Nationwide Healthcare

South Elmsall Family Dental Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 29 January 2020 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

South Elmsall Family Dental Centre provides NHS and private dental care and treatment for adults and children.

Summary of findings

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes six dentists, five dental nurses and four receptionists. The practice has six treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 South Elmsall Family Dental Centre is the Clinical Quality and Care Manager.

On the day of inspection, we collected one CQC comment card filled in by a patient.

During the inspection we spoke with three dentists, two dental nurses, two receptionists, the group head nurse and group deputy head nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9:00am to 6:00pm

Our key findings were:

- The practice appeared to be visibly clean.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Improvements could be made to the process for managing the risks associated with the carrying out of the regulated activities.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Current guidelines for prescribing antibiotics were not always adhered to.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Clinical leadership and oversight of arrangements for managing risk were not effective.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had information governance arrangements.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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?	**Requirements notice** ✖
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**Requirements notice** ✖

Are services safe?

Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. It was not clear if this was to the recommended level two training, as the training had been provided by the provider organisation and training certificates did not make this clear. After the registered manager received the draft report, we were sent evidence that this safeguarding training conformed to level two requirements. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

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

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The risk assessment stated that water temperatures should be above 50'C and below 20'C. We saw that monthly water temperature tests were carried out by staff. These all stated that the temperatures were in the correct range. We noted that all taps were fitted with thermostatic mixing valves and could not exceed 41'C. On the day of inspection, we checked a sentinel outlet and this did not exceed 50'C. Staff were unable to demonstrate how the temperatures which had been recorded could have exceeded 50'C. In addition, there was no hot water supply to the hand washing sink in the patient accessible toilet. We were later sent video evidence that the hot water temperature at the sentinel outlet was reaching temperatures above 50'C and there was a hot water supply to the hand washing sink in the accessible toilet.

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

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. During the inspection we noted a sharp dental probe in the rear court yard area which was a fire escape. This was removed immediately and we were told a significant event would be recorded for this and would be discussed at the next staff meeting. We were sent evidence of this significant event form.

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

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

Are services safe?

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

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. As part of our inspection process we request to see all recruitment records. On the day of inspection only two recruitment records were available for the 15 staff working at the practice. The two staff recruitment records for staff who worked at the location showed the provider followed their recruitment procedure.

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

During the inspection we asked to see evidence of how the provider ensured facilities were safe, including electrical and gas appliances. We were shown evidence of a current gas safety certificate. We asked to see evidence of a fixed wire installation test. We were shown one which had been completed in July 2015. This certificate stated that it should be completed again after three years. We asked staff if this had been done and they were unsure. After the registered manager received the draft report, we were sent evidence this had been booked in to be completed.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building. The fire risk assessment had identified a lack of signage to state medical oxygen was stored in the practice. We asked staff if any signs had been put up. They were unable to show that this had been done. In addition, we noted the rear gate was locked with a padlock. After the inspection we were sent evidence signage had been put up and the rear gate would be left unlocked when the practice was open.

On the day of inspection, we asked to see evidence of servicing for the fire alarm and the emergency lighting. Staff were unable to provide evidence these had been done and we were told they were held at head office. After the inspection we were sent evidence of servicing for the emergency lighting and fire alarm system which had been carried out in July and August 2018 respectively. These were now overdue, and no action had been taken to address this. After the registered manager received the draft report, we were sent evidence that the servicing for the lighting and alarm system had been arranged.

The practice held a radiation protection folder. As part of the inspection we checked this folder. There was no evidence of the critical examination and acceptance tests for any of the X-ray machines. We were later sent evidence of the critical examination and acceptance tests for all X-ray machines. The critical examination for one of the X-ray machines stated that the beam should not be pointed towards a window which looked out onto the waiting area. The local rules had not been adapted to reflect this. After the registered manager received the draft report, we were sent evidence the local rules had been amended to state that the primary beam must not be pointed towards the window. The latest routine tests had identified there was a drift on the X-ray machine arm for three of the machines and this was confirmed during inspection. There was no documented evidence these issues had been addressed. After the registered manager received the draft report, we were sent evidence these issues had been addressed.

We saw evidence all but one of the dentists justified, graded and reported on the radiographs they took.

We asked to see evidence of radiography audits. We were shown one audit which had been completed for an individual dentist within the last year. There were no other radiography audits available during the inspection. We were told by one of the dentists that one had been completed but this was not held at the practice. After the registered manager received the draft report, we were sent evidence of two further radiography audits.

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

Risks to patients

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

We looked at the practice's arrangements for safe dental care and treatment. A sharps risk assessment had been undertaken. The risk assessment stated that the dentists should use re-sheathing devices when re-capping needles.

Are services safe?

We were told this was not done by all of the dentists. This had not been reflected in the sharps risk assessment to show alternative methods used. In addition, the risk assessment did not include the risks associated with other sharp instruments used within the practice. After the registered manager received the draft report, we were sent evidence that staff had received additional training on the safe use of sharps.

On the day of inspection, we saw documented evidence of immunity to the Hepatitis B virus for two members of staff who worked at the practice. We were provided with a print out of titre levels produced by head office for other members of staff but were not provided with the certificates to support this.

Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

There was evidence that staff had completed training in emergency resuscitation and basic life support every year. During the inspection we spoke to staff who did not routinely work at the location and some were not aware of the location of the medical emergency kit. After the inspection we were sent evidence of practice specific induction records for staff who did not routinely work at that location.

Emergency equipment and medicines were available as described in recognised guidance. We noted some pads for the defibrillator had passed their expiry date. These had not been removed even though there were some in date pads held with the defibrillator. We also noted there were two glucagon injections which were not stored in a temperature controlled environment. The date on one of them had been adjusted to reflect this, the other one had not been adjusted.

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

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

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentists how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete were kept securely and complied with General Data Protection Regulation requirements.

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

Safe and appropriate use of medicines

We saw staff stored and kept records of NHS prescriptions as described in current guidance. We noted during the inspection that two dentists only provided privately funded treatments as they did not have an NHS performer number. We saw these dentists had provided NHS prescriptions to their patients. NHS prescriptions can only be provided to patients whose treatment is funded by the NHS. After the registered manager received the draft report, we were sent evidence these dentists had been informed of this and been provided with private prescription forms.

The dentists were aware of current guidance with regards to prescribing medicines. The prescription log showed one dentist was prescribing a high number of antibiotics. We reviewed dental care records for these patients. There was no clear justification for prescribing the antibiotics and the antibiotics prescribed were not the first-choice antibiotic in line with nationally recognised guidance. After the registered manager received the draft report, we were sent evidence this dentist had been booked onto a course relating to prescribing antibiotics.

An antimicrobial prescribing audit had been carried out for one of the dentists. This audit indicated the dentist was following current guidelines. There was no evidence any other audits had been carried out. After the registered manager received the draft report, we were sent evidence of an additional antimicrobial prescribing audit.

Track record on safety, and lessons learned and improvements

Are services safe?

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

Where there had been a safety incidents we saw these were investigated and documented.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The systems to keep dental professionals up to date with current evidence-based practice and legislation could be improved. For example, not all clinicians followed nationally recognised guidance when prescribing antibiotics and staff were not aware that NHS prescriptions cannot be provided to privately funded patients.

We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

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

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

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

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

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

Consent to care and treatment

Staff 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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were 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 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.

On the day of inspection, we asked to see evidence of audits of dental care records and radiography. We were shown one audit of dental care records and one for radiographs. These audits had results and action plans. There was no evidence of any other clinical audits. After the registered manager received the draft report, we were sent evidence of some additional clinical audits.

Effective staffing

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

Staff new to the practice had a structured induction programme, we highlighted several areas during the inspection where staff were not fully familiar with practice protocols, as a select small number of staff were used to cover absence due to sickness. We highlighted some processes could differ from practice to practice. This system required review to ensure staff are fully aware of systems and processes at each practice they work at.

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Are services effective?

(for example, treatment is effective)

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 for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

The patient commented positively that staff were very good. We saw staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment had also been completed.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff gave patients clear information to help them make informed choices about their treatment. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example study models, pictures and X-ray images which could be shown to the patient or relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

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

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

One card was completed, giving a patient response rate of 2%

100% of views expressed by patients were positive.

The patient stated that staff were very good and the environment was clean and tidy.

We shared this with the provider in our feedback.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop and an accessible toilet with hand rails and a call bell. The call bell was situated above floor level. We asked if a disability access audit had been carried out. Staff confirmed it had not been. We were shown a blank copy of a disability access audit which had a question asking if the emergency call system is usable from the floor. This audit would have identified this issue. After the registered manager received the draft report, we were sent evidence a disability access audit had been completed.

Patients could request to receive text message reminders prior to their appointments.

Timely access to services

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

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

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

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints

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

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint. Information was available about organisations patients could contact if not satisfied with the way the provider had dealt with their concerns.

The complaints team located at head office were responsible for dealing with these. Staff told us they would give patients details of the head office complaints team if they were unhappy with any aspect of the service.

We asked staff if any documentation relating to patient complaints were held at the practice. They told us it was not. Staff told us there may have been some complaints raised in the last 12 months but were unsure. We were later sent evidence of a complaint log sheet. A complaint had been dealt with in conjunction with NHS England.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Culture

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

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

Staff told us they discussed their training needs at annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. On the day of inspection there was no evidence of completed appraisals documents for staff who worked at the practice. We were told these were held at head office. After the registered manager received the draft report, we were sent evidence of two appraisal documents.

The staff focused on the needs of patients.

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

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

Governance and management

The registered manager had overall responsibility for the management of the practice. One of the dentists was the clinical lead. We were told that two of the receptionists were responsible for the day to day running of the service.

The provider had policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The practice was part of a corporate group which had a support centre where teams including human resources, finance, clinical support and patient support services were based. The staff at the practice relied heavily on these teams at head office and documentation such as recruitment documents were held there. Staff in the practice did not have access to these documents and would have to request them from head office.

Systems and processes for managing risks, issues and performance were not working effectively:

- The risks associated with fire had not been appropriately managed. The rear gate was locked with a padlock and no medical oxygen signage had been displayed in the practice. There was no evidence the fire alarm and emergency lighting had been serviced. The fixed wire testing had not been completed after the recommended period of time.
- The risks associated with the use of radiation had not been appropriately managed. On the day of inspection there were no critical examination reports for the X-ray machines and there was no evidence that recommendations made in a routine test for three X-ray machines had not been actioned.
- The risks associated with Legionella had not been appropriately managed. Water temperature readings were recorded as being above 50'C when water temperatures were restricted to a temperature of below this.

Clinical leadership within the practice was not working effectively:

- One of the clinicians was not following current guidance when prescribing antibiotics.
- Two of the dentists were providing privately funded patients with NHS prescriptions.
- Systems and processes had not identified that one of the clinicians was not justifying or providing a detailed report of radiographs.

After the registered manager received the draft report, we were sent evidence that action had been taken to address the above points. We will follow this up to ensure they are fully embedded.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Are services well-led?

Quality and operational information, for example NHS Business Services Authority performance information and surveys were used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

The provider used surveys to obtain patients' views about the service.

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

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The practice was a member of a good practice certification scheme.

Quality assurance processes were not embedded within the culture of the practice. Evidence of audit was limited on the day of inspection. We were shown one dental care record audit, one radiography audit, an antimicrobial audit and infection prevention and control audits. Audits had not been completed for all of the clinicians. Where audits had been completed, these had results and action plans. After the registered manager received the draft report, we were sent evidence of additional audits which had been completed.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The registered manager had developed workbooks for staff to complete as part of their training needs. These topics included significant event reporting, infection prevention and control and safeguarding. Staff were required to answer questions after reading the workbook and were then provided with a continuing professional development certificate. It was not clear from these certificates what level the safeguarding training was. After the registered manager received the draft report, we were sent evidence that this safeguarding training conformed to level two requirements.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **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: The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • Recommendations identified in the fire risk assessments had not been actioned. • The fire alarm and emergency lighting had not been serviced. • The fixed wire testing had not been completed after the recommended period of time. • Legionella water temperature tests did not reflect our findings on the day of inspection. • There was no hot water supply to the accessible toilet. • There was no evidence recommendations made in the routine tests for three X-ray machines had been actioned. • There was no evidence a recommendation made in the critical examination for one X-ray machine had been acted on. There was no proper and safe management of medicines. In particular: • The justification for prescribing antibiotics was not always documented. Regulation 12 (1)

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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 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:

- The systems and processes for ensuring the risks associated with fire were appropriately managed were not effective.
- The systems and processes for ensuring the risks associated with Legionella were appropriately managed were not effective.
- The systems and processes for ensuring the risks associated with the use of radiation were appropriately managed were not effective.
- The sharps risk assessment did not reflect did not accurately reflect processes which were used at the practice.

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 being provided. In particular:

- Audits of radiography had not been completed for all dentists.
- A disability access audit had not been completed.

There was additional evidence of poor governance. In particular:

- Staff had not received a practice specific induction.
- The system for disposing of out of date emergency equipment was not effective.

Regulation 17 (1)