

Hillcrest Ionian Limited

Mydentist - Laughton Road - Dinnington

Inspection Report

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Overall summary

We carried out this announced inspection on 8 August 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 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

Mydentist Laughton Road Dinnington is in Sheffield and provides NHS and private treatment to adults and children.

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

Summary of findings

The dental team includes three dentists, five dental nurses (two of whom are trainees), a receptionist and a practice manager. The company compliance manager was also present on the inspection day. The practice has four treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Mydentist Laughton Road Dinnington is the practice manager.

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

During the inspection we spoke with three dentists, three dental nurses and the receptionist. We also spoke with the practice manager and company compliance manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Tuesday 9am – 6pm, Wednesday, Thursday and Friday 9am – 5pm

Our key findings were:

- The practice appeared clean and well maintained.
- Improvements could be made to ensure the infection control procedures were fully embedded and were carried out in line with published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff. The safe sharps system in place was not effective.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Improvement was needed to monitor relevant training.
- Staff recruitment procedures and evidence gathering could be improved.
- Staff training was not effectively monitored.
- 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.
- The provider was providing preventive care and supporting patients to ensure better oral health. The process to monitor gum disease was not consistent.
- The appointment system met patients' needs.
- The clinical waste segregation process was not embedded.
- Management systems were not effective in some areas.
- The practice's culture of continuous improvement was not effective in some areas.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements but was not up to date with new legislation.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

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

- Review the practice's protocols and procedures for promoting the maintenance of good oral health taking into account the guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' In particular: periodontal pocket charting as a means of monitoring progress of gum disease or response to treatment.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

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

The safe sharps system was not effective; processes in place were not embedded within the team.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. We could not confirm that two staff members had completed safeguarding training on the inspection day.

Staff were qualified for their roles and we saw evidence to support this.

Essential recruitment checks were not consistently carried out and the process was not monitored to ensure staff files were kept up to date.

Premises and equipment were clean and properly maintained.

The infection prevention and control process was not fully embedded. Processes were not monitored to confirm the correct procedures were being followed.

The practice had suitable arrangements for dealing with medical and other emergencies.

The process in place to monitor and track NHS prescriptions was not effective.

The practice was not up to date with the current Ionising Radiations Regulations 2017 (IRR17).

The practice was not up to date with the current General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act).

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as a pleasant experience. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The process in place to monitor staff training and gather relevant certification was not effective.

No action



Summary of findings

Patients' oral health was not consistently monitored in respect to periodontal pocket charting as a means of monitoring progress of gum disease or response to treatment.

Are services caring?

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

We received feedback about the practice from seven people. Patients were positive about all aspects of the service the practice provided. They told us staff were pleasant, friendly and polite.

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Are services responsive to people's needs?

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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

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

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices)

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

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

Improvements could be made to ensure processes such as sharps management, infection prevention and control, prescription and referral tracking were being monitored more effectively to identify areas for learning and improvement.

Requirements notice



Summary of findings

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

The monitoring and evidence gathering process currently in place for recruitment and continuing professional development was not effective and could be improved.

Improvement was required to effectively monitor, embed and update processes in respect to segregation of waste, General Data Protection Regulation (GDPR) requirements and local rules for radiography.

The practice's quality assurance and audit processes could be improved to ensure data was gathered and recorded accurately to encourage suitable outcomes, learning and continuous improvement.

Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

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

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of reprimand.

The dentists used 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 documented in the dental care record and a risk assessment completed.

The practice manager had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

We reviewed the practice recruitment process and found improvements could be made. The practice had a recruitment policy to help them employ suitable staff but this was not being followed. For example, we looked at five staff recruitment records and found the following concerns:

- Three staff members received internal references which were completed five days prior to the inspection day

- One staff member had no record of their Hepatitis B immunity status and no risk assessment was in place
- No risk assessment was in place for a staff member who's immunity results showed they had a low response to the Hepatitis B vaccine
- Only one staff file had evidence of dental indemnity cover

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

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.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They had the required information in their radiation protection file. We noted the local rules for the X-ray machines had not been updated to reflect current legislation, namely, The Ionising Radiations Regulations 2017 (IRR17).

We saw evidence that the dentists justified, graded and reported on the radiographs they took.

The process in place to complete radiography audits was not effective. These were not carried out in line with the national guidelines. Data was not gathered and recorded accurately to encourage suitable outcomes, learning and continuous improvement.

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

Risks to patients

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

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

We looked at the practice's arrangements for safe dental care and treatment. We found safe sharps management systems were not embedded or reinforced in line with the risk assessment. A sharps risk assessment dated June 2018 had been undertaken and reflected that safe systems had been identified but these were not being followed or

Are services safe?

monitored effectively. We noted sharps injuries had been reported in the accident book; no analysis of these incidents to drive improvement and awareness of safe sharps management had been carried out. We discussed this with the practice manager and were told this would be reviewed.

Staff knew how to respond to a medical emergency and most had completed training in emergency resuscitation and basic life support (BLS) every year. We were unable to confirm via certification that BLS training had been carried out for one staff member. Evidence of this was sent to us after the inspection.

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 GDC Standards for the Dental Team.

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

The practice had an infection prevention and control policy (IPC) in place. We found evidence to support the IPC process was not embedded. We identified some areas of the process were not carried out in line with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care, for example:

- We identified gaps in knowledge of the infection control process
- Data was not downloaded from sterilisation equipment to confirm effective cleaning had taken place
- The practice's system of colour coding the sterilised instruments bags (which identified who had packed the instruments) was not consistent
- Instrument containers were not cleaned in between use
- Staff were not sure of the detergent to use when carrying out manually cleaning
- Instruments including handpieces were not cleaned under temperature monitored water and staff were not aware of the reason for doing this. Cleaning instruments in water above 45°C may lead to coagulation of protein, making any deposits hard to remove.
- Clinical staff were observed on the inspection day to be wearing nail varnish

Infection prevention and control training was not effectively monitored to ensure staff completed training at appropriate intervals. For example:

- Four staff files did not contain IPC training certificates
- One staff member last completed training in 2016
- Two staff members completed IPC training on the inspection day.

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 to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was stored appropriately in line with guidance. We noted the segregation of clinical waste was not fully embedded. For example, equipment such as aspirator tips and bur blocks had been disposed of into a sharps bin. The practice manager was unaware of this when we brought it to their attention.

The practice carried out infection prevention and control audits twice a year. The latest audit dated May 2018 showed the practice was meeting the required standards to 98%. We found areas for improvement during the inspection which were not identified during the audit process including, appropriate use of detergents, incorrect manual cleaning technique and segregation of clinical waste.

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

Are services safe?

looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely.

We noted the recent changes to data protection were not embedded within the practice; the practice's data protection policy had not been updated to bring it in line with General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act).

The practice had a process in place to refer patients to other service providers. Referrals contained specific information which allowed appropriate and timely referrals in line with current guidance. We noted the referral log book was not completed accurately in line with practice protocols and did not correlate with relevant dental care records.

Safe and appropriate use of medicines

The practice stored NHS prescriptions as described in current guidance. Improvement was required to ensure all prescriptions were accounted for and accurate records were kept. We were told that voided prescriptions were not logged. The system in place to monitor and track all prescriptions was not effective.

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

Antimicrobial prescribing audits were carried out bi-annually. The most recent audit demonstrated the dentists were following current guidelines.

Track record on safety

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been four safety incidents, all of which were sharps injuries, one of which had been escalated appropriately. The incidents were investigated, documented and discussed with the rest of the dental practice team but identifying when analysis for learning and improvement was needed was not a consistent process.

There was a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

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

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

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

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

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patient's preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. During the discussion we were told that periodontal pocket charting as a means of monitoring progress of gum disease or response to treatment was not consistently being carried out.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists

gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

Effective staffing

Staff had the skills and experience to carry out their roles. A dental nurse had undertaken additional training in dental radiography; we saw certification to support this.

Staff new to the practice had a period of induction based on a structured programme.

The process in place to monitor staff training and gather relevant certification was not effective. We were unable to confirm on the inspection day that all clinical staff had completed the continuing professional development required for their registration with the General Dental Council. We reviewed staff training files and found no evidence of safeguarding and infection prevention and control training for two staff members. The company compliance manager sent supporting evidence to us after the inspection. This confirmed that they had completed the training.

Staff discussed their training needs at annual appraisals and one to one meetings. We saw evidence of completed appraisals in staff files.

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.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were kind, competent and would go above and beyond. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

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

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders, patient survey results were available 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. The layout of reception and waiting areas 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.

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

Involving people in decisions about care and treatment

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

Accessible Information Standards and the requirements under the Equality Act. Interpretation services were available for patients who did not have English as a first language. Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. 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, photographs, models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care.

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

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and accessible toilet with hand rails and a call bell.

Staff telephoned and sent email or text messages reminders to patients on request.

Timely access to services

Patients were able to 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 efficient appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients told us they 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.

The staff took part in an emergency on-call arrangement with the 111 out of hour's service.

The practices' 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. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

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

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

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The dentists had the capacity and skills to deliver high-quality, sustainable care.

The provider and dentists had the experience, capacity and skills to deliver the practice strategy and address risks to it.

Culture

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

Staff stated they felt respected, supported and valued. We identified that support to staff in areas such as training could be improved. Staff stated they were proud to work in the practice.

The practice focused on the needs of patients.

Leaders and managers took effective action to do deal with poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

We identified areas in relation to good governance where improvement was needed.

The senior dentist had overall responsibility for the management and clinical leadership of the practice. The registered manager was responsible for the day to day running of the service.

The practice had systems of clinical governance in place which included policies, protocols and procedures. We found some procedures had not been kept up to date, data was not gathered appropriately and some processes were not embedded within the team. For example:

- Appropriate staff checks and validation of documents were not consistently carried out in line with the practice recruitment policy
- Out of date local rules for X-ray equipment
- GDPR regulations were not in place or embedded within the team

- Incorrect segregation of clinical waste

There were processes for assessing risk but the systems to monitor and identify where improvements could be made were not effective. For example:

- The safe sharps systems had not identified a need for risk analysis in respect to increased levels of sharps injuries being sustained
- The infection prevention and control management system had not identified knowledge gaps and incorrect processes being carried out
- The monitoring system for prescription tracking was not effective
- The monitoring system for accurate referral tracking was not effective

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service.

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

The practice gathered feedback from staff through meetings, surveys, 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 company compliance audit process had not been effectively acknowledged; the compliance team had identified several areas requiring attention prior to the inspection day but these had not been completed. For example, all staff recruitment files and CPD certificates were requested to be in place prior to the inspection day. This had not been done.

The practice's quality assurance and audit processes could be improved to ensure data was gathered and recorded accurately to encourage suitable outcomes, learning and continuous improvement. For example:

Are services well-led?

- X-ray audits were not carried out in line with recognised guidance
- Infection control audits were not completed accurately to reflect areas for improvement

The process in place to oversee staff training was not effective; we were unable to confirm on the inspection day that relevant staff had completed 'highly recommended' training as per the General Dental Council professional standards. This included training for safeguarding, medical

emergencies and basic life support and infection prevention and control. Some staff completed this training on the inspection day. Additional certification records were sent to us after the inspection.

We saw records to support that the whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to ensure that the regulated activities at Mydentist Laughton Road Dinnington were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular:</p> <ul style="list-style-type: none">o Safe sharps management systems were not embedded or reinforced in line with the risk assessment.o Infection Prevention and Control processes were not embedded and were not monitored to ensure the correct processes were followed.o Prescription tracking and accurate record keeping. <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none">o The X-ray audit was not carried out in line with guidance.o The infection prevention audit failed to identify areas for improvement.

Requirement notices

There was additional evidence of poor governance. In particular:

- o Local Rules were not updated to reflect new regulations (IRR17).
- o Practice's referral log had no follow up action recorded.
- o General Data Protection Regulation (GDPR) requirements were not embedded. Staff lacked the knowledge to ensure they conformed to GDPR.
- o The segregation of waste was not embedded. Staff lacked the knowledge to ensure they complied with recommended guidance in respect to clinical waste segregation.

Regulation 17(1)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider did not have effective systems in place to ensure that the regulated activities at Mydentist Laughton Road Dinnington were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 only persons of good character were employed. In particular:

- o Internal references were carried out prior to inspection.
- o Only one staff file had a record of professional indemnity.

Requirement notices

- o One staff file had no record of Hepatitis B immunity status, no risk assessment was in place to mitigate any risks.

- o No risk assessments was in place to mitigate risks in respect to low response to Hepatitis B immunity status.

The registered person had failed to take such action as is necessary and proportionate to ensure that persons employed continued to have the qualifications, competence, skills and experience necessary for the work to be performed by them. In particular:

- o The process in place to monitor staff training was not effective.

Regulation 19(1)(b)