

Mr Arshad Rafiq

Drakes Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 19 September 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 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 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

Drakes Dental Care is located near the centre of the town. The practice provides NHS and private dental care and treatment for adults and children.

There is level access to facilitate entrance to the practice for people who use wheelchairs and pushchairs. Car parking is available near the practice.

The dental team includes four dentists, four dental nurses, one of whom is a trainee, two dental hygiene therapists, and two receptionists. The dental team is supported by a practice manager, who is also a qualified dental nurse. The practice has four treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

We received feedback from 17 people during the inspection about the services provided. The feedback provided was positive.

During the inspection we spoke to the principal dentist, an associate dentist, a dental hygiene therapist, dental nurses, a receptionist, the group manager and the covering practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 9.00am to 7.30pm

Tuesday, Wednesday, Thursday 9.00am to 5.30pm

Friday 8.00am to 2.00pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available, with the exception of four sizes of oxygen masks.
- The provider had staff recruitment procedures in place. Not all the required information was available.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.

- The dental team provided preventive care and supported patients to achieve better oral health. Not all the clinicians were aware of the guidance about periodontal disease screening.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for dealing with complaints. The practice dealt with complaints positively and efficiently.
- The practice had a leadership and management structure in place.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.
- The provider had systems in place to manage risk. Some of the risks had not been reduced sufficiently.
- The provider had information governance arrangements in place.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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 recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review the practice's protocols for patient assessments and ensure they take into account relevant nationally recognised evidence-based guidance in relation to periodontal disease.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice used learning from incidents to help them improve.

Staff knew how to report safeguarding concerns.

Staff were qualified for their roles, where relevant.

The provider had procedures in place for employing staff. Not all the required information was available and not all the pre-employment checks were carried out. The provider assured us this would be addressed and forwarded us some of the required information after the inspection.

The premises and equipment were clean. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies. Four sizes of oxygen masks were not available. The provider assured us these would be ordered. We were not provided with evidence of this.

The practice had systems in place for the safe use of X-rays.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with most of the recognised guidance. Not all the clinicians were fully aware of current guidelines about periodontal disease. The provider arranged a meeting after the inspection to ensure all the clinicians were aware of the guidelines.

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

The practice had clear arrangements for referring patients to other dental or health care professionals.

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

The staff were involved in quality improvement initiatives such as peer review as part of their approach in providing quality care.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 17 people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, welcoming and efficient.

Staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff treated them with dignity and respect.

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 took account of patients' needs. Patients could book an appointment quickly if in pain. Patients commented that emergency appointments were always easy to obtain.

Staff considered patients' differing needs and put measures in place to help all patients receive care and treatment. This included providing facilities for patients with disabilities and families with children. The practice had access to interpreter services and had arrangements to assist patients who had sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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 provider had a clear vision and set of values for the practice. The practice leaders had considered a long term strategy which took account of health and social priorities and the needs of the practice population.

There was a clearly defined management structure and staff felt supported.

The provider had systems in place to identify and reduce risks. Some of these systems were not operating effectively, for example, in relation to Legionella, and insufficient measures had been put in place to reduce risks, for example, pre-employment checks.

The practice team stored patient records securely.

Staff monitored clinical and non-clinical areas of their work to help them improve and learn. This included auditing their procedures and asking for and listening to the views of patients and staff.

Requirements notice 

Are services safe?

Our findings

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

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. We saw that arrangements were in place for staff training in safeguarding. Staff knew the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. We were not provided with evidence of training in safeguarding for two of the clinical staff of the 14 staff who worked at the practice. The provider informed us these two staff also worked at one of their other practices and their training certificates were retained there. We were not forwarded the training certificates.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. Staff told us they felt confident to raise concerns.

We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

The provider had staff recruitment procedures in place to help them employ suitable staff. These reflected the relevant legislation. We looked at five staff recruitment records. We saw that recruitment checks were carried out and the required documentation was available in most of these records. We saw that Disclosure and Barring Service, (DBS), information was not available in two of these records. The provider explained they had not carried out DBS checks for these two staff. The provider told us they were planning to apply for these DBS checks soon. We were not provided with evidence that this had been done. The provider did not have any of the required information available for one of the clinical staff appointed a year ago. The provider explained that recruitment checks had been carried out and the required information was available at another of their practices as the clinician also worked there. The provider forwarded us the required information after the inspection.

We saw that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Records showed that fire detection equipment, such as smoke detectors, was regularly tested, and fire-fighting equipment, such as fire extinguishers, was regularly serviced.

The practice had arrangements in place to ensure X-ray procedures were carried out safely and had the required radiation protection information available. We saw that the clinicians justified, graded and reported on the X-rays they took. The practice carried out radiography audits regularly following current guidance and legislation.

Where appropriate, clinical staff completed continuing professional development in respect of dental radiography. We were not provided with evidence of this for two of the clinicians. The provider informed us these staff worked at one of their other practices and their training certificates were retained there. The provider forwarded us evidence of this training for one of these staff after the inspection.

Risks to patients

The provider had procedures in place for monitoring and acting on risks to patients and had put measures in place to mitigate a number of these risks. We found that not all risks had been reduced where reasonably practicable.

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace risks, for example, fire and control of hazardous substances, and most specific dental practice risks.

The provider had current employer's liability insurance.

Staff followed relevant safety regulations when using needles and other sharp dental items. A sharps risk assessment had been undertaken. Staff confirmed that only the dentists were permitted to dismantle and dispose of needles in order to minimise the risk of inoculation injuries to staff. Staff were aware of the importance of reporting inoculation injuries. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury.

Are services safe?

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. Arrangements were in place to check the effectiveness of the vaccination.

We saw that a Disclosure and Barring Service, (DBS), check had not been carried out for one of the recently appointed clinical staff; the provider having relied on one carried out three years earlier by a previous employer. We saw that no DBS check had been carried out for another of the clinical staff who had been recently appointed, or for a locum member of the clinical staff, who had worked at the practice for two years. No risk assessments were in place in relation to these staff working in the practice. The provider assured us risk assessments would be put in place. We were not provided with evidence this had been done.

Staff knew how to respond to medical emergencies and completed training in medical emergencies and life support every year. We were not provided with evidence of training in medical emergencies and life support for two clinical staff of the 14 staff working at the practice. The provider informed us these two staff worked at one of their other practices and their training certificates were retained there. The provider forwarded evidence of this training for one of these staff after the inspection.

The practice had medical emergency equipment and medicines available as recommended in recognised guidance, with the exception of four sizes of oxygen masks. The provider assured us these would be ordered. We were not provided with evidence of this. Staff carried out, and kept records of, checks to make sure the medicines and equipment were available, within their expiry dates and in working order.

A dental nurse worked with each of the dentists and the dental hygiene therapists when they treated patients.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These took into account The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), guidance published by the Department of Health. We observed some minor deviations from the guidance which were the provider rectified after the inspection. Staff completed infection prevention and control training regularly.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance

with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in accordance with the manufacturers' guidance.

The provider had had a Legionella risk assessment carried out at the practice whilst it was under construction. We saw evidence that some measures had been put in place by the provider to reduce the possibility of Legionella or other bacteria developing in the water systems, for example, water temperature testing and the management of dental unit water lines. We saw that the risk assessment identified a number of areas of concern, and made recommendations. The registered person had not reviewed the risk assessment after the construction work was completed to ensure the risk of Legionella developing in the water systems was as low as practicable.

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

Staff ensured clinical waste was segregated and stored securely in accordance with guidance, with the exception of one type of waste, gypsum. The provider assured us this would be addressed.

The practice carried out infection prevention and control audits twice a year.

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 dentists how information to deliver safe care and treatment was handled and recorded. We looked at several dental care records to confirm what was discussed and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely.

We saw the provider had arrangements to ensure staff asked patients if their personal information, such as phone numbers, was still valid.

Medical histories were updated at every patient attendance.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

Are services safe?

Safe and appropriate use of medicines

The provider had systems for the appropriate and safe handling of medicines.

The provider had a stock control system for medicines stored at the practice. This ensured that medicines did not exceed their expiry dates and enough medicines were available when required.

The practice stored and kept records of NHS prescriptions as recommended in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines and carried out antimicrobial prescribing audits regularly.

Track record on safety

We saw that the practice monitored and reviewed incidents to minimise recurrence and improve systems.

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process. The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The provider had a system for receiving safety alerts. The managers explained to us that safety alerts were received by the principal dentist and staff were made aware of relevant ones. Staff confirmed this took place. We were told that details of relevant safety alerts and action taken in response to these were stored at the organisation's head office. We were not provided with evidence of this.

Lessons learned and improvements

Staff confirmed that learning from incidents, events and complaints was shared with them to help improve systems at the practice, to promote good teamwork and to prevent recurrences.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We saw that the dentists delivered care and treatment in line with current legislation, standards and guidance. We found that not all the clinicians were fully aware of current guidelines about periodontal disease, specifically in relation to periodontal screening. The provider informed us after the inspection that a peer review meeting had been arranged for all the clinicians to ensure they were fully aware of the guidelines.

The provider had systems in place to keep dental practitioners up to date with current evidence-based practice. We saw they were involved in quality improvement initiatives, including regular peer review and participation in local professional meetings.

Helping patients to live healthier lives

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The clinicians told us they discussed smoking, alcohol consumption and provided dietary advice to patients during appointments.

The practice had a selection of dental products for sale to help patients with their oral health.

The practice participated in national and local oral health campaigns to support patients to live healthier lives and directed patients to sources of help and advice where appropriate.

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 told us they 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 consent for themselves in certain circumstances. 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 where appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The clinicians kept detailed dental care records containing information about patients' current dental needs, past treatment and medical histories.

We saw that staff audited patients' dental care records to check that the clinicians recorded the necessary information.

Effective staffing

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

Staff new to the practice completed a period of induction based on a structured induction programme.

Staff told us the practice provided support, training opportunities and encouragement to assist them in meeting the requirements of their registration, and with their professional development.

Staff told us they discussed training needs at annual appraisals, one to one meetings and during clinical supervision.

Co-ordinating care and treatment

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

The dentists confirmed they referred patients to specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

Are services effective?

(for example, treatment is effective)

The practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections.

Staff tracked the progress of all referrals to ensure they were dealt with promptly.

The practice was a referral clinic for minor oral surgery procedures and staff ensured the dentists were aware of all incoming referrals on a daily basis.

Are services caring?

Our findings

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

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients told us they could choose whether they saw a male or female dentist.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

The layout of the reception and waiting areas provided limited privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided

discussing confidential information in front of other patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people 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, for example,

- Interpreter services were available for patients whose first language was not English.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentists described to us the conversations they had with patients to help them understand their treatment options.

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 take account of patients' needs and preferences.

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

A disability access audit had been completed and an action plan formulated in order to continually review and improve access for patients.

The practice had considered the needs of different groups of people, for example, people with disabilities, wheelchair users and people with pushchairs, and put in place reasonable adjustments, for example, handrails to assist with mobility, step free access, and an accessible toilet with hand rails. The whole practice was located on the ground floor.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, the practice had a hearing induction loop available, and appointments could be arranged by email or text.

Larger print forms were available on request, for example, patient medical history forms.

Timely access to services

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

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

The practice's appointment system took account of patients' needs. We saw that the dentists tailored appointment lengths to patients' individual needs and

patients could choose from morning, afternoon and evening appointments. Staff made every effort to keep waiting times and cancellations to a minimum. Patients told us they had enough time during their appointment and did not feel rushed.

The practice had appointments available for dental emergencies and staff made every effort to see patients experiencing pain or dental emergencies on the same day.

The practice's information leaflet and answerphone provided telephone numbers for patients who needed 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 appointments.

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 complaints policy providing guidance to staff on how to handle a complaint. Information on how to make a complaint was clearly displayed for patients.

The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. The principal dentist told us they aimed to settle complaints in-house. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The practice leaders had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. The practice leaders at all levels were visible and approachable.

The practice had a business continuity plan describing how the practice would manage events which could disrupt the normal running of the practice.

Vision and strategy

The provider had a clear vision and set of values for the practice, including a realistic strategy to deliver patient centred care. We saw the practice leaders had considered a long term strategy which took account of health and social priorities across the region and the needs of the practice population.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Culture

Staff said they were respected, supported and valued.

Managers and staff demonstrated openness, honesty and transparency when responding to incidents and complaints. Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Governance and management

The provider had systems in place to support the management and delivery of the service. The practice subscribed to a dental compliance scheme to assist them with governance. Systems included policies, procedures and risk assessments to support good governance and to guide staff.

The provider had systems in place to identify, manage and reduce risks. We found these were not all working effectively. Insufficient measures were in place to reduce risks in relation to

- Medical emergency equipment. Four sizes of oxygen mask were not available at the practice. The provider assured us they would obtain these. We were not sent evidence this had been carried out.
- Legionella. The provider had not reviewed the risk assessment following completion of construction work at the practice.
- Staff pre-employment checks. The provider had not carried out Disclosure and Barring Service checks for some of the relevant staff.

There were clear responsibilities, roles and systems of accountability to support governance and management.

The principal dentist 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. The group manager also provided support to the practice. Staff had additional roles and responsibilities, for example, a lead role for infection control. We saw staff had access to suitable supervision and support for their roles and responsibilities.

Appropriate and accurate information

The practice acted appropriately on 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 the views of patients about the service. We saw examples of suggestions from patients which the practice had acted on, for example, the provision of evening appointments.

Are services well-led?

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

The practice gathered feedback from staff through meetings, surveys, appraisals 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

The provider had systems and processes in place to encourage learning, continuous improvement and innovation. We saw the practice had systems in place to monitor the quality of the service and make improvements where required.

The practice had quality assurance processes in place to encourage learning and continuous improvement. These

included, for example, audits. We reviewed audits of dental care records, X-rays, infection prevention and control and record keeping. Staff kept records of the results of these and produced action plans where necessary in order to continually review and improve. We saw auditing processes were working well and resulted in improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by all staff. We saw evidence of learning from complaints, incidents, audits and feedback.

Staff had annual appraisals, which helped identify individual learning needs. Staff told us the practice provided support and training opportunities for their on-going learning. The clinical staff told us they completed continuous professional development in accordance with General Dental Council professional standards.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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>How the regulation was not being met</p> <p>The registered person had systems or processes in place that were operating 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,</p> <ul style="list-style-type: none">• The registered person had not carried out Disclosure and Barring Service, (DBS), checks, and did not have DBS information available for two clinical staff. The registered person had not carried out a DBS check for a recently appointed member of the clinical staff. The registered person had not carried out specific risk assessments in relation to these staff working in the practice.• The registered person had had a Legionella risk assessment carried out at the practice whilst the dental practice site was under construction. The report identified a number of areas of concern, and made recommendations. The registered person had not reviewed the risk assessment after completion of the construction work to ensure the risk of Legionella developing in the water systems was as low as practicable.

This section is primarily information for the provider

Requirement notices

- The registered person did not have four of the recommended sizes of oxygen mask available for use in the event of a medical emergency.

Regulation 17(1)