED on site. This was discussed with the director and the practice manager who agreed to review the current situation.

Although staff kept records of checks completed to ensure equipment and medicines were available, they were unaware of the recommended emergency medicines and equipment.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05, although the transport boxes needed to be of a more robust type. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water

systems, including disinfecting waterlines and monitoring temperatures; however, a risk assessment had not been completed. We also noted that temperature recordings indicated that the water temperatures were not reaching the required level.

We saw cleaning schedules for the premises. However, not all of the required mops were seen. The director told us that this was probably due to the mop head being changed. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. However, we saw that the clinical bins stored outside of the practice were not adequately secured. The provider assured us that they would be made secure immediately.

The practice had not carried out infection prevention and control audits.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice did not always store and keep records of NHS prescriptions securely, as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety and Lessons learned and improvements

In the previous 12 months there had been no safety incidents.

There was no system for receiving and acting on safety alerts. This had been put in place during the inspection. They assured us they would review and consider previous alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentist was up to date with current evidence-based practice. We saw that the dentist assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

Staff told us that they were providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health (DBOH) toolkit. There was a lack of evidence on the records we reviewed to confirm that all dentists were following DBOH toolkit

The dentist prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

The dentist, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. They were also aware of Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

Effective staffing

Clinical staff had the skills, knowledge and experience to carry out their roles.

We saw evidence that staff completed training relevant to their roles. However, their awareness as regards the recommended emergency medicines and equipment required to be held at the practice needed improvement.

We were told that staff discussed their training needs at informal meetings; there were no records however of meetings or appraisal on records we saw.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists we spoke with confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented were wonderful and pleasant. We saw that the reception staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Privacy and dignity

The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

We noted a telephone conversation between the practice manager and a patient's spouse where it appeared personal information was being shared with them. We discussed this with practice manager who told us they were familiar with the patients' family member and they had an agreement to share information. However, we did not see any documentation that supported this. We were assured that a formal process would be introduced.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

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

- Interpreting services could be accessed for patients who did not use English as a first language.

The practice gave patients information to help them make informed choices about their treatment. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. These included steps free access and an accessible toilet.

A Disability Access audit had not been undertaken.

Timely access to services

The practice had an appointment system to respond to patients' needs. However, patients could not always access emergency appointments within an acceptable timescale. We heard a telephone conversation with the practice manager where a patient was unable to get an emergency appointment within an appropriate time, where a crown had fallen out. The system in place meant that sometimes patients had to wait too long for an appointment if they

had an emergency. There were no dedicated emergency slots reserved in the diary each day. The provider agreed to review the current system to ensure patients could access treatment in an emergency.

The practice displayed its opening hours in the premises and included it on their website.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints

The practice had systems in place to respond to complaints appropriately.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice noticeboard gave details of how to make a complaint.

The practice manager was responsible for dealing with complaints. Staff would tell the practice manager about any formal or informal comments or concerns so patients received a response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the past 12 months. They had systems in place to respond to concerns appropriately.

Are services well-led?

Our findings

Leadership capacity and capability

We found that you do not have effective systems and processes in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities.

The director who is the registered manager, did not demonstrate they had the capacity and skills to deliver the practice strategy and address risks to it.

We found that systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of the services user were ineffective. For example, an up to date fire risk assessment was not available. The previous risk assessment was undertaken in 2010 and not all recommendations had been completed. A Legionella risk assessment and a sharps risk assessment was also not available on the day of inspection.

We also noted that there were limited procedures in place for the management of medical emergencies.

An effective system for managing emergency appointments and minimising risk to patients had not been established.

Culture

Systems in place for communicating information with staff within the service were ineffective. Although there were informal discussions amongst staff, no formal staff meetings were held, and there was no information documented for the purposes of sharing information and learning.

Although staff told us they felt respected, we heard some examples where staff had made suggestions about the need for equipment or procedures and process that needed to be in place. We did not see that these suggestions had been considered or acted upon.

The director and practice manager had some knowledge of the requirements of the Duty of Candour, although improvements were needed.

Governance and management

There were roles and systems of accountability to support governance and management were not clearly defined.

The director had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day-to-day running of the service. After speaking to staff, it was clear that they were not always familiar with the management structure and responsibilities of the director and the practice manager.

On the day of the inspection we saw that systems of governance which included policies, protocols and procedures were not effective. Policies and procedures we saw were mostly held on the computer and had not been reviewed and updated for long periods of time. The director and practice manager informed us that they had signed up to a new management system to assist with governance, however this was only accessed in January 2019.

The director and practice manager had limited knowledge and understanding of significant events and there were no systems in place for recording and managing clinical incidents, safety or significant events.

Maintenance and servicing of equipment was not always carried out regularly and within the manufacturer's specified timescales. Service and maintenance checks for the gas boiler, oxygen cylinder and air conditioning unit had not been undertaken.

Appropriate and accurate information

Dental care records and prescription pads were kept in unlocked cupboards in the reception area accessible to unauthorised personnel and there was no log kept of unused prescriptions.

Engagement with patients, the public, staff and external partners

The practice used a comment book to obtain staff and patients' views about the service.

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

The practice gathered feedback from informal discussions, however we saw that staff were not always listened to and feedback was not always acted on.

Continuous improvement and innovation

Are services well-led?

The practice had not undertaken recent audits of radiographs or infection prevention and control. We saw no evidence of historical auditing in these areas. We discussed this with the director, who told us these would be undertaken as soon as possible.

We saw no appraisals for staff at the practice. Staff confirmed that an appraisal system was not in place.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually, though improvements were required as regards their understanding of the recommended emergency medicines and equipment requirements. The provider supported staff to complete CPD.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was breached:</p> <p>The registered person failed to ensure that equipment used by the service provider for providing care or treatment to a service user was safe for such use and was used in a safe way; In particular:</p> <ul style="list-style-type: none">• The gas boiler, electrical fixed wiring, the air conditioning unit and oxygen cylinder had not been serviced or maintained.• Registration to the Health and Safety (HSE) for radiograph (x-ray) equipment had not been undertaken. <p>There were insufficient quantities of equipment and medicines to ensure the safety of service users and to meet their needs; In particular:</p> <ul style="list-style-type: none">• Some medicines and equipment to be used in a medical emergency had expired or were not available to use in an emergency. There were no syringes, needles, airways, clear face masks and ambulatory bags in the emergency kit. We also noted that medicines namely, Buccal Midazolam was missing, and Glucagon had expired as it had not been stored in accordance with the manufacturer's instructions. There was one oxygen cylinder with no expiry date on it and no records of maintenance checks. <p>Regulation 12(1)</p> |

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">· Radiography audits and infection prevention and control and Disability Access audits were not being undertaken in line with current legislation and national guidance. <p>The registered person failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity: In particular:</p> <ul style="list-style-type: none">· Risk assessment for fire safety, Legionella, sharps and medical emergencies had not been undertaken in line with current legislation and national guidance.· An effective system for managing emergency appointments and minimising risk to patients had not been established. <p>The registered person had systems or processes in place that operated ineffectively in that they failed to</p> |

Enforcement actions

enable the registered person to ensure that records were being maintained securely in respect of each service user as well as in relation to the management of the regulated activity or activities. In particular:

- Dental care records and prescription pads were kept in unlocked cupboards in the reception area accessible to unauthorised personnel.
- There were no logs of prescriptions kept at the practice.

The registered person did not seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular;

- Communicating information with staff within the service was ineffective. There were no formal staff meetings held, and no information documented for the purposes of sharing information and learning.
- There were no systems in place for staff appraisal.
- There were no systems in place for recording and managing clinical incidents, safety or significant events, including a process for learning from such events.

There was additional evidence of poor governance. In particular:

- Policies and procedures were outdated had not been reviewed and updated for long periods of time.
- Roles and systems of accountability to support governance and management were not clearly defined

Regulation 17 (1)