Dr. Adam Dirir

Milk Dental

Inspection Report

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Overall summary

We carried out this unannounced inspection on 13 February 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection on an unannounced basis as we had concerns that the provider may not be meeting the fundamental standards of care laid down in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Milk Dental is in a residential suburb of Liverpool and provides NHS and private dental care for adults and children.

The practice is accessed via a flight of steps. Car parking is available nearby.

The dental team includes the principal dentist and two dental nurses. The team is supported by a practice manager. The practice has two 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.

During the inspection we spoke to the provider, the dental nurses and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesday and Friday 8.45am to 5.15pm

Tuesday and Thursday 8.45am to 7.00pm.

Our key findings were:

- The practice was clean.
- The practice had infection control procedures in place. These did not reflect published guidance.
- The provider did not have safeguarding procedures in place.
- Staff knew how to deal with medical emergencies. Medical emergency medicines were out of date and not all the recommended medical emergency equipment was available.
- The provider had staff recruitment procedures in place. The provider did not have all the required recruitment information available.
- The provider took insufficient account of current guidelines when providing patients' care and treatment.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for dealing with complaints. This did not contain all the recommended information for patients.
- The provider did not sufficiently demonstrate the leadership skills to deliver quality, sustainable care. Improvements made by the provider following previous inspections were not embedded or sustained.
- The provider had systems in place to manage risk. These were not operating effectively. Several risks had not been identified; others had not been reduced sufficiently.
- Staff felt involved and supported, and worked well as a team.
- The practice did not seek feedback from patients about the services they provided.

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

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure specified information is available regarding each person employed
- Ensure, where appropriate, persons employed are registered with the relevant professional body.

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 system for recording, investigating, and reviewing incidents and significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's arrangements for responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- Review the practice's complaint handling procedures. In particular, ensure sufficient information, including contact details for NHS England and the Dental Complaints Service, is available for patients.

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?

Enforcement action

We found that 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 Enforcement Actions 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 provider had procedures in place for reporting incidents and significant events, and for receiving safety alerts. The practice did not always respond appropriately to incidents or learn from them to help them improve.

Staff were aware of what could give rise to a safeguarding concern. No guidance had been produced for staff as to how they could act on a concern if the need arose.

Staff were qualified for their roles, where relevant.

The provider completed some recruitment checks before employing staff. Not all the checks had been carried out for one of the most recently employed staff, and not all the prescribed

documentation was available at the practice.

The provider's infection prevention and control procedures took account of some of the guidance for cleaning, sterilising and storing dental instruments; in several aspects the guidance was not followed.

The practice had arrangements for dealing with medical and other emergencies. Not all the

recommended medical emergency equipment, including an automated external defibrillator, was available at the practice, and most of the medical emergency medicines were out of date. The provider voluntarily stopped treating patients and closed the practice until replacements had been obtained.

The practice had systems in place for the use of X-rays. These did not follow guidance or legislation.

The provider acted immediately during the inspection on the most serious issue identified. The provider informed us that the other issues were being addressed. We were not provided with evidence to support this for every issue identified.

Are services effective?

No action

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

The provider did not take account of all the recognised guidance when assessing patients' needs and providing care and treatment.

Summary of findings

The provider discussed treatment with patients so they could give consent, and recorded this in their records.

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

The provider supported staff to complete some training relevant to their roles. Relevant refresher training was not always completed, including the General Dental Council's highly recommended training in disinfection and decontamination, and recommended training in safeguarding vulnerable adults, and children and young people.

Are services caring?

No action

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

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?

No action

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.

Staff considered patients' differing needs and put some measures in place to help all patients receive care and treatment. This included providing facilities for patients with disabilities and families with children.

Staff were unsure whether interpreter services were available for patients whose first language was not English, or for patients with hearing loss.

The provider responded to concerns and complaints quickly. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns or should they not wish to approach the practice initially. This did not include contact details for NHS England or the Dental Complaints Service.

Are services well-led?

Enforcement action 

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 Enforcement Actions 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 provider had ineffective systems for the practice team to monitor the quality and safety of the care and treatment provided, for example, in relation to the monitoring of staff training, and ensuring appropriate checks were carried out on X-ray equipment and medical emergency medicines.

Summary of findings

The provider did not sufficiently demonstrate the leadership skills to deliver high-quality, sustainable care. Improvements made by the provider following previous inspections were not embedded or sustained.

The provider had ineffective systems in place to ensure risks were identified, managed, and reduced. Risks in relation to the dental chair working load and floor strength had not been assessed. Where risks were identified, measures were not taken to remove or reduce the risks, for example, in relation to Legionella.

The provider had ineffective systems and processes in place to encourage learning, continuous

improvement and innovation, for example, no auditing of infection prevention and control was carried out to identify where improvements could be made.

The practice team kept accurate, complete patient dental care records which were stored securely.

Patients views or comments about the service were not asked for.

On the day of the inspection the provider demonstrated a willingness to take appropriate action to comply.

We are liaising with our colleagues at NHS England in monitoring and supporting the provider.

Are services safe?

Our findings

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

The provider did not have safeguarding procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff were aware of what may give rise to a concern but unclear on what to do about concerns, for example, no contact details of local safeguarding authorities were available at the practice. The provider and one of the staff were the practice's safeguarding leads. The provider and the staff had not completed refresher training in safeguarding vulnerable adults, and children and young people within the recommended time interval.

The provider did not have a whistleblowing policy in place to guide staff should they wish to raise concerns. Staff told us they felt confident to raise concerns. Staff were not aware of external organisations, for example, Public Concern at Work, with whom they could raise work concerns.

We reviewed the procedures the provider followed when providing root canal treatment and found these were in accordance with recognised guidance. The provider used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had staff recruitment procedures in place to help the practice employ suitable staff. These reflected the relevant legislation. We looked at two staff recruitment records. We saw that recruitment checks had been carried out and the required documentation was available for one of the staff. The provider had no evidence that recruitment checks had been carried out for the other staff member, with the exception of a check on their employment history. The provider did not have the other required information available, including evidence of a Disclosure and Barring Service check and evidence of qualifications.

The provider had not checked whether the clinical staff were registered with their professional body, the General Dental Council, or whether they had professional indemnity. We saw evidence of indemnity for the provider and one of the staff.

The provider had limited arrangements in place to ensure that the practice's facilities and equipment were safe and maintained according to manufacturers' instructions.

Records showed that firefighting equipment, such as fire extinguishers, was regularly serviced. We saw that a fixed electrical installation test had been carried out.

Staff said portable electrical appliance testing had last been carried out in 2016. No records of test were available to confirm this.

The provider had put insufficient arrangements in place at the practice to ensure X-ray procedures were carried out safely, and did not have all the required radiation protection information available.

We found the provider had not registered the use of X-ray equipment on the premises with the Health and Safety Executive and was unaware of the requirement to do so. The provider told us they had recently contracted with a company for the provision of Radiation Protection Adviser services. We were not provided with evidence to confirm this. The provider had named themself as the Medical Physics Expert but did not have evidence of their competency to act in this role.

We saw the last test certificate for the X-ray machine was dated August 2012, with the expiry date stated as November 2015. We were unable to confirm whether any specific recommendations had been made in relation to the safe use of the X-ray equipment, as the provider did not have any relevant information about this, for example, a critical examination and acceptance test for the X-ray machine, or advice from the practice's Radiation Protection Adviser.

We saw that the provider did not justify why X-rays were taken or grade the X-rays they took as recommended by current guidance and required by legislation.

The provider had not completed the General Dental Council's highly recommended radiography and radiation protection continuing professional development refresher training. The provider told us they had carried out this training three years ago but did not provide evidence of this.

Risks to patients

The provider did not sufficiently monitor or act on risks to patients.

Are services safe?

We saw the provider's current employer's liability insurance certificate.

The provider told us a fire risk assessment had been carried out at the practice some time ago but it had not been reviewed recently. We observed that the provider had put insufficient measures in place to mitigate risks from fire. For example, the provider had displayed two small fire exit signs; neither of which was visible from the reception/ waiting room. The practice had two fire extinguishers. The provider had not displayed signs to guide people to where these extinguishers were. No smoke detectors were installed in the practice. The basement of the premises and unused surgery contained a significant amount of combustible material, and the kitchen and basement contained items of electrical equipment.

The provider did not know the safe working load of the dental chair in the treatment room. We saw that some measures had been put in place to support the weight of the dental chair and strengthen the floor. The provider had not ensured that all reasonably practicable measures had been put in place to reduce any associated risks. For example, the provider had not sought advice from a structural engineer as to the suitability of the arrangements and the strength of the floor.

Staff were aware of relevant safety regulations when using needles and other sharp dental items. A sharps risk assessment had been undertaken. The assessment was unclear as to who was responsible for dismantling and disposing of needles and other sharp items in order to minimise the risk of inoculation injuries to staff. Staff told us sometimes the provider dismantled and disposed of them; sometimes they did. Staff were aware of the importance of reporting inoculation injuries. We saw the provider had not made information readily accessible and available for staff about action to take should they sustain an injury from a used sharp.

The provider had limited arrangements in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We found the provider had not checked whether one of the staff had received the vaccination, or the result of the vaccination for another member of staff. The provider had not assessed the risks in relation to these staff working in a clinical environment when the effectiveness of the vaccination was unknown.

Staff knew how to respond to medical emergencies. Training in medical emergencies and life support had been recently completed.

The practice did not have all the medical emergency equipment available as recommended by the Resuscitation Council UK, including, no self-inflating bags with reservoirs, both adult and child-sized, or the associated masks, and no automated external defibrillator, (AED). The provider had not carried out an assessment of the risks associated with carrying on the regulated activities with no AED available in the practice.

The practice did not have the British National Formulary recommended medical emergency medicines, midazolam, and glucagon. Some of the recommended medical emergency medicines were available. We observed they were significantly past their expiry dates, including the adrenaline, glyceryl trinitrate, and salbutamol.

The provider told us they had received a quote from a company to provide a medical emergencies kit and that they had ordered the kit but did not provide evidence to confirm this. The provider voluntarily stopped treating patients and closed the practice until the emergency medicines and equipment had been obtained.

A dental nurse worked with the provider when they treated patients.

The practice had an infection prevention and control policy and associated procedures in place to guide staff, and arrangements for transporting, cleaning, checking, sterilising and storing instruments. These did not take full account of The Health Technical Memorandum 01-05: Decontamination in primary care dental practices guidance published by the Department of Health.

We found a number of deviations from the guidance, including: -

- the provider did not carry out infection prevention and control audits,
- the provider did not have evidence to confirm that all staff had completed the General Dental Council's highly recommended continuing professional development refresher training in disinfection and decontamination,
- the provider showed us a Legionella risk assessment which had been carried out at the practice. The assessment was undated. The overall risk at the practice had been identified as high, and several actions were

identified in the assessment as high priority and recommended to be completed as soon as reasonably practicable. These included flushing of little-used outlets, monitoring of the sentinel outlet water temperatures, and weekly Legionella sampling until it was shown that the temperature monitoring was controlling the risk. The provider told us they had undertaken some of the actions. We were not provided with evidence of this. Staff had not received Legionella awareness training, and did not know how to carry out the temperature testing of the water from the sentinel outlets,

- the floor in the decontamination room had been damaged and had raised up in front of the steriliser. This had created an uneven surface for staff to stand on when removing instruments from the autoclave. Additionally, this did not support good infection prevention and control,
- the ventilation fan in the decontamination room was hanging down loose from the ceiling by its wiring,
- none of the three sinks in the decontamination room was designated for hand-washing only,
- no heavy-duty gloves were available for the manual cleaning of instruments. Staff said they did not always wear these where recommended,
- the provider did not carry out protein testing to check the efficacy of the ultrasonic bath, and
- the provider had colour-coded mops and buckets for cleaning the practice. These were not stored appropriately. The yellow mop was standing in dirty water in a bucket.

We found waste was not segregated and stored securely in accordance with guidance. We saw several black bags of waste in the basement and unused treatment room. We observed items of clinical waste had spilled on to the floor in the basement. One of the black bags contained clinical waste together with domestic waste. The provider did not have evidence of contracts for the removal of waste from the practice, or the appropriate consignment notes and waste transfer notes in accordance with the legislation. The provider did not segregate and dispose of gypsum waste appropriately.

Information to deliver safe care and treatment

We discussed with the provider 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.

Medical histories were checked at every patient attendance.

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

Safe and appropriate use of medicines

The provider had implemented systems for the handling of medicines at the practice.

The practice had a stock control system for medicines. We found this was not always operating effectively.

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

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

Track record on safety

We saw that the practice monitored incidents.

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.

We saw incidents were documented and discussed, and action to be taken was recorded. It was unclear from the records whether all the actions had been carried out. We saw that analysis and learning, with the aim of reducing risk and preventing such occurrences happening again in the future, was not included.

The provider had a system for receiving safety alerts, for example from the Medicines and Healthcare products Regulatory Agency. The provider could not confirm whether these were shared with staff, acted on or stored for future reference.

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

The provider did not always take into account relevant guidance when assessing patients' care and treatment needs, for example, The Faculty of General Dental Practitioners (UK) The Royal College of Surgeons of England FGDP (UK) Good Practice Guidelines "Selection Criteria for Dental Radiography". We found the provider but did not take radiographs where recommended, for example, for periodontal treatment.

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 provider told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The provider discussed smoking, alcohol consumption and provided dietary advice to patients during appointments.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The provider told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Dental care records we looked at did not confirm that treatment options and associated risks were always recorded.

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

Effective staffing

Staff were not fully equipped with the appropriate skills and knowledge to carry out their roles.

The provider could not confirm that they and the three staff had completed the General Dental Council's, (GDC), highly recommended continuing professional development, (CPD), refresher training in disinfection and decontamination, and the GDC's recommended CPD in safeguarding vulnerable adults, and children and young people, to the GDC's CPD recommendations. None of the staff had received training in Legionella awareness and were not familiar with tasks they were requested to carry out in relation to Legionella monitoring.

Staff new to the practice completed a period of induction.

The provider offered limited support and training opportunities to assist staff in meeting the requirements of their professional registration. The provider had limited means in place for identifying their own training needs or those of the staff. Staff said personal development plans were being put together to assist in identifying their individual training needs.

Co-ordinating care and treatment

The provider 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.

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 referrals to ensure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

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

We saw that staff treated patients respectfully, 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.

Privacy and dignity

The practice team respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. 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.

The provider was aware of the Equality Act but not of the requirements of the Accessible Information Standards, (a requirement to make sure that patients and their carers can access and understand the information they are given).

Staff were unsure whether interpreter services were available for patients whose first language was not English.

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.

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.

One of the treatment rooms was situated on the ground floor and there were ground floor toilet facilities.

Staff provided information to patients who were wheelchair users about practices nearby which were accessible for wheelchairs.

The practice made provision for patients to arrange appointments by email, telephone or in person.

Staff were not aware whether the practice 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, appointments could be arranged by email or text message.

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

Timely access to services

Patients could 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 on their website.

The practice's appointment system took account of patients' needs. We saw that the provider tailored appointment lengths to patients' individual needs. Patients could choose from morning and afternoon and evening appointments. Staff made efforts to keep waiting times and cancellations to a minimum.

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 took part in an emergency on-call arrangement with other local practices and the NHS 111 out of hours' service.

The practice's website and answerphone provided information for patients who needed emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints

The provider 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 displayed for patients.

The provider was responsible for dealing with complaints. Staff told us they would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response.

The provider 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 or should they not wish to approach the practice initially. We saw this did not include contact details for NHS England or the Dental Complaints Service. The provider assured us these would be added.

Are services well-led?

Our findings

Leadership capacity and capability, and vision and strategy

The provider did not sufficiently demonstrate the capacity and skills, or clinical and managerial leadership to deliver quality, sustainable care. Improvements, including to the systems relating to medical emergencies, recruitment and auditing, made by the provider and staff following previous inspections were not embedded or sustained.

The provider had an awareness about issues and priorities relating to the quality and future of the service and the challenges they faced.

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

The provider had a limited strategy for delivering the service to an appropriate standard.

Culture

Staff said they were supported and valued.

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff said they were encouraged to raise issues and they were confident to do this. They told us the managers were approachable and would listen to their concerns. Appropriate action was not always taken, for example, we observed concerns about the expired medical emergency medicines had been raised and not acted on immediately.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates.

Governance and management

The provider had ineffective systems in place at the practice to support the management and delivery of the service.

We found that the provider had insufficient systems and processes to ensure good governance in accordance with the fundamental standards of care.

- There was inadequate guidance for staff, for example, limited policies and procedures.
- Some policies and procedures were documented but these did not refer to the specific circumstances in the practice, for example, the infection prevention and control policy.
- No provision for review had been made to ensure policies remained up to date with current legislation and guidance, for example, the information governance policy had not been updated to reflect the requirements of recent legislation, and the health and safety policy and the radiation protection policy contained no review date.

We saw the practice had limited systems in place to monitor the quality of the service and make improvements where required.

- We found that the provider had no system to ensure the clinical staff were registered with their professional body, the General Dental Council, where relevant, or whether they had professional indemnity.
- The provider had produced an action plan to assist in complying with legislation and guidance. The plan consisted of a list of tasks to be completed. We observed these had not been assigned priorities or timeframes for completion.
- Staff were not aware of external organisations, for example, Public Concern at Work, with whom they could raise work concerns.
- The system for monitoring training and identifying staff training needs was ineffective, and there was no means of verifying whether or when staff had completed some of the General Dental Council's highly recommended and recommended continuing professional development training.
- The provider had not ensured quality and safety checks were carried out appropriately, for example, by assigning responsibilities to staff for carrying out checks, including on medical emergency medicines, and sentinel outlet water temperatures to ensure compliance with regulatory requirements and quality standards.

The practice had ineffective systems in place to ensure risks were identified and managed, and to reduce the risks. Where risks were identified, measures were not taken to remove or reduce the risks; neither were risks escalated

Are services well-led?

within the practice. Risks associated with the safety and maintenance of the premises, medical emergencies, recruitment and training had not been identified prior to the inspection.

- The provider had not carried out an assessment of risks where appropriate, for example, where a Disclosure and Barring Service check for a newly recruited member of staff had not been carried out.
- The provider had no system in place to ensure risk assessments were regularly monitored and reviewed. Some risk assessments were undated, for example, the Legionella risk assessment. The provider had not reviewed the fire risk assessment.
- The provider had not acted to reduce risk as far as reasonably practicable, for example, in relation to Legionella and fire.

The provider 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. Responsibilities were not clearly defined.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The provider had not registered with the Information Commissioner's Office.

Engagement with patients, the public, staff and external partners

The practice had limited means for obtaining the views of patients about the service and relied on verbal feedback from patients only. The provider did not encourage patients to complete the NHS Friends and Family Test.

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.

Continuous improvement and innovation

The provider had ineffective systems and processes in place to encourage learning, continuous improvement and innovation, for example, no audits, including the recommended infection prevention and control audits, and the required radiography audits, were carried out to identify where improvements could be made.

The provider had limited means in place for identifying their own training needs or those of the staff, for example, no appraisals were carried out. Staff were not supported to complete continuous professional development in accordance with the General Dental Council's professional standards.

The provider and staff did not demonstrate evidence of learning from monitoring the quality of the service, for example, from complaints, incidents, and feedback.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users **How the regulation was not being met** 1. The registered person did not have all the medical emergency equipment available at the practice as recommended by the Resuscitation Council UK, including, no self-inflating bags with reservoirs, both adult and child-sized or associated masks, and no automated external defibrillator, (AED). The registered person had not carried out an assessment of the risks associated with carrying on the regulated activities with no AED available in the practice. 2. The registered person did not have the British National Formulary recommended medical emergency medicines, midazolam and glucagon. 3. The registered person had the other recommended medical emergency medicines but they were past their expiry dates; namely, glyceryl trinitrate spray, expired 07/2016, aspirin, expired 06/2017, Glucogel, expired 11/2016, a salbutamol inhaler, expired 11/2016, an Epipen auto-injector 0.3mg expired 12/2015, and an Epipen auto-injector 0.15mg expired 03/2016. 4. The registered person did not have sufficient quantities of medical emergency adrenaline to administer a dose to a child over 12 years old/an adult. 5. The registered person had not completed the General Dental Council's, (GDC), highly recommended radiography and radiation protection continuing

Enforcement actions

professional development, (CPD), training. The registered person said they had carried out this training three years ago but did not provide evidence of this.

6. The registered person did not have evidence to confirm that they and the three staff had completed the General Dental Council's highly recommended CPD in disinfection and decontamination, and the GDC's recommended CPD in safeguarding vulnerable adults, and children and young people, to the GDC's CPD recommendations. The registered person and one of the staff were the practice's safeguarding leads. One of the staff had not completed safeguarding vulnerable adults, and children and young people training since 2012. This training is recommended to be updated every three years.

7. The registered person said they had not carried out a fire risk assessment recently. The registered person said they had a documented one from some time ago but did not provide evidence of this. The registered person said the person who carried out the fire extinguisher testing had carried out a fire risk assessment. The registered person did not provide evidence of this. Two small fire exit signs were displayed in the entrance corridor; neither of which was visible from the reception/waiting room. Two fire extinguishers were on the floor behind the reception desk. No signs were displayed to guide people to where the extinguishers were. No smoke detectors were installed in the practice. The basement of the premises and rear unused surgery contained a significant amount of combustible material. The kitchen and basement contained items of electrical equipment.

8. The registered person did not know the safe working load of the dental chair in your surgery. The floor in the surgery sloped and was uneven. In the basement there was a large vertical wooden prop directly under the position of the dental chair. The ceiling joists were made of wood. The registered person said that a builder had installed two brick pillars in two corners of the basement between the floor and ceiling in 2010. The registered person said they had not sought advice from a structural engineer as to the suitability of this and the strength of the floor.

This section is primarily information for the provider

Enforcement actions

9. The registered person had not registered the use of X-ray equipment on the premises with the Health and Safety Executive and was unaware of the requirement to do so. The registered person said they had recently contracted with a company for the provision of Radiation Protection Adviser services. The registered person did not provide evidence to confirm this. The registered person had named themself as the Medical Physics Expert on your local rules. The registered person did not have evidence of their competency to act in this role. The registered person did not have evidence of a critical examination and acceptance test for your X-ray machines. The last test certificate the registered person had for the X-ray machine in their surgery was dated 08/12, with the expiry date stated as Nov 2015.

10. Several of the registered person's patient dental care records from November 2018 to the present contained no grading of X-rays taken or justification as to why the X-rays were taken. The registered person said they were aware of The Faculty of General Dental Practitioners (UK) The Royal College of Surgeons of England FGDP (UK) Good Practice Guidelines "Selection Criteria for Dental Radiography", but did not adhere to it and did not take radiographs where recommended.

11. The registered person was not ensuring waste was segregated appropriately and securely stored. Items of clinical waste were present on the basement floor. The basement contained approximately 7-8 black bags containing waste. Approximately 6-8 black bags and 2 'infectious waste' orange bags were stacked in the rear unused surgery. One of the black bags contained used clinical gloves and disposable instrument tray liners. The registered person said they had a contract with a company for the collection of most types of waste but could not remember who collected the domestic waste. The registered person did not provide evidence of contracts for the removal of waste from the practice, or consignment notes and waste transfer notes. The registered person was not segregating and disposing of gypsum waste appropriately.

This section is primarily information for the provider

Enforcement actions

12. The registered person was aware of the Department of Health publication “Decontamination Health Technical Memorandum 01-05: Decontamination in primary care dental practices” guidance but did not take account of this guidance as follows: -

a) the registered person did not carry out infection control audits,

b) the registered person said a Legionella risk assessment had been carried out at the practice recently. The assessment was undated. The overall risk at the practice had been identified as high, and several actions were identified in the assessment as high priority and recommended to be completed ‘as soon as reasonably practicable’. These included flushing of little used outlets, monitoring of the sentinel outlet water temperatures, and weekly Legionella sampling until it was shown that the temperature monitoring was controlling the risk. The registered person said they had undertaken some of the actions. The registered person did not provide evidence of this. Staff said no water temperature monitoring was being carried out as staff did not know how to do this. The staff had not received Legionella awareness training,

c) the floor in the decontamination room had a bulge in it in front of the autoclave which the registered person said may have been caused by a water leak. This had created an uneven surface for staff to stand on when removing instruments from the autoclave. Additionally, this did not support good infection prevention and control,

d) the ventilation fan in the decontamination room was hanging down loose from the ceiling by its wiring.

e) none of the three sinks in the decontamination room was designated for hand-washing only.

f) no heavy-duty gloves were available for the manual cleaning of instruments. Staff said they did not always wear these when recommended.

g) there was no easily accessible information available for staff about action to take should they sustain an injury from a used sharp.

h) the registered person did not carry out protein testing to check the efficacy of the ultrasonic bath.

This section is primarily information for the provider

Enforcement actions

i) the registered person had colour-coded mops and buckets for cleaning the practice. The registered person was not storing these appropriately. The yellow mop was standing in dirty water in a bucket.

Regulation 12 (1)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

How the regulation was not being met

1. The registered person had limited systems and processes in place for achieving compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: -

a) the registered person had produced an action plan for compliance which consisted of a list of tasks to be done. These had not been assigned priorities or timeframes for completion.

b) the registered person had some policies and procedures documented for staff to refer to but these did not always take account of the specific circumstances in the practice, including the infection control policy, or address how the practice would comply with the Regulations.

c) Some policies were undated and contained no date for review, including the health and safety policy statement, and the radiation protection policy.

d) The registered person had several versions of some policies, for example, there were two infection control policies and staff were unclear which was the current one.

Enforcement actions

e) Information contained in some risk assessments was incorrect, for example, the medical emergency risk assessment indicated the incorrect location for the medical emergency kit.

f) The registered person did not have a safeguarding policy nor any procedures, including contact details of local safeguarding authorities, for staff to follow should they need to carry out a safeguarding referral. The staff were not clear on what to do about safeguarding concerns.

2. The staff were not aware of external organisations, for example, Public Concern at Work, with whom they could raise work concerns.

3. The registered person had not registered with the Information Commissioner's Office.

4. The registered person did not carry out radiography audits in accordance with the legislation.

5. The registered person had an ineffective system for monitoring training and identifying staff training needs. The registered person had no means of verifying whether or when staff had completed the General Dental Council's, (GDC), highly recommended continuing professional development, (CPD), in disinfection and decontamination, and the GDC's recommended CPD in safeguarding vulnerable adults, and children and young people to the GDC's CPD recommendations. The registered person had limited means in place for identifying their own training needs or those of the staff. Staff said personal development plans were being put together to assist in identifying their individual training needs. The registered person did not have evidence of this. The registered person was unaware when or whether the practice's safeguarding leads had completed safeguarding training.

6. The registered person had not assigned responsibilities to staff for monitoring the quality and safety of the service by carrying out checks, including on medical emergency medicines, and sentinel outlet water temperatures.

7. The registered person's infection control policy stated that records would be kept of staff Hepatitis B vaccinations and all staff in contact with patients

Enforcement actions

should have their Hepatitis B status checked. The registered person had not checked whether one staff member had received the Hepatitis B vaccination, or whether the vaccination had been effective in another staff member. The registered person had not risk assessed this.

8. The registered person had no system in place to ensure risk assessments were regularly reviewed. Several risk assessments were undated and contained no review dates.

9. The registered person did not record dental treatment options and associated risks in the patients' dental care records.

Regulation 17 (1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. The registered person employed persons who must be registered with a professional body; such registration is required by, or under, an enactment in relation to the work that the person is to perform. The registered person had failed to ensure such persons were registered. **How the regulation was not being met**

This section is primarily information for the provider

Enforcement actions

1. Two staff had commenced employment in November 2018. The registered person did not have the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 available as follows: -

a) for one of these staff, no evidence that a Disclosure and Barring Service, (DBS), check had been carried out,

b) for the other staff member, no photographic identification, no DBS, no references and no evidence of qualification.

2. The registered person had no system to ensure staff were registered with their professional body, the General Dental Council.

Regulation 19 (3) and (4)