Dr. Susie Donnelly

Lakeside Health Centre

Inspection Report

Surgery 5
Lakeside Health Centre
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Overall summary

We carried out this announced inspection on 1 May 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Lakeside Health Centre is in Thamesmead, in the London Borough of Bexley. The practice provides NHS treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs. There is parking available for patients on the premises.

The dental team includes two dentists, a qualified dental nurse, a trainee dental nurse, and a receptionist. The dental nurses also undertake receptionist duties. The practice has a treatment room on the first floor of the premises which is accessible via stairs and a lift.

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.

On the day of inspection, we obtained feedback from 55 patients.

During the inspection we spoke with the principal dentist and the dental nurses. We checked practice policies and procedures and other records about how the service was managed.

The practice is open at the following times:

Monday to Thursday: 9am to 1pm and 2pm to 5.30pm.

Friday: 9am to 1pm and 2pm to 4.30pm.

Our key findings were:

- The practice appeared clean and well maintained.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported.
- The practice dealt with complaints positively and efficiently.
- Staff had received appraisals.
- Continuing professional development records were not available for some staff to show they had completed and updated key training.
- Recruitment checks such as employment histories, photographic identification and Disclosure and Barring Service checks were in place, though improvements could be made to obtain and record references suitably.
- Some staff we spoke with were not aware of how to use the oxygen cylinder in the event of a medical emergency.
- Staff we spoke with were not clear on the protocol for safe disposal of extracted teeth containing amalgam.
- The provider had not ensured a member of staff had adequate immunity against Hepatitis B infection.
- Medicines to manage medical emergencies were available but the provider did not have some life-saving equipment.
- The clinical staff did not record some key information regarding the use of rubber dam in patients' dental care records.
- There was a lack of effective systems and processes to ensure good governance.

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

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

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

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.

Shortly after the inspection the practice sent us evidence demonstrating they had begun to take steps to make improvements. We will check improvements have been implemented, sustained and embedded when we carry out a follow-up inspection of the practice.

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?

No action

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

The practice had systems and processes to provide safe care and treatment.

The provider had systems and processes to provide safe care and treatment.

Most of the staff had received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles.

The premises were clean and equipment was properly maintained. The provider followed national guidance for sterilising and storing dental instruments. Shortly after the inspection the provider implemented improvements to ensure cleaning of used dental instruments was also in line with this national guidance.

The practice had arrangements for dealing with medical and other emergencies. Shortly after the inspection they ordered additional equipment as recommended by the Resuscitation Council. Some of the staff we spoke with did not know how to set up the oxygen cylinder for use.

Most of the staff had adequate immunity against vaccine preventable diseases, though the practice was not able to demonstrate this for a member of staff.

Are services effective?

No action

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

The dentists assessed patients' needs; they discussed treatment with patients so they could give informed consent. They did not provide care in line with national guidelines with regard to using rubber dam for root canal treatments.

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

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

Are services caring?

No action

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

We received feedback about the practice from 55 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, respectful and professional.

The provider used learning from complaints to help them improve.

Summary of findings

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

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 was efficient and met patients' needs. Patients could get an appointment quickly if they were experiencing dental pain.

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

The practice had assessed the needs of wheelchair users. We found they had not carried out a disability access audit to fully risk assess the needs of patients with a disability.

Are services well-led?

Requirements notice

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 these actions in the Requirements Notice section at the end of this report).

Staff felt supported and appreciated.

The provider had arrangements to ensure the smooth running of the service, though improvements were needed.

Risks relating to the safety and welfare of service users had not been identified or mitigated in relation to:

- The needs of patients with a disability.
- The non-use of rubber dam for root canal treatment.
- The lack of effective processes to ensure all staff had received or updated key training.
- The lack of processes to respond to patient safety alerts and share them with relevant staff.
- The lack of completion of dental care records with the necessary information regarding the use of rubber dam.
- The lack of assurance regarding adequate immunity to vaccine-preventable diseases for a member of staff.
- The lack of clarity over the safe disposal of extracted teeth containing dental amalgam.
- The lack of awareness regarding the use of oxygen in an emergency.

Are services safe?

Our findings

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

The practice had systems to keep patients safe.

Staff we spoke with knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that most of the staff received safeguarding children and adults training; however, evidence of safeguarding adults training was not available for a member of clinical staff.

Staff we spoke with knew about the signs and symptoms of abuse and neglect and how to report concerns. The principal dentist was aware of the need to make notifications to the Care Quality Commission (CQC).

There was a system to highlight vulnerable patients in their records e.g. people with a learning disability or a mental health condition, or who required other support such as with mobility or communication.

Staff told us that they felt confident they could raise concerns without fear of recrimination.

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

Shortly after the inspection the practice sent us a policy they had created to provide staff with guidance on the benefits of using rubber dam, the need to clearly document justifications for not using rubber dam, and the need to record an assessment of the associated risks wherever they did not use rubber dam.

The practice did not have a suitable staff recruitment policy to help them employ suitable staff. We checked two staff recruitment records. These showed the practice did not follow a suitable recruitment procedure. For example, there were no references in place in any of the records. The principal dentist told us they had sought verbal assurances as to the suitability of these members of staff.

Shortly after the inspection the practice sent us a reference request template they had created to ensure the practice could seek and document suitable references for staff prior to employing them.

We noted clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The indemnity for a member of clinical staff showed an expiry date of 2015; shortly after the inspection the provider sent us an up-to-date record of indemnity for this member of staff.

The practice ensured equipment was maintained according to the manufacturers' instructions. They carried out Portable Appliance Tests (PAT) of electrical equipment; however, this test had not been done since 2012 to ensure electrical equipment remained safe to use. Shortly after the inspection the provider told us they had begun making enquiries for a new PAT of their electrical equipment.

The provider shared the premises with other health providers. They told us the health centre had a management team that was responsible for monitoring various processes for all the providers. The provider showed us confirmation that the health centre had carried out a fire risk assessment and they had processes in place to minimise any fire risks in the premises.

The practice had arrangements to ensure the safety of the radiography equipment; there was evidence the equipment had been regularly inspected. They had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice had begun a cycle of radiography audits in order to follow current guidance and legislation.

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

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. The practice had an up-to-date health and safety risk assessment.

The practice had employer's liability insurance.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. Practice staff followed relevant safety regulation when using needles and other sharp dental items.

The practice had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked for most of the staff; this information was not available for a member of staff though there was documentation showing they had been given a course of Hepatitis B vaccine.

Staff had completed training in emergency resuscitation and basic life support (BLS). During the inspection though we noted that two members of clinical staff were not able to demonstrate how to use oxygen cylinder in case of a medical emergency.

Not all emergency equipment as recommended by the Resuscitation Council was available for use, including an ambulatory bag and paediatric pads for the automated external defibrillator. Shortly after the inspection they told us they had ordered this equipment.

The practice had not checked whether they needed to amend the use-by date of a medicine Glucagon (used in the management of diabetes in an emergency) that was not stored in the fridge; they told us they were not aware this amendment was required. Shortly after the inspection the provider sent us evidence demonstrating this medicine was still fit for use, though they did not demonstrate they had amended the use-by date accordingly.

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

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

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. The assessments though had last been reviewed in 2016.

The practice had an infection prevention and control policy and procedures. They told us they had implemented these procedures based on a locally developed guidance document. Their procedures with regard to transporting, checking, sterilising and storing dental instruments were in line with national guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. The practice could strengthen processes for transporting instruments by labelling boxes used for clean and contaminated instruments to ensure they could not get mixed up.

Staff told us they were manually cleaning contaminated dental instruments in the treatment room where we observed dental instruments, documents and light cover shields exposed to aerosols as they were not covered.

Shortly after the inspection the practice sent us a memo they had created to provide staff with guidance on the proper protocols to follow for disinfecting contaminated dental instruments.

There was evidence to show staff had completed infection prevention and control training, though two members of clinical staff had not updated this training since 2016.

Practice records showed equipment used by staff for cleaning and sterilising instruments were maintained and used in line with the manufacturer's guidance. The practice could strengthen arrangements for validating cycles of their washer-disinfector; we found staff had not recorded actions taken in response to cycles that had not achieved optimum efficacy.

Shortly after the inspection the practice sent us a policy they had created giving staff guidance on the protocol to follow if such incidents happened again.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures such as regular testing of the water quality, to reduce the possibility of Legionella or other bacteria developing in the water systems. They showed us confirmation that the health centre had carried out a Legionella risk assessment. They told us they thought testing of the sentinel water temperatures was managed by the health centre though there was no documented evidence of this at the time of the inspection.

Shortly after the inspection the practice sent us evidence confirming the health centre carried out these tests.

Are services safe?

We saw cleaning schedules for the premises. The premises appeared to be clean.

The practice had policies and procedures in place to ensure clinical waste was segregated appropriately in line with guidance. There was lack of clarity around disposal of teeth containing amalgam restorations. Staff told us they would dispose these in the sharps bin which was not in line with recommended guidance.

Shortly after the inspection the practice told us they had ordered a dedicated tooth disposal bin, though they did not provide any assurance regarding protocols for disposing of teeth containing amalgam.

The practice carried out infection prevention and control audits every six months. The most recent infection control audit carried out by the practice in April 2018 showed the practice was meeting the required standards. The audit though did not accurately reflect what was happening in the practice. For example, it identified staff were measuring the temperature of water used to manually clean dental instruments but we noted that there was no thermometer available to do so.

The practice had not completed an infection control annual statement in line with guidance in the Health and Social Care Act 2008's Code of Practice on the prevention and control of infections.

Information to deliver safe care and treatment

We discussed with the principal dentist how information to deliver safe care and treatment was handled and recorded. We checked dental care records to confirm our findings; they were legible and stored securely.

We noted most of the individual records were written and managed in a way that kept patients safe.

Safe and appropriate use of medicines

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

There was a stock control system of medicines to ensure they did not pass their expiry date and enough medicines were available; however, we found eyewash solution that had an expiry date of 2016. The practice assured us they would dispose of this solution.

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

The provider stored and kept records of NHS prescriptions. They could strengthen protocols to prevent their misuse by ensuring they logged the serial numbers of prescription pads; staff were not aware of the need to do this. During the inspection they created a log to ensure the use of prescription pads could be monitored.

Track record on safety

The practice had systems in place to monitor safety. The principal dentist was aware of the Serious Incident Framework.

There were systems for reviewing and investigating when things went wrong, such as an incident policy and incident recording forms. Staff told us they discussed incidents to reduce risk and support future learning.

Lessons learned and improvements

The practice told us they learned and made improvements when things went wrong informally through regular verbal discussions.

There was a system for receiving safety alerts; however, the practice had not taken the necessary actions in response to alerts. For example, they had received an alert regarding a defect with specific models of a brand of automated external defibrillators. The alert stated the serial numbers of the AEDs affected but the practice told us they had not checked to confirm whether their AED, which was of the same brand, was among those affected. During the inspection we checked and confirmed the practice's AED was not affected. There was no system in place to share such alerts with relevant members of staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The principal dentist demonstrated that they kept up to date with current evidence-based practice. We observed that the dentists assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

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

The principal dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The principal dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments.

Consent to care and treatment

The practice team understood the importance of obtaining patients' consent to treatment. They obtained consent to care and treatment in line with legislation and guidance.

The dentists gave patients information about treatment options and the risks and benefits of these so that they could make informed decisions. We obtained feedback from 55 patients; the majority of these patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice had policies including information about the Mental Capacity Act (MCA) 2005, and the legal precedent by which a child under the age of 16 years of age can consent for themselves. The principal dentist was aware of the MCA and considerations required when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure that they had enough time to explain treatment options clearly.

Monitoring care and treatment

The provider kept 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.

The provider audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

The provider told us staff new to the practice had a period of induction based on a structured induction programme; staff we spoke with confirmed this. The provider had made use of induction forms for dental nurses.

We confirmed most of the clinical staff completed the continuing professional development required for their registration with the General Dental Council. However, the provider was not able to demonstrate that a member of clinical staff had completed safeguarding vulnerable adults training, or that two members of clinical staff had updated infection control training since 2016.

Staff told us that they discussed training needs during one to one meetings and appraisals; we found there were appraisal records available for the dental nurses.

Co-ordinating care and treatment

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance**.**

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections. They also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Clinical Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist.

They could strengthen these arrangements by ensuring they implemented a system for tracking and monitoring referrals made.

Are services caring?

Our findings

Kindness, respect and compassion

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

We obtained feedback from 55 patients; they commented positively that staff were helpful, respectful and professional. The majority told us the dentist took time to listen to their problems, and gave them a detailed account of what would happen.

Information was available in the waiting area for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. Staff told us that if a patient asked for more privacy they would take them into another room.

The computer screen in the reception area was not visible to patients. Staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

The principal dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. They described to us the methods they used, including visual aids, information leaflets, models and radiograph images.

The practice had some arrangements in place to help patients to be involved in decisions about their care in line with the Equality Act and the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).

- Staff communicated with patients in a way that they could understand, for example, communication aids such as mouth models and access to online videos were available.
- The principal dentist told us interpretation services were available for patients who did not speak or understand English as a first language. There were no notices in the reception areas, including in languages other than English, informing patients any such services were available.

The provider had an NHS Choices website though information about staff working at the practice had not been updated since 2010.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs.

Staff were clear on the importance of emotional support needed by patients when delivering care, such as by reassuring nervous patients.

There was step-free access for patients with disabilities, and an accessible toilet with hand rails and a call bell. The provider had access to language interpretation services for patients who did not speak or understand English as a first language. The provider did not have facilities in the practice to support people who required additional support, such as those with hearing difficulties, visual impairments and learning difficulties. They had carried out a risk assessment for wheelchair users but had not formally assessed the needs of patients with other disabilities. They told us they could refer these patients to a dental practice on the same premises.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale. The practice displayed its opening hours in the premises, and on their NHS Choices website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment could usually be seen the same day.

There was information available on the provider's answerphone that provided a national telephone number for patients needing emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints

The practice told us they 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 complaints. They had information available for patients explaining how to make a complaint.

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

The principal dentist aimed to settle complaints in-house. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We checked a formal complaint the practice received in the last 12 months. This showed the practice responded to the concerns appropriately. Staff told us they discussed outcomes of complaints to share learning and improve the service.

Are services well-led?

Our findings

Vision and strategy

The provider described a clear vision and set of values. There were protocols in the practice to manage behaviour and performance inconsistent with the vision and values.

Culture

Staff stated they felt respected, supported and valued. Staff we spoke with told us that they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. The provider told us they valued the contributions made to the team by individual members of staff.

The provider told us they had an open and honest culture; the principal dentist was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice used verbal comments to obtain patients' views about the service.

The provider told us they encouraged patients to complete the NHS Friends and Family Test (FFT). The FFT is a national programme to allow patients to provide feedback on NHS services they have used. Feedback from the provider's March 2018 FFT results was positive.

The provider told us they gathered feedback from staff through meetings, appraisal and informal discussions.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. Improvements could be made to ensure the infection control audit accurately reflected the practice's infection control procedures.

There were arrangements in place for monitoring performance in line with appraisals. We checked and found there were completed appraisals in the staff records for the dental nurses.

The General Dental Council (GDC) requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so. They told us they completed 'highly recommended' training as per the GDC's professional standards. This included (but was not limited to) undertaking basic life support training annually.

Staff had completed other training such as for communication, consent, equality and diversity, handling complaints, information governance, legal and ethical issues, oral cancer, mental capacity, and the Duty of Candour.

We checked staff records to confirm this and found although most of the staff had completed the recommended training, the provider did not provide evidence to show that key training for a member of clinical staff had been completed, or that two members of clinical staff had updated training modules. The provider could make improvements by implementing an effective process for tracking and monitoring training undertaken and training needs.

Governance and management

The principal dentist had overall responsibility for the clinical leadership of the practice and the management and day to day running of the service.

We found that not all staff had a clear understanding of national guidance and the practice's arrangements and protocols to support good governance and management. This related to:

- The needs of patients with a disability.
- The non-use of rubber dam for root canal treatment.
- The lack of effective processes to ensure all staff had received or updated key training.
- The lack of effective processes for sharing safety information with relevant staff and ensuring this information was appropriately acted on.
- The lack of completion of dental care records with the necessary information regarding the use of rubber dam.
- The lack of assurance regarding adequate immunity of a member of staff to vaccine-preventable diseases.

Are services well-led?

- The lack of clarity over the safe disposal of extracted teeth containing dental amalgam.
- The lack of awareness regarding the use of oxygen cylinder in the event of a medical emergency.

The provider had not assessed and mitigated risks relating to the above.

Shortly after the inspection the practice told us they had begun to take steps to address and implement improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	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** The service provider 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 the provider had not identified and mitigated risks relating to: • The lack of effective processes for identifying and sharing safety alerts with relevant staff and ensuring they were acted on. • The lack of suitable staff training to be able to use an oxygen cylinder in the event of a medical emergency. • The lack of evidence of adequate immunity against vaccine preventable infectious diseases for a member of clinical staff. • The lack of clarity over waste disposal protocols regarding teeth containing dental amalgam. • The use-by date of a medicine stored outside of the fridge had not been amended in line with guidance. There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular the provider had not monitored or improved processes relating to:

This section is primarily information for the provider

Requirement notices

- The lack of suitable processes for ensuring key training had been completed and suitably updated.
- Dental care records that had not been completed with the necessary information regarding the use of rubber dam.
- We found the practice had not fully risk assessed the needs of patients with disabilities other than those requiring the use of a wheelchair.

Regulation 17 (1)