

# Salisbury Dental Care Limited

## Gentle Dental

### Inspection Report

29 Castle Street  
Salisbury  
Wiltshire  
SP1 1TT  
Tel: 01722 413311  
Website: [www.gentle-dental.co.uk](http://www.gentle-dental.co.uk)

Date of inspection visit: 17 October 2018  
Date of publication: 15/11/2018

### Overall summary

We carried out this announced inspection on 17 October 2018 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 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 not providing well-led care in accordance with the relevant regulations.

##### **Background**

Gentle Dental is in Salisbury and provides private treatment to adults and children.

Due to the nature of the premises wheelchair access is not possible. Car parking spaces are available near the practice.

The dental team includes one dentist, one dental hygienist, one dental hygiene therapist, three trainee dental nurses, one practice manager and two receptionists. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the

# Summary of findings

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 Gentle Dental is the principal dentist.

On the day of inspection, we collected 15 CQC comment cards filled in by patients and obtained the views of nine other patients.

During the inspection we spoke with the dentist, two trainee dental nurses, the dental hygienist, the receptionists 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, Wednesday, Thursday 8-5pm, Tuesday 8.30 -7pm and Friday 9am-5pm.

## Our key findings were:

- The practice appeared clean.
- The provider had infection control procedures which did not fully reflect published guidance. Improvements could be made to the decontamination process.
- Not all staff knew how to deal with emergencies. Not all equipment and medicines to deal with medical emergencies were available.
- The practice had some systems to help them manage risk to patients and staff. Recommended actions from Fire Safety and Legionella risk assessments had not been completed.
- The practice had safeguarding processes, not all staff had completed training for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure specified information is available regarding each person employed.

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

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

- Review the practice's policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council. The practice should consider the need for a suitable risk assessment.
- Review the need and oversight to ensure gas and electrical safety certificates are undertaken as required.

# 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.

The practice had some systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve although we could not ascertain the efficiency with which actions were taken.

All registered clinical staff had received training in safeguarding. Two members of staff required an update for this and this was booked for all staff to attend.

Staff were qualified for their roles. We found improvements were required to ensure that all staff received an effective induction.

The provider did not complete essential recruitment checks for all employees.

We were told clinical staff sometimes worked without chairside support. This had not been risk assessed to mitigate any risk this could pose.

Premises and equipment appeared clean. We found the practice had not ensured that all necessary maintenance and safety certification for gas, electrical wiring and X-ray equipment was in place. The staff did not follow national guidance for cleaning, sterilising and storing dental instruments.

The provider did not have suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

We found improvements could be made to staff awareness and the decontamination validation process.

The practice had suitable arrangements for dealing with medical and other emergencies. We found improvements were required to ensure that the monitoring process of the medicines and equipment was effective.

### 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. Patients described the treatment they received as excellent, professional and thorough. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

### No action



# Summary of findings

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

## 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 24 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, respectful and extremely professional.

They said that they were given excellent advice and helpful explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. Due to the nature of the premises, wheelchair access was not possible.

The practice sought feedback from patients. We were not shown evidence demonstrating how this was used to encourage improvement.

The practice responded to concerns and complaints. There was no evidence available to ascertain the efficiency with which actions were taken.

No action



## 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 section at the end of this report).

The practice had ineffective arrangements to ensure the smooth running of the service. There were limited systems to identify risks to the quality and safety of the care and treatment provided and limited systems for the practice team to discuss potential risks. Not all staff understood their roles and responsibilities although staff did tell us that they felt supported.

The practice team kept complete patient dental care records which were clearly typed and stored securely.

The practice had ineffective systems in place to monitor clinical and non-clinical areas of their work to help them improve and learn.

Requirements notice



# Are services safe?

## Our findings

### **Safety systems and processes, including staff recruitment, Equipment & premises and Radiography (X-rays)**

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Two of the clinical staff including the safeguarding lead had not updated their training since 2015 and none of the trainee dental nurses and receptionists had received training on safeguarding children and vulnerable adults as part of their induction. The provider told us a course had been booked for all staff to attend.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of reprimand.

The dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff. These were not always reflective of the relevant legislation and showed that the practice did not always follow their recruitment procedure. For example, we looked at five staff recruitment records and identified missing documentation in the form of Disclosure and Barring Service (DBS) checks, references and immunisation status of clinical staff. DBS checks or an adequate risk assessment should be undertaken at the point of employment to ensure the employee is suitable to work with children and vulnerable adults. We brought this to the attention of the provider who assured us that the relevant documents would be obtained and procedures would be reviewed.

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

Improvements were required to ensure that the practice facilities and equipment were safe and maintained according to manufacturers' instructions. For example, at the time of the inspection the practice did not have a required gas safety or electrical safety certificate. We were assured these checks would be carried out after the inspection. We did not receive any evidence to confirm completion.

Whilst firefighting equipment, such as fire extinguishers, had been recently serviced, records showed that fire detection equipment was tested irregularly and actions required following the practice fire risk assessment in 2014 had not been completed. No member of staff had completed fire safety training. During the inspection we were shown evidence that all staff were booked to receive this training. We did not receive evidence to confirm completion.

The practice had some arrangements to ensure the safety of the X-ray equipment. We found improvements were required to update information in the radiation protection file, and complete electrical and mechanical testing of the X-ray equipment, to ensure the practice met current radiation regulations.

We saw evidence that the dentist justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

The dentist had completed continuing professional development (CPD) in respect of dental radiography in June 2013. This had not been identified to review within the five-year cycle as recommended by regulation.

### **Risks to patients**

There were some systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff were not following relevant

# Are services safe?

safety regulation when using needles and other sharp dental items. A sharps risk assessment was not in place. Trainee dental nurses were not made aware of the practice procedures for handling sharps and had not received training to handle sharps safely.

The provider did not have 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. We noted that two trainee dental nurses had not had appropriate vaccinations to protect them against the Hepatitis B virus. Risk assessments were not carried out for these staff to mitigate the risk of working in a clinical environment.

Not all staff had completed training in emergency resuscitation and basic life support (BLS). We were told training would be completed imminently by all staff and saw evidence of these arrangements. We did not receive any evidence to confirm completion.

Emergency equipment and medicines were not available as described in recognised guidance. Improvements were required to the systems in place to make sure that these were available, within their expiry date, and in working order. For example, they did not have secondary dose of adrenaline and the Glucagon was found to be out of date. We were told after the inspection these items had been ordered and replaced.

A trainee dental nurse worked with the dentist when they treated patients, in line with GDC Standards for the Dental Team. No risk assessment was in place for when the dental hygienist and dental therapist worked without chairside support, or in the absence of another clinical member of staff in the practice.

The provider did not have 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 procedure which was not followed. We saw hand washing protocols were not followed in the decontamination room. Staff did not have full understanding of their responsibilities in line with guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices

(HTM01-05) published by the Department of Health and Social Care. They were not aware of the validation requirements for different types of autoclaves and had inconsistent methods of recording validation results.

We did not see up to date infection control training records for staff. We were assured training would take place imminently and saw confirmation of these arrangements after the inspection.

The provider had systems in place to ensure that any dental work was disinfected prior to being sent to a dental laboratory and before the work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We noted that not all recommendations had been actioned, for example to ensure that all staff received Legionella awareness training.

We saw cleaning schedules for the premises. The practice appeared clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

Whilst the practice carried out infection prevention and control audits the last audit in January 2018 had not identified areas for improvement we highlighted on the inspection. The practice also did not complete the audit six monthly as recommended by guidance.

## Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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

# Are services safe?

## **Safe and appropriate use of medicines**

The practice had reliable systems for appropriate and safe handling of medicines.

We found improvements could be made to ensure suitable stock control system of medicines which were held on site. This would ensure that medicines did not pass their expiry date and enough medicines were available if required.

The dentist was aware of current guidance with regards to prescribing medicines.

## **Track record on safety**

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed

incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. In the previous 12 months there had been no safety incidents.

## **Lessons learned and improvements**

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice had access to oral cameras and magnification loupes to enhance the delivery of care.

### Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health 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 based on an assessment of the risk of tooth decay.

The dental hygienist, 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 dental hygienist 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.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

### 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 dentist gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### Monitoring care and treatment

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

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The practice had a high turnover of staff and we found that two of the three trainee dental nurses were yet to be enrolled on an approved dental nurse training course.

Staff new to the practice had a period of induction. We found there was no structured programme and staff had limited understanding of areas including safeguarding adults and children and cross infection prevention and control. We noted that not all clinical staff completed the continuing professional development required for their registration with the General Dental Council.

### Co-ordinating care and treatment

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

The principal dentist 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 had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

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 positively that staff were caring, respectful and extremely professional.

We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy they 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.

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 requirements under the Equality Act.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. 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, models, videos, X-ray images and an intra-oral camera. The intra-oral cameras enable photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

# 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.

For example, they extended the length of appointments for nervous patients or adults and children with a learning difficulty.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Staff telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

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

The practice had an efficient appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practices' website provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice website explained how to make a complaint.

One of the owners was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice 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 last 12 months.

These showed the practice responded to concerns appropriately, we were told complaints were not analysed and learning was not shared with staff to improve the service.

# Are services well-led?

## Our findings

### Leadership capacity and capability

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

### Culture

The practice had a culture of high-quality sustainable care.

The practice focused on the needs of patients.

Leaders took effective action to deal with poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### Governance and management

The practice owners 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. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Improvements could be made to some systems and processes to ensure risks were appropriately managed. For example:

- The process for ensuring medical emergency equipment and medicines were in line with recognised guidance was not effective.
- The COSHH file was not suitably maintained.
- There was no system in place for monitoring continuing professional development. Not all staff had received relevant training necessary to undertake their roles effectively.

- The process for ensuring recommended actions from risk assessments were reviewed and actioned was not effective.
- There was a lack of systems to identify and address issues, for example there was no system in place to ensure audits were carried out at appropriate intervals where learning points were documented and actions taken.
- The hot water from some taps within the practice was recorded as over 70 degrees which could pose a possible scald risk. This had not been reported or actioned.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, the practice changed the chairs in the waiting room and decorated the practice following suggestions from patients.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

### Continuous improvement and innovation

There were some systems and processes for learning, continuous improvement and innovation.

## Are services well-led?

The practice did not have effective quality assurance processes to encourage learning and continuous improvement. Audits of infection prevention and control were not taken at the appropriate intervals and did not have associated action plans to drive improvement.

The practice owners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. We found relevant CPD training had not been completed by all members of staff. We were told that actions would be taken after the inspection to ensure that staff were supported to learn and complete training to enhance their future professional development.

Not all qualified staff had completed 'highly recommended' training as per General Dental Council professional standards. For example, they had not completed medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. The practice did not have a system to monitor this was completed at the appropriate intervals. For example, safeguarding training, radiography and infection prevention and control updates were overdue.

## 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><b>How the regulation was not being met:</b></p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• The provider failed to ensure evidence of immunity to the Hepatitis B virus for two trainee dental nurses. No risk assessment was in place to mitigate any risk.</li><li>• The provider failed to ensure recommendations made in Legionella and Fire risk assessments were actioned.</li></ul> <p>There were insufficient quantities of medicines to ensure the safety of service users and to meet their needs. In particular:</p> <ul style="list-style-type: none"><li>• There were no secondary doses of adrenaline to treat patients in the event of an anaphylactic reaction and no risk assessment to mitigate the risks associated with this. In addition the Glucagon was out of date as it was kept out of the fridge.</li></ul> <p>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none"><li>• There was no system in place to ensure staff followed decontamination processes. In particular, that decontamination equipment was appropriately validated.</li></ul>

## Requirement notices

- Staff lacked awareness and understanding of how to effectively use decontamination equipment in line with manufactures instructions.

Regulation 12 (1)

### Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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

#### **How the regulation was not being met:**

There were no systems or processes that enabled the registered persons to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- The provider did not have an effective system to monitor and check the correct medical emergency drugs and equipment were available and this was all in date and ready for use.

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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- Infection Prevention and Control audits were ineffective and had not highlighted concerns found at the inspection.

There was additional evidence of poor governance. In particular:

## Requirement notices

- Trainee dental nurses did not receive an effective induction to ensure they were confident to perform infection prevention and control and decontamination processes in line with current guidance.
- Infection prevention and control and decontamination processes were not embedded within the team.
- Systems in place to monitor and track staff training were ineffective in that not all staff had received training in fire safety, infection prevention and control, safeguarding vulnerable adults and children or medical emergencies training and radiation.

Regulation 17 (1) (2)

### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**Fit and proper persons employed**

#### **How the regulation was not being met**

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- Recruitment checks such as evidence of references, DBS checks and immunisation records were not available.

Regulation 19 (3)