

## Dalton Dental Care Limited

# Dalton Dental Care Limited

### Inspection Report

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### Overall summary

We carried out this announced inspection on 21 January 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

#### **Our findings were:**

##### **Are services safe?**

We found that this practice was 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**

Dalton Dental Care Limited is in Huddersfield and provides NHS and private treatment to adults and children.

Due to the nature of the premises access for wheelchair users is not possible. Wheelchair users or those who cannot manage steps would be signposted to either the local community dental service or an accessible local dental practice. Car parking spaces are available near the practice.

# Summary of findings

The dental team includes four dentists, six dental nurses and a practice manager. 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 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 Dalton Dental Care Limited is the principal dentist.

On the day of inspection, we collected 25 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, one dental nurse 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 to Friday from 9:00am to 5:30pm

## **Our key findings were:**

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance. The storage of some re-usable dental instruments could be improved.
- Staff knew how to deal with emergencies. Not all medical emergency equipment was available and one of the medical emergency medicines was not the correct dosage.
- Actions recommended in the Legionella risk assessment had not all been actioned.

- Improvements could be made to the process for checking fire detection and firefighting equipment,
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment policy. There was no evidence of photographic identification for any staff.
- 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 were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had suitable information governance arrangements.

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

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

**Full details of the regulation the provider was not meeting are at the end of this report.**

# 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 had systems and processes to provide safe care and treatment. They used learning from incidents to help them improve.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed most essential recruitment checks. There was no evidence of photographic identification for any staff and no evidence of the effectiveness of the Hepatitis B vaccination for two members of staff.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning and sterilising dental instruments. Improvements could be made to the process for storing re-usable dental instruments

Staff knew how to deal with medical and other emergencies. Not all medical emergency equipment was available as described in nationally recognised guidance.

Not all actions highlighted in the Legionella risk assessment had been addressed.

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 recognised guidance. Patients described the treatment they received as first class, very good and excellent. The dentists discussed treatment with patients, so they could give informed consent and recorded this in their records.

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

The provider supported staff to complete training relevant to their roles. The system to monitor staff training could be improved.

No action



### 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 25 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, considerate and friendly.

No action



# Summary of findings

They said that they were given informative advice 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.

## 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 get an appointment quickly if in pain.

Staff considered patients' different needs. Due to the nature of the premises access for wheelchair users or those with limited mobility would not be possible. Wheelchair users or those with limited mobility were signposted to the community dental service or a local accessible dental practice. The practice had access to interpreter services.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints 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 practice had some arrangements to ensure the smooth running of the service. Improvements could be made to the process for managing the risks associated with the carrying out of the regulated activities. For example, the systems and processes in place to ensure recommendations from the Legionella risk assessment had been actioned was not effective. The system for checking medical emergency equipment and medicines had not identified some items were missing or not the correct dosage and a recommendation from the critical examination of the newly installed X-ray machine had not been actioned.

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

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

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. Not all the dentists had completed an X-ray audit.

The service asked for and listened 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 clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

The 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 and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at nine staff recruitment records. We noted there was no evidence of photographic identification for any staff and there was no evidence of the effectiveness of the Hepatitis B vaccination for two members of staff.

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

We asked to see evidence of a fixed wire installation testing. Staff were unable to provide us with this. In addition, we asked for evidence of a gas safety certificate. We were told and saw evidence that one was booked in to be completed. We asked when the last time this had been carried out and staff were unsure.

A fire risk assessment had been carried out. We discussed the providers approach towards fire safety. We were told that fire drills were discussed at practice meetings but not actually carried out. We saw that there were smoke detectors on each floor of the premises. We asked if these were tested regularly and we were that they were not as they were on high ceilings. We saw that the smoke alarm in the cellar would be in reach to be able to be tested. We were told that this alarm would be tested and as it linked to the other smoke alarms this would indicate that they were also working. We asked if there were any regular checks of firefighting equipment carried out. Staff confirmed that there were not.

A radiation protection folder was maintained. We saw that a new X-ray machine had been fitted in a surgery in September 2017. A critical examination and acceptance test of this machine had identified that the primary beam appears to be pointed towards a ground floor window and a partition wall. Staff were unaware of this recommendation in the critical examination and acceptance test and no action had been taken to address it.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits. We noted that the most recent X-ray audit only included two of the four dentists. We were told that the audits for the other two dentists were in the process of completing an audit.

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

### **Risks to patients**

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

# Are services safe?

The practice's health and safety policies, procedures and risk assessments were 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 followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken. We noted this risk assessment did not include details of how they managed matrix bands. We were told the sharps risk assessment would be updated to cover these.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

We checked the contents of the medical emergency kit. We identified that not all the required emergency equipment was available as described in nationally recognised guidance. Items missing were size 0 and 4 oropharyngeal airways, a child sized self-inflating bag and portable suction. In addition, we noted the adult self inflating bag had deteriorated, the needles for administering adrenaline had passed their expiry date and the aspirin was not the correct dosage. There was no log of equipment and medicines for when they were checked. Instead it was recorded in the diary that they had been checked. We were later sent evidence these had been ordered.

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

The practice held a folder relating to the Control of Substances Hazardous to Health (COSHH). This folder was disorganised and there were no risk assessments for the individual substances.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. We saw evidence that the dental nurses had completed infection prevention and control training. There was no evidence of verifiable training in relation to infection prevention and control for the dentists.

The practice had suitable arrangements for transporting, cleaning, checking and sterilising 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. During the inspection we noted that some re-usable dental instruments were not bagged or re-processed at the end of each day. These included dental burs and equipment used for dispensing filling materials.

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

A Legionella risk assessment had been carried out in March 2017. This had identified some recommendations which needed to be actioned. There were some priority one recommendations (as soon as reasonably practicable) which included the cold-water tank needing cleaning and disinfecting and monitoring the temperature of the hot water reaching a sentinel outlet in the kitchen as it was not reaching 55 degrees centigrade. We were shown evidence that an appointment had been booked to clean and disinfect the cold-water tank. We asked if any action had been taken with regards to the hot water reaching a sentinel outlet in the kitchen. This had not been done.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

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

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

## 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.

# Are services safe?

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

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

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

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

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

## **Track record on safety and Lessons learned and improvements**

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. There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice.

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. We saw they were shared with the team and acted upon if required.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. 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.

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

The dentists/clinicians 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 practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

Patients with more severe gum disease were recalled at more frequent intervals for review 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 dentists 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 may 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 the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

### Effective staffing

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

Staff new to the practice had a period of induction based on a structured programme. We noted that there were gaps in the continuing professional development (CPD) for some staff. For example, there were no CPD certificates available for one dentist and there was no evidence that the dentists had completed infection prevention and control training.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

### 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 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 dental 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.



# Are services effective?

(for example, treatment is effective)

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 polite, considerate and friendly. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

### **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, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and were aware of the

Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given:

- Interpretation services were available for patients who did not use English as a first language.
- Staff communicated with patients in a way that they could understand and arrangements were available for patients with sight or hearing loss.

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 dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

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

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

Due to the nature of the premises, access for wheelchair users or those who could not manage the stairs would not be possible. We were told that wheelchair users or those who could not manage the stairs would be referred to the community dental service or a local accessible dental practice.

Patients were sent text messages to remind them when they were due to book a check-up appointment. The practice was looking into sending text messages to patients to remind them about upcoming appointments.

### 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 included it in their information leaflet.

The practice had an 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.

Patients requiring emergency dental treatment outside normal working hours were signposted to the NHS 111 out of hour's service.

The practice's information leaflet 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

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 information leaflet explained how to make a complaint.

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

We discussed the comments, compliments and complaints the practice received in the last 12 months.

These showed the practice responded to concerns appropriately.

# Are services well-led?

## Our findings

### 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 told us the practice leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Staff were aware of and there were systems in place to ensure compliance with the requirements of the Duty of Candour.

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

### Governance and management

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

Systems and processes were in place to help manage the risks associated with the carrying out of the regulated activities. These were not always working effectively. For example:

- The system in place for ensuring medical emergency equipment and medicines reflected nationally recognised guidance was not effective as some items were missing and others had passed their expiry date.
- The system for ensuring actions identified in the Legionella risk assessment were actioned was not effective. The risk assessment had identified that the tap

in the kitchen was not reaching 55 degrees centigrade. It had recommended seeking further advice if it continued to not reach the correct temperature as remedial work may be required. This had not been done.

- There was no evidence that a recommendation from the critical examination and acceptance test for the newly installed X-ray machine had been addressed.
- The system in place for ensuring checks on firefighting equipment and smoke alarms were regularly carried out was not effective.
- The system for ensuring photographic identification and evidence of the effectiveness of the Hepatitis B vaccination was not effective. There was no evidence of photographic identification for any staff and there was no evidence of Hepatitis B titre levels for two members of staff.
- The COSHH folder was not organised making it difficult to attain information if required in an emergency and there were no individual risk assessments for the substances within it.

### 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 looked at the most recent patient satisfaction survey and it showed a high level of satisfaction with the service being provided.

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

## Are services well-led?

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 systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection

prevention and control. We noted the most recent X-ray audit had only been completed for two out of the four dentists. We were told that the other two dentists were in the process of completing this audit.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The principal dentist supported and encouraged staff to complete CPD.

The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

## 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><b>Regulation 17 HSCA (RA) Regulations 2014 Good governance</b></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 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:</p> <ul style="list-style-type: none"><li>• The system in place for ensuring medical emergency equipment and medicines reflected nationally recognised guidance was not effective.</li><li>• The system for reducing the risks associated with Legionella was not effective.</li><li>• The system for ensuring recommendations identified in the critical examination and acceptance test for the newly installed X-ray machine was not effective.</li><li>• The system for ensuring checks on firefighting equipment and smoke alarms were regularly carried out was not effective.</li><li>• The system for ensuring photographic identification and evidence of the effectiveness of the Hepatitis B vaccination was not effective.</li></ul> <p><b>There was additional evidence of poor governance. In particular:</b></p> <ul style="list-style-type: none"><li>• The COSHH folder was disorganised and there were no risk assessments for individual substances.</li><li>• Not all re-usable dental instruments were bagged as stated in nationally recognised guidance.</li></ul>

This section is primarily information for the provider

## Requirement notices

Regulation 17 (1)