

Mr Ventseslav Todorov Yankov

# Shakespeare House Dental Practice

## Inspection Report

147 Wellhome Road  
Grimsby  
DN32 9LR  
Tel: 01472 340908  
Website: [www.dentistgrimsby.co.uk](http://www.dentistgrimsby.co.uk)

Date of inspection visit: 11 November 2019  
Date of publication: 12/12/2019

### Overall summary

We carried out this announced inspection on 11 November 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 Care Quality Commission, (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 this practice was not providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

We found this practice was not providing well-led care in accordance with the relevant regulations.

##### **Background**

Shakespeare House Dental Practice is in Grimsby and provides private dental care and treatment for adults and children.

There is a single step to enter the practice. A portable ramp is available to assist people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice on local roads.

# Summary of findings

The dental team includes the principal dentist, one dental nurse, one receptionist and the practice manager. The practice has two treatment rooms, with one in use.

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.

On the day of inspection, we collected 42 CQC comment cards filled in by patients. All comments were positive about the service being provided.

During the inspection we spoke with the principal dentist, the dental nurse, the receptionist 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 9am – 5.30pm, Tuesday 9am – 5pm, Wednesday 9am – 3pm and Friday 10am – 4pm.

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Systems in place to manage the medical emergency kit were not effective.
- The dispensing of medicines was not in line with guidance.
- Improvements could be made to current systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- 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.

- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Improvements could be made to management and oversight of clinical governance.
- Audit systems could be brought in line with guidance.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had 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.

## 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:

- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance': In particular: ensure the additional seating available in the treatment room is wipeable.
- Improve and develop staff awareness of Gillick competency and ensure all staff are aware of their responsibilities in relation to this.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

<b>Are services safe?</b>	<b>Requirements notice</b>	<b>✗</b>
<b>Are services effective?</b>	<b>No action</b>	<b>✓</b>
<b>Are services caring?</b>	<b>No action</b>	<b>✓</b>
<b>Are services responsive to people's needs?</b>	<b>No action</b>	<b>✓</b>
<b>Are services well-led?</b>	<b>Requirements notice</b>	<b>✗</b>

# Are services safe?

## Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section 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 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.

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

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had 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 provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The provider 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 provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers'

guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument. No risk assessment was in place to mitigate associated risks.

We noted the additional seating available in the treatment room was not wipeable as recommended in guidance. We discussed this with the provider who assured us this would be addressed.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

Records showed the infection control lead carried out infection prevention and control audits annually rather than twice a year as described in relevant guidance. We highlighted this to the provider who assured us this would be brought into line with guidance. The latest audit showed the practice was meeting the required standards.

The practice had access to a Freedom to Speak Up Guardian and staff felt confident they could raise concerns without fear of recrimination.

The dentist used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used,

# Are services safe?

such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the provider followed their recruitment procedure.

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

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A visual assessment of fire risks was carried out, but the findings were not documented. We discussed fire safety management with the provider and found areas where improvements could be made. For example:

- The first-floor rooms were cluttered with an excess of combustible materials.
- Fire extinguishers were not housed, and signage was not in place to identify the appropriate location for the extinguishers. One fire extinguisher was in a cupboard without any identifying signage.
- No regular fire safety checks were carried out.
- No emergency lighting or a suitable alternative was in place.

We discussed this with the provider who agreed that the fire safety management system required review. The provider took positive action after the inspection and sent evidence to support this.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The provider carried out radiography audits but was not aware that this should be done annually.

Clinical staff completed continuing professional development in respect of dental radiography.

## Risks to patients

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

We looked at the practice's arrangements for safe dental care and treatment. The provider used both safer sharps and traditional methods. Staff confirmed the dentist was responsible for disposing of all sharp's items at point of use. A risk assessment was not in place to account for the use of all sharps, including matrices, burs and scalpel blades. We discussed this with the provider who assured us this would be done.

Except for one staff member, the provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. No risk assessment had been carried out to mitigate any role specific risks for the staff member waiting for their vaccination results. We discussed this with the provider who assured us this would be addressed. Supporting evidence was sent after the inspection to confirm that a risk had been done.

Staff had an awareness of the risks of a patient at risk of sepsis. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff had completed training in emergency resuscitation and basic life support.

Systems in place to manage the medical emergency medicines and equipment did not reflect recommended guidance. In particular:

- Emergency medicine Glucagon was kept in the fridge, but the temperature of the fridge was not monitored.
- All syringes and airways in the medical kit expired in 2014.
- There was no paediatric ambubag.
- There were no child size clear face masks.
- There was an inadequate amount of medical oxygen.
- No medical emergency scenario practice was taking place.

We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order but these were ineffective.

# Are services safe?

The provider acted promptly and sent supporting evidence to us after the inspection which confirmed that all expired and missing items had been ordered.

A dental nurse worked with the dentist when they treated patients in line with General Dental Council Standards for the Dental Team.

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

## **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 dental care records with clinicians to confirm our findings and observed that individual records were written or typed 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 requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

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

The provider had systems for the handling and dispensing of medicines and was aware of the guidance to follow. We noted areas where the relevant guidance was not being followed:

For example:

- Dosage amounts for prescribed medicines was not in line with recognised guidance, a whole box of medicine would be dispensed even with this being greater than the dose required.
- Patients were not asked to return unused prescribed medicines.
- The practice details were not recorded on the dispensed packaging.

Antimicrobial prescribing audits were not currently carried out. Information was sent after the inspection to confirm that these areas were under review.

## **Track record on safety, and lessons learned and improvements**

The provider had implemented systems for reviewing and investigating when things went wrong. In the previous 12 months there had been no recorded safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again. The provider agreed that areas had been missed in respect to our findings during the inspection day and gave assurances that this would improve going forward.

The system for receiving and acting on safety alerts was not effective. The provider had registered with the relevant authority to receive alerts but there was no documented evidence to support any action taken in response to any dentistry related alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We identified a need to improve awareness of guidance in respect to antimicrobial stewardship and the frequency to take radiographs.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

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 leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

### **Consent to care and treatment**

Staff described how they 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 might 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 may give consent for themselves in certain circumstances. Staff were not aware of Gillick competence and the need to consider this when treating young people under 16 years of age. We discussed this with the provider who agreed that refresher training in this subject would be beneficial.

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 the 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. For example, all clinical staff had the required professional certification and indemnity.

A structured programme was in place to ensure new staff would be inducted appropriately. We confirmed 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 dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.



# Are services caring?

## Our findings

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

### **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 helpful and caring. We saw staff treated patients with compassion, were respectful and friendly towards patients at the reception desk and over the telephone.

Patients said staff were sympathetic and understanding.

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

Information folders, patient survey results and thank you cards were available for patients to read.

### **Privacy and dignity**

Staff 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 limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. 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. They were aware of the requirements of the Equality Act. We saw: Interpreter services were available for patients who did not speak or understand English. Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff 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 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, study models and X-ray images.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### 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 about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

42 cards were completed, giving a patient response rate of 84%, all views expressed by patients were positive. Common themes within the positive feedback were for example, excellent standards of care, impressed with the service provided, wonderful staff, clean and hygienic environment. No patients commented less favourably.

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. This included, a ground floor treatment room, an accessible toilet with a call bell and offer tinted safety glasses for patients who have a light sensitivity.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

### Timely access to services

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

The practice displayed its opening hours in the premises and website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment 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 staff took part in an emergency on-call arrangement with the dentist at the practice.

The practice website and answerphone 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

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

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

The practice manager was responsible for dealing with these. 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 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 manager had dealt with their concerns.

No complaints had been received in the last 12 months.

# Are services well-led?

## Our findings

We found 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). We will be following up on our concerns to ensure they have been put right by the provider.

### Leadership capacity and capability

We found the provider had the capacity, values and skills to deliver high-quality, sustainable care.

The provider was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

### Culture

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

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents. No recent complaints had been received but the provider was able to demonstrate how these would be dealt with. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The principal dentist and the practice manager were 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, most of which were reviewed on a regular basis.

We saw there were processes for managing areas of risks, issues and performance. During the inspection day we identified areas of risk management where improvements could be made. These areas were thoroughly discussed with the provider and practice manager during the inspection day. They responded positively and proactively to our finding and sent supporting evidence to us to confirm where action had been taken, these now required embedding within the team.

We identified the following areas where systems and processes were not effectively managed:

- Fire safety management and fire risk assessment was not fully effective or being managed in line with current regulations.
- There was no system in place to ensure a risk assessment was undertaken to mitigate role specific risks whilst waiting for confirmation of Hepatitis B vaccination effectiveness.
- Systems in place to manage the medical emergency medicines and equipment were not effective.
- Safe systems for manual instrument cleaning had not been effectively risk assessed to identify where risks could be mitigated.
- Safe sharps systems had not been effectively risk assessed to identify where risks could be mitigated.
- There was no system in place to respond to patient safety alerts.
- Audit processes were not carried out in line with guidance.

### Appropriate and accurate information

Staff acted on appropriate and accurate information.

# Are services well-led?

Performance information was combined with the views of patients.

The provider 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 provider used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from staff the practice had acted on. For example, staff had noticed some patients struggled with the bright overhead dental light, in response they now provide tinted safety glasses to help relieve light sensitivity.

The provider gathered feedback from staff through meetings, surveys, 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 for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. We identified improvements could be made in this area specifically to carrying out the audits in line with guidance.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, the provider supported the team financially with dentally related external training and continuing professional development. Staff completed 'highly recommended' training as per General Dental Council professional standards.

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><b>Care and treatment must be provided in a safe way for service users.</b></p> <p><b>How the regulation was not being met.</b></p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <ul style="list-style-type: none"><li>• The registered person had failed to ensure fire safety was managed in line with current regulations.</li><li>• The registered person had failed to ensure medicines and equipment in the emergency kit reflected relevant guidance.</li><li>• The registered person had failed to ensure medicines were prescribed in line with relevant guidance.</li></ul> <p>Regulation 12 (1)</p>
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><b>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.</b></p>

## Requirement notices

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

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 improve the quality and safety of the services being provided. In particular:

- Fire safety management and fire risk assessment was not managed in line with current regulations.
- There was no system in place to ensure a risk assessment was undertaken to mitigate role specific risks for a staff member whose immunity status was unknown.
- Safer sharps systems had not been effectively risk assessed to identify where risks could be mitigated in line with current regulations.
- Systems in place to manage the medical emergency medicines and equipment were not effective.
- Safe systems for manual instrument cleaning had not been effectively risk assessed to identify where risks could be mitigated in line with guidance.
- There was no system in place to document a response to dentistry related patient safety alerts.
- Audits processes were not carried out in line with guidance.

Regulation 17 (1)