

Tooth Booth Chichester

Tooth Booth (trading as Chichester Dental Studio)

Inspection Report

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Overall summary

We carried out this unannounced inspection on 24 April 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 not providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

We found that this practice was not providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was not 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

Tooth Booth is a dental surgery, in Chichester, West Sussex and provides NHS and private treatment to patients of all ages.

There is street level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders are within a short distance.

Summary of findings

The dental team includes the principal dentist, one associate dentist, one dental hygienist, one trainee dental nurse, a practice manager and one receptionist. The practice has two treatment rooms.

The practice is owned by a partnership 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 Tooth Booth is the principal dentist.

During the inspection we spoke with one dentist, one hygienist, the receptionist and the practice manager. Following the inspection, we spoke with the principal dentist and one of the partners for the provider. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Saturday from 8am to 6pm

Our key findings were:

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- 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.
- Areas of the practice were cluttered and required further cleaning. We found a fire exit was blocked with bags of shredded paper and cardboard boxes.
- Infection control procedures did not meet current national guidance.
- Systems to help the practice manage risks to patients and staff were ineffective in that some risk assessments had not been updated since 2017.
- The practice safeguarding processes were ineffective. Some staff lacked awareness of safeguarding

vulnerable adults and children, there was no evidence that some staff had received safeguarding training and the practice safeguarding policy had not been updated since 2017.

- The practice recruitment procedures were ineffective. There were no recruitment records for three members of staff, documents such as Disclosure and Barring Services checks, and medical indemnity insurance was not available for all necessary staff.
- There was ineffective clinical and managerial leadership. Improvements were required to ensure that the provider asked patients for feedback about the services they provided.
- The practice had no information governance arrangements in place.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

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

- Review the practice's protocols and procedures in relation to the Accessible Information Standard to ensure that the requirements are complied with.
- Review the availability of an interpreter service for patients who do not speak English as their first language.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations. 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 are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

Improvements were required to the systems and processes in place to provide safe care and treatment. A fire exit was blocked, a member of staff was working without chairside support and staff were not aware of patient safety alerts. The new provider had not reviewed risk assessments undertaken by the previous provider to check that these were relevant; or ensured that they were updated in a timely manner. Improvements were required to ensure that all staff had knowledge of significant events and incidents and that the practice actively sought to learn and improve.

Not all staff had received training in safeguarding people or knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles, but the practice did not always complete essential recruitment checks.

The practice appeared cluttered. Evidence of the proper maintenance of all equipment was not available. The practice was not fully following national guidance for the cleaning, sterilising and storage of dental instruments.

The practice had all necessary equipment and medicines to deal with a medical or other emergency.

Enforcement action



Are services effective?

We found that this practice was not providing effective 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 are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. However, we found that a dentist was working without the support of a nurse at the chairside; therefore, working in a manner inconsistent with standards of conduct set out by the General Dental Council. The dentists discussed treatment with patients, so they could give informed consent and recorded this in their records.

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

Requirements notice



Summary of findings

There were no systems in place to monitor the training needs of staff or to ensure that they were completing continuing professional development necessary for their ongoing registration.

Are services caring?

We found that this practice was not providing caring services in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

We are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

We saw that staff did not always communicate with patients in a manner which protected patients' privacy and confidentiality. The practice did not have any arrangements to support information governance, for example, the practice was not aware of the requirement to register with the Information Commissioner's Office, there was no documentation pertaining to the use of closed-circuit television use within the practice and no policies to support information governance.

Requirements notice



Are services responsive to people's needs?

We found that this practice was not providing responsive 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 are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

The practice's appointment system met patients' needs. Patients could get an appointment quickly if in pain.

The practice had made some adjustments for patients with disabilities, for example, a wheelchair accessible toilet was available. However, the practice had not considered patients information needs, neither were staff aware of the Accessible Information Standards, or of services available to meet patients' communication needs.

At the time of the inspection there were no systems in place to seek patients' views about the services the practice offered.

Requirements notice



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).

We are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

The practice arrangements to ensure the smooth running of the service were ineffective. At the time of the inspection the practice did not have employer's liability insurance. Policies and risk assessments were not always updated in a

Requirements notice



Summary of findings

timely manner. There were no systems to discuss the quality and safety of the care and treatment provided. Staff knew the management structure but were not clear on their roles and responsibilities. Staff training was not monitored, and we were not assured that all staff received appropriate support and supervision. The practice team kept complete patient dental care records which were clearly written or typed and stored securely.

Improvements were required to ensure that the provider monitored clinical and non-clinical areas of their work to help them improve and learn. The practice was not following current guidance as audits for infection control and radiography were not completed.

Are services safe?

Our findings

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

The practice had ineffective systems to keep patients safe.

Not all staff were aware of 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 had not been updated since January 2017. We saw evidence that some staff received safeguarding training. Not all staff were aware about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight on the dental care records vulnerable patients, such as those who required support with mobility.

The practice had a whistleblowing policy although staff did not always feel confident to raise concerns.

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

The practice did not have an up to date recruitment policy and procedure to help them employ suitable staff and we did not see evidence that the practice had suitable checks in place for all staff including agency and locum staff. We requested to look at all staff recruitment records. There was no recruitment documentation in the practice for three members of staff. There was no evidence of Disclosure and Barring Services checks being completed for five staff and for two staff members there was no evidence of proof of identity and no previous employment history for one staff member.

We noted that clinical staff were registered with the General Dental Council (GDC); when requested on the inspection day we could not be shown evidence that all necessary staff had professional indemnity insurance cover. Following the inspection, we saw evidence of indemnity insurance for all necessary staff.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. However, we noted that there was no documentation to evidence that the air-conditioning had been serviced. This posed a potential Legionella risk.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. However, the practice did not have an up to date fire risk assessment in place. At the time of the inspection a fire exit was blocked with bags of recycling waste blocking it. We were told that this had been removed following the inspection.

The practice had some arrangements to ensure the safety of the X-ray equipment although the provider was not aware of the requirement to register with the Health and Safety Executive which became an annual requirement under the new radiography regulations IRR17 and IRMER18. They did not have the required information in their radiation protection file as outlined in current legislation. The local rules did not reflect the radiography equipment currently in the practice and we saw documentation recommending that the patient dose level for one piece of equipment required addressing but there was no further documentation to support whether this had been done.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. However, there was no evidence of a radiography audit having been completed.

We did not see evidence that all necessary staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

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

The practice had some health and safety policies, procedures and risk assessments although not all of these had been reviewed regularly to help manage potential risk. For example, the practice health and safety risk assessment had not been updated since May 2017. At the time of the inspection the provider did not have employer's liability insurance. We were sent evidence that this was obtained two weeks after the inspection.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The principal dentist was not aware of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The staff were not fully following relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had last been completed in May 2017 by the previous provider and needed updating to reflect the current provider and that the practice was not using safer sharps, instead re-sheathing sharp instruments.

The provider did not have a system in place to ensure that it could demonstrate clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency; however, there was no evidence to support when four members of the clinical team had last received training in emergency resuscitation and basic life support (BLS). We were told that three staff members were due to receive training following the inspection.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

At the time of the inspection the associate dentist was working without the support of a dental nurse. This is not consistent with the GDC Standards for the Dental Team. We immediately brought the matter to the attention of the practice manager. Patient appointments were cancelled for the afternoon session. We were told that this was an exception and it was usual practice for the dentist to have chairside support at all times. There was no risk assessment in place for when the hygienist worked without chairside support.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health although improvements were required to ensure that these were up to date as it was not clear when they had last been updated.

The practice had an infection prevention and control policy and procedures although this had not been updated since 2017. 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 did not see evidence that all necessary staff had completed infection prevention and control training and received updates as required.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments. However, not all of these were in line with HTM 01-05. There was no thermometer to check the temperature of the water during manual cleaning; and the illuminated magnifier used to check the efficacy of cleaning was broken and not in use. Staff could not tell us how long it had been broken for or when it would be replaced. We were sent evidence two weeks following the inspection that the necessary equipment was now made available in the practice. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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.

Dental unit waterlines were being appropriately managed. However, no documentation was available for a Legionella risk assessment carried out in October 2018. A previous risk assessment carried out in 2017 on behalf of the previous provider listed recommendations such as monthly testing of the hot water calorifier. There was no evidence of whether this was being carried out.

We saw cleaning schedules for the premises. The practice was cluttered when we inspected and one of the treatment room floors required further cleaning as dirt was visible.

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

The practice had not carried out an infection prevention and control audit since April 2017. Current national guidance recommends that primary care dental practices carry these out on a six-monthly basis.

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

Are services safe?

findings and noted that individual records were 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 (GDPR) requirements.

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

Safe and appropriate use 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. However, at the time of the inspection we found that dental products and the medical emergency medicine for treating

low sugar levels (glucagon) were being stored in the same fridge as food. The fridge temperature was not being monitored. We found open packets of food stored on top of the glucagon. These were removed during the inspection.

Track record on safety and lessons learned and improvements

Risk assessments in relation to safety issues were not kept up to date. Some staff lacked knowledge and understanding of significant events and there was no system in place for monitoring and reviewing incidents. The practice told us they documented incidents, but we saw no evidence that these had been discussed with the rest of the dental practice team to prevent such occurrences happening again.

The principal dentist had no awareness of patient safety alerts and therefore there was no system for receiving and acting on these.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals 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 and guidance. However, a dentist was working without the support of a nurse at the chairside on the day of the inspection. This is inconsistent with the General Dental Council Standards for the Dental Team.

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 and dental hygienist where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

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

Patients with more severe gum disease were recalled at more frequent intervals 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.

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.

Effective staffing

We saw evidence that an induction was available to new staff when they started at the practice. We did not see evidence to confirm that all clinical staff completed the continuing professional development required for their registration with the General Dental Council.

The provider had taken ownership of the practice in July 2018. Staff had not yet received an appraisal. Improvements were required to ensure that systems were in place to track and monitor staff training and to ensure that discussions were held with staff to address training needs as some of the mandatory training for staff had lapsed. In the absence of any systems this had not been addressed.

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 if they needed treatment the practice did not provide.

The practice also had systems and processes 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 were aware of their responsibility to respect people's diversity and human rights.

The practice displayed limited information, for example, information on NHS fees only. Information such as, regarding private fees, complaints and the use of closed-circuit television was not displayed. We were sent evidence following the inspection that the practice had displayed this information.

Staff telephoned patients following lengthy appointments to check their well-being.

Privacy and dignity

The layout of reception and the patient waiting area provided limited privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more

privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. However, we observed conversations between practice staff and patients and witnessed, on occasion, staff communicating in a manner in which patients' dignity and privacy was not upheld.

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

The dentists used models, clinical photographs and radiograph images to help patients understand treatment options discussed. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had made reasonable adjustments for patients with disabilities. These included steps free access, a high-low reception desk, an accessible toilet with hand rails and a call bell. A disability access audit was dated May 2017. This had not been updated by the new provider.

However, the practice had not considered the potential for patients to have a range of communication needs which would need to be assessed for. For example, the practice had not thought of the information needs of patients whose first language was not English, those with hearing or visual impairments; and was not aware of services available to assist patients with their needs.

Improvements were required to ensure that the practice was aware of the Equality Act as well as requirements under the Accessible Information Standard (a legal requirement to make sure that patients and their carers can access and understand the information they are given); and to ensure that the practice was aware of what services it could access to support patients with their information needs.

Timely access to services

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

Patients who requested an urgent appointment were usually seen the same day.

The practice displayed its opening hours in the premises.

Patients needing emergency dental treatment when the practice was not open were referred to the NHS 111 service. The practice answerphone provided telephone numbers for patients to contact.

Listening and learning from concerns and complaints

The principal dentist was responsible for dealing with complaints.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Following the inspection, we were sent evidence that the practice had displayed its complaints policy in the waiting area. This explained how patients could make a complaint and contained information about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice had not received any complaints over the previous 12 months.

Are services well-led?

Our findings

Leadership capacity, governance and management

The principal dentist had overall responsibility for the management, clinical leadership and day to day running of the service. Clinical and managerial leadership at the practice was ineffective.

Staff knew the management arrangements although a sense of staff cohesion was not demonstrated. Staff did not all have up to date job descriptions and were not clear on their roles and responsibilities. Staff training was not monitored, and we did not see evidence that all staff undertook periodic training updates in basic life support, infection control and radiography. Staff told us that training needs were not discussed, and we were not assured that all staff had received appropriate training, supervision and support.

Staff lacked knowledge and awareness of the Duty of Candour and no policy was available to support staff with the requirements of this.

The provider had an ineffective system of clinical governance in place which included policies, protocols and procedures. These were not always updated and therefore did not reflect current working practices. Following the inspection, we were sent updated policies; however, not all of these had yet been personalised to the practice.

Processes for managing risks, issues and performance were ineffective. A fire escape was compromised, documentation of necessary checks of equipment for use within the practice were not always available, risk assessments were not always updated in a timely manner, for example the practice health and safety, sharps and Control of Substances Hazardous to Health risk assessments.

Appropriate and accurate information

The practice had no information governance arrangements. The practice was not registered with the

Information Commissioner's Office, staff lacked awareness of the requirements of information governance and the importance of these in protecting patients' personal information. There were no policies to support information governance. Following the inspection, we were sent evidence demonstrating that the practice had implemented information governance policies and signage pertaining to closed circuit television use was displayed in the practice.

Engagement with patients, the public, staff and external partners

At the time of the inspection there were no systems for seeking patients' views about the service. Following the inspection, we were sent evidence that the NHS Friends and Family Test (FFT) was available for patients to complete. This is a national programme to allow patients to provide feedback on NHS services they have used.

Continuous improvement and innovation

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

The practice did not have effective quality assurance processes. The practice had not completed six monthly infection control audits, as required by current guidance, HTM 01-05. We found an infection prevention audit had not been carried out since April 2017. A radiography audit had not been undertaken.

Staff were due to have appraisals and improvements were required to ensure that staff development and training needs were monitored and addressed.

We did not see evidence that all necessary staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider had no systems in place to monitor staff training to ensure that they completed CPD.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17 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: The registered person had systems or processes in place that operated ineffectively in that they failed to assess and monitor their service against regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular: • Staff in the practice lacked knowledge and awareness of their responsibilities in relation to the Duty of Candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; neither was a policy in place to support staff with the requirements of the Duty of Candour. 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 improve the quality and safety of the services provided. In particular: • There were no effective quality assurance systems in place. The practice had not completed six monthly infection control audits since 2017. There was no evidence of a radiography audit being undertaken.

Requirement notices

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:

- Governance arrangements were ineffective in that policies and risk assessments such as for Health and Safety, Sharps and Infection Prevention and Control had not been reviewed since 2017.
- Risk assessments pertaining to the Control of Substances Hazardous to Health were disorganised and there was no way of knowing when these had last been updated.
- There were no arrangements in place to support information governance; the practice was not registered with the Information Commissioners Office, staff lacked knowledge and awareness of the requirements of information governance. Additionally, there was no documentation pertaining to the use of closed-circuit television cameras.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons, for the purpose of continually evaluating and improving such services.

In particular:

- There were no systems in place to seek the views of people who use the service, or the staff about their experience of, and the quality of care and treatment delivered by the service.

Regulation 17(1)

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 18 Staffing

Requirement notices

How the regulation was not being met:

The registered person had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision as was necessary to enable them to carry out the duties they were employed to perform.

In particular:

- There were limited systems in place to ensure that staff undertook training and periodic training updates in areas relevant to their roles including training in basic life support, training in infection control and dental radiography.
- Staff had not received an appraisal and we were told that no conversations were held to discuss training and learning needs.
- The registered person had not ensured that an unqualified member of staff had received appropriate training and support.

Regulation 18(2)(a)

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 13 Safeguarding service users from abuse and improper treatment Service users must be protected from abuse and improper treatment How the regulation was not being met: The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users. In particular: • There was no evidence that three staff members had received safeguarding training. • Two staff members lacked knowledge and awareness of safeguarding vulnerable adults and children. • The practice safeguarding policy had not been updated since January 2017. Contact details of the local safeguarding authority had not been checked since this date. Regulation 13(1)&(2)
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 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 19 Fit and proper persons employed

Enforcement actions

Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons

How the regulation was not being met

The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work.

In particular:

- Recruitment procedures were inconsistent and there was no evidence that a recruitment policy was in place to ensure that safety is promoted in recruitment practice.

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

In particular:

- No staff recruitment records or staff files could be produced for three members of staff.
- There was no evidence of Disclosure and Barring Service checks having been completed for five staff.
- There was no evidence of proof of identify for two members of staff; and no satisfactory evidence of conduct in a previous employment or a full employment history for one staff.
- Up to date information on the medical indemnity of all clinical staff was unavailable.

Regulation 19(1),(2),(3)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enforcement actions

Regulation 12 Safe care and treatment

Care and treatment must be provided in a safe way for service users

How the regulation was not being met

The registered person had not done all that was reasonably practicable to assess and mitigate risks to the health and safety of service users receiving care and treatment.

In particular:

- There were no systems in place for receiving and 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. The registered manager told us that they had not heard of such alerts.
- Some staff lacked knowledge and understanding of significant events and there was no system in place for recording and managing clinical incidents, safety or significant events. One accident involving injury with a sharp instrument was documented. There was no evidence that this had been discussed to improve learning and prevent similar incidents from occurring.
- We saw a member of staff was working without chairside support throughout the morning session.
- We found that the fire exit was compromised as bags of paper waste and cardboard boxes blocked the exit. There was no up to date fire risk assessment.

The registered person had not ensured that the equipment used by the service provider is safe for such use.

In particular:

- The registered manager told us, when asked, that the requirement to obtain a Health and Safety Executive registration certificate for the use of the radiography equipment was unheard of. Further documentation pertaining to the radiography equipment was

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inaccurate. The local rules did not reflect the equipment currently in the practice and there was no evidence of acceptance tests having been completed upon installation of the X-ray equipment.

- We found a document pertaining to the servicing of the X-ray equipment in surgery 2. That stated that the patient dose level needed to be addressed. There was no evidence to establish whether this had been followed up.

The registered person had not done all that was reasonably practicable to ensure the proper and safe management of medicines.

In particular:

- Dental care products and the medical emergency medicine Glucagon were stored in a fridge with food.
- We found that the fridge temperature was not being monitored.

There was lack of assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.

In particular:

- No documentation was available for a Legionella risk assessment carried out in October 2018. The previous risk assessment completed in 2017 made certain recommendations; there was no evidence to demonstrate whether these actions had been taken.
- We found that the practice was visibly cluttered throughout and the floor in one surgery was visibly unclean.
- We found that the registered person had not obtained evidence of suitable immunity, including a vaccination history, against Hepatitis B for any member of clinical staff.
- We observed that decontamination of dirty dental instruments was being carried out without the use of a thermometer to check the water temperatures; and

This section is primarily information for the provider

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without the use of an illuminated magnifier to inspect cleaned instruments. When asked, staff could not tell us how long this had been broken for and when it would be replaced.

Regulation 12(1)