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Park Dental

Inspection Report

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Overall summary

We carried out this unannounced inspection on 9 July 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

We found that this practice was 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

Park dental is in Bristol, Horfield and provides 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.

The dental team includes one dentist, four dental nurses/ receptionists, one dental hygienist. The practice has two treatment rooms.

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 spoke with eight patients.

Summary of findings

During the inspection we spoke with one dentist, two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 9am – 5pm

Tuesday, Wednesday & Thursday 9am – 6pm

Friday & Saturday 9am – 1pm

Our key findings were:

- The practice did not appear clean and well maintained.
- The provider did not have infection control procedures which reflected published guidance.
- Staff did not know how to deal with all emergencies. Not all appropriate medicines and life-saving equipment were available.
- The provider had some systems to help them manage risk to patients and staff.
- The provider did not have suitable safeguarding processes and staff were not sure of their responsibilities for safeguarding vulnerable adults and children or how they would contact the relevant authorities.
- The provider did not have thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided some preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider could not prove they have an effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider was unable to evidence they asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had some 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.
- Ensure patients are protected from abuse and improper treatment
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Full details of the regulation/s the provider was/is not meeting are at the end of this report.

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

- Review the practice's protocols for the completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the practice protocols regarding audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Review staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities in relation to this.
- Review the practice's responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.
- Review the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance PHE-CRCE-023 on the safe use of Hand-held Dental X-ray Equipment.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe? We found that this practice was not providing safe care in accordance with the relevant regulations.	**Enforcement action** 
Are services effective? We found that this practice was not providing effective care in accordance with the relevant regulations.	**Enforcement action** 
Are services caring? We found that this practice was providing caring services in accordance with the relevant regulations.	**No action** 
Are services responsive to people's needs? We found that this practice was providing responsive care in accordance with the relevant regulations.	**No action** 
Are services well-led? We found that this practice was not providing well-led care in accordance with the relevant regulations.	**Requirements notice** 

Are services safe?

Our findings

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

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

Staff did not have clear systems to keep patients safe.

Staff were not aware of their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had out of date safeguarding policies and procedures which limited staff about identifying, reporting and dealing with suspected abuse. We saw no evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect but were unable to discuss 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 was unable to produce a whistleblowing policy at the time of inspection. Staff interviewed did feel confident they could raise concerns without fear of recrimination.

The provider confirmed they did not used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, no other method was used to protect the airway, there was no risk assessment documented in the dental care record nor 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 but had not been reviewed since 2016. We looked at two staff recruitment records. This showed the provider was not following their own recruitment procedure. Other staff working at the practice had no recruitment folders or any information regarding mandatory checks.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) However we were unable to astatine if all professionals had indemnity cover. The provider has confirmed and evidenced that clinical staff working at the practice have the relevant medical indemnity cover.

We were unable to evidence that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

We found that one fire exit was compromised with cardboard boxes blocking the exit. There was no up to date fire risk assessment undertaken since 2011. The fire risk assessment for the premises completed in 2011 stated that fire exits should be kept clear and clutter-free. Records showed that fire detection and firefighting equipment were regularly tested and serviced. Since the inspection the provider has supplied evidence that a risk assessment has been undertaken.

The practice had some suitable arrangements to ensure the safety of the X-ray equipment and we saw information was in their radiation protection file. We noted that the local rules did not reflect the equipment currently in the practice and there was no evidence of acceptance tests having been completed upon installation of the X-ray equipment. There was no rectangular Collimator available for the hand-held X ray machine in use in line with current guidance. This is required to ensure safe levels of exposure to radiation.

There was no evidence that the provider justified, graded and reported on the radiographs they took. There was no evidence that the provider carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

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

Are services safe?

The practices had some health and safety policies, procedures and risk assessments. These were last reviewed in 2016. The provider could not provide a current employer's liability insurance. A copy of the certificate was sent to the inspector post inspection and was current.

We looked at the practice's arrangements for safe dental care and treatment. We observed staff followed relevant safety regulation when using needles and other sharp dental items. However, there was no sharps risk assessment in place as required under the Health and Safety (sharp instruments in healthcare) Regulations 2013. We noted that there were open sharps containers in the courtyard which was accessible to the public. Post inspection evidence was provided that these had been removed and disposed of.

The provider had no system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination checked.

Staff knew how to respond to a medical emergency however there were no records of completed training in emergency resuscitation and basic life support (BLS) every year. There was no evidence that any staff had received Immediate Life Support training with airway management for sedation.

Emergency equipment and medicines were not available as described in recognised guidance. We found staff had not kept records or made regular checks to make sure the medicines and equipment they required were available, within their expiry date, and in working order. We found out of date emergency medicines and equipment, including defibrillation pads, glucagon and oxygen. We also found Diazemuls ampules that became out of date in 2013. We noted that the fridge temperatures were not being monitored. This is were glucagon was being stored along with food. The fridge was visibly dirty and rusty. Post inspection the provider confirmed they had acquired a new fridge and was monitoring the temperature. The provider also confirmed that all emergency equipment and medication was now in date and a new checking system was in place.

A dental nurse worked with the dentist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. There was no risk assessment in place for when the dental hygienist worked without chairside support. We noted that a dental hygienist worked in the surgery without any other trained member of staff being present at the practice on a Saturday. The provider has confirmed that this has now been addressed.

There were suitable numbers of dental instruments available for the clinical staff and however not all measures were in place to ensure they were decontaminated and sterilised appropriately.

The provider could not provide in date suitable risk assessment to minimise the risk that can be caused from substances that are hazardous to health including sharps and use of chemicals.

The practice occasionally used agency staff. We noted that these staff did not receive induction to ensure that they were familiar with the practice's procedures.

The provider had an infection prevention and control policy and procedures, last updated in 2016. The policy followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. We were unable to evidence that staff completed infection prevention and control training and received updates as required.

The provider had some arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records were incomplete to show if staff were cleaning and sterilising instruments or equipment had been validated, maintained and used in line with the manufacturers' guidance. This included the log books not filled in since March 2019. There were no records for the ultrasonic maintenance or any checks for protein residue and foil ablation checks.

We saw staff did not have a procedure to reduce the possibility of Legionella or other bacteria developing in the water systems. There was a risk assessment in place. The actions identified in the risk assessment were for water temperature monitoring and for the disinfection of the dental unit water lines. Staff told us that they always flushed the lines daily for 2 minutes but had not carried out any other disinfection process. There was no evidence that water temperature checks were being carried out.

There was no evidence of a cleaning schedules for the premises. The practice was visibly unclean when we inspected. There was visible mould on draws in the

Are services safe?

decontamination room. One dental chair was rusty and there was visible lime scale on the bathroom and treatment room taps which would make it very difficult to clean. The provider only had one bucket and mop which they used for all parts of the practice. This was not sufficient to meet the requirements of the regulations. The provider confirmed post inspection and evidenced that this has now been resolved.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. However, these could be reviewed as they do not contain the most up to date guidance.

The provider was not carrying out infection prevention and control audits twice a year. The last one we were shown was March 2016.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our 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 and complied with General Data Protection Regulation (GDPR) requirements.

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

Safe and appropriate use of medicines

The provider had some systems for appropriate and safe handling of medicines.

There was not a suitable stock control system of medicines which were held on site. This would ensure that medicines did not pass their expiry date and enough medicines were available if required. We noted a number of out of date medicines. The provider confirmed that these had now been removed.

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

The provider confirmed that no antimicrobial prescribing audits had been carried out.

Track record on safety and Lessons learned and improvements

There were limited risk assessments in relation to safety issues.

In the previous 12 months the provider told us that there had been no safety incidents. We noted a number of concerns that had not been investigated. This included evidence where some equipment was not available.

There was no system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice did not have 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.

Helping patients to live healthier lives

The practice was providing some 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 patients based on an assessment of the risk of tooth decay.

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 health promotion leaflets to help patients with their oral health.

Staff were aware of national oral health campaigns and some local schemes in supporting patients to live healthier lives. For example, local stop smoking services. Staff working on the day of the inspection were unable to directed patients to these schemes when necessary as they were not regularly employed at the practice.

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

We were unable to evidence that patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

The practice carried out detailed oral health assessments which identified patient's individual risks. However we were unable to evidence that patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

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 provider gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw some documented in-patient 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 at the practice on that day were unable to recognise their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy did not refer to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were unaware 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.

The provider confirmed there was no practice audit of patients' dental care records to check that the dentists recorded the necessary information.

The practice carried out conscious sedation for patients who were nervous. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The provider confirmed that they were aware of the guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015 and had a copy. However, they confirmed they were

not following the guidance. This was ensuring that emergency equipment was available and in date. That all staff assisting with the sedation had suitable training to ensure they understood possible complications and could assist in an emergency.

The provider has confirmed that they will not be undertaking any sedation until all the requirements are met.

Effective staffing

We were unable to confirm that staff had the skills, knowledge and experience to carry out their roles as we were unable to review all staff documentation.

There was no evidence to show that staff new to the practice had a period of induction based on a structured programme. We were unable to confirm clinical staff completed the continuing professional development required for their registration with the General Dental Council.

We saw no evidence that staff discussed their training needs at annual appraisals, one to one meetings or during clinical supervision. We saw no evidence of completed appraisals or how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

There was a system to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider 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.

There was no system in place to monitor all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

We found that 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.

Patients commented positively that staff were helpful, kind and polite. 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.

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

Privacy and dignity

Staff 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 privacy when reception staff were dealing with patients. 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 to be involved in decisions about their care and were aware of the requirements under the Equality Act.

Staff 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 information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, X rays and study models.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that 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 on the importance of emotional support needed by patients when delivering care. However, there was no evidence on how they achieved this.

We were unable to evidence levels of patient satisfaction and we were unable to find any audit or questioner regarding patient satisfaction.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made some reasonable adjustments for patients with disabilities. This included an accessible toilet with hand rails and a call bell.

There was no evidence of a disability access audit having been completed.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

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 seen 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.

The staff took part in an emergency on-call arrangement with an agency providing emergency dental cover.

The practice's 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 provider took complaints and concerns seriously and said they responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The provider was responsible for dealing with these.

The provider stated they would aim to settle complaints in-house and would 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 provider had dealt with their concerns.

We asked about any comments, compliments and complaints the practice received.

There were no complaints to review at the time of inspection.

Are services well-led?

Our findings

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

Leadership capacity and capability

We found the provider did not have capacity at present to deliver high-quality, sustainable care.

The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

We saw the provider was trying to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The provider had a clear vision and set of values but had difficulty in expressing how these were going to be delivered.

The provider could not describe a strategy or evidence knowledge of health and social priorities across the region.

Culture

The provider described a practice that had a culture of high-quality sustainable care. We were unable to evidence this at the inspection.

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

The staff focused on the needs of patients.

We saw no evidence that the principal took effective action to deal with staff poor performance.

The provider was aware of but did not have up to date systems to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

There was no evidence to support that key responsibilities, roles and systems of accountability to support good governance and management was in place. This included policies nor job descriptions.

The provider had overall responsibility for the management and clinical leadership of the practice.

The provider had limited system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We were unable to evidence that there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff stated that they acted on appropriate and accurate information. We were unable to evidence this at the inspection.

At our inspection we were unable to evidence that quality and operational information was used to ensure and improve performance, or that 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 high-quality sustainable services.

The provider said they used patient surveys to obtain staff and patients' views about the service. However, this had not been undertaken for the past two years.

At the time of inspection, we were unable to evidence that the provider gathered feedback from staff through meetings, surveys, and informal discussions.

Continuous improvement and innovation

There was no evidence that systems and processes for learning, continuous improvement and innovation were in place

The provider was unable to evidence that they had a quality assurance processes to encourage learning and

Are services well-led?

continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Records of these audits show these had not been carried out since 2016.

We saw no evidence that any member of staff had annual appraisals or evidence that they discussed learning needs, general wellbeing and aims for future professional development. We saw no evidence of completed appraisals.

We were unable to evidence that staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

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 The registered person did not have effective systems in place to ensure that the regulated activities at Park Dental were compliant with the requirements of Regulations 4 to 20A of 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 improve the quality and safety of the services provided. In particular: • There were ineffective systems to monitor emergency drugs and equipment. • There was a poor consent process. • There were no effective quality assurance systems in place. The last infection and control audit were dated 2016. A radiography audit had not been undertaken. • Staff lacked knowledge about antibiotic stewardship, mental capacity, disability audit requirements, safeguarding, duty of candour and sepsis. • There were no systems in place to seek the views of the staff about their experience of, and the quality of care and treatment delivered by the service. Regulation 17 (1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Staffing**

This section is primarily information for the provider

Requirement notices

Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this.

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

Regulation 18 (2)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users **How the regulation was not being met** The registered person had not done all that was reasonably practicable to assess and mitigate risks to the health and safety of service users receiving care and treatment. In particular: • There were no systems in place for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare Products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England. • Some staff lacked knowledge and understanding of significant events and there was no system in place for recording and managing clinical incidents, safety or significant events. • A member of staff was working without any chair side support. • We found that the fire exit was compromised as bags cardboard boxes blocked the exit. There was no up to date fire risk assessment. • The principal dentist had not ensured that the equipment used by the service provider is safe for such use. In particular: • Further documentation pertaining to the radiography equipment was inaccurate. The local rules did not reflect the equipment currently in the practice and there was no evidence of acceptance tests having been completed upon installation of the X-ray equipment.

This section is primarily information for the provider

Enforcement actions

- We found no evidence of document pertaining to the servicing of the X-ray equipment in surgery
  - The registered person had not done all that was reasonably practicable to ensure the proper and safe management of medicines. In particular:
  - Dental care products and the medical emergency Glucagon were stored in a fridge with food. We found an open food stored on top of the Glucagon.
  - We found that the fridge temperature was not being monitored.
  - There was lack of assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:
  - There was no documentation available that mandatory water outlets checks were being undertaken, following the Legionella risk assessment. Staff were unable to confirmed that these actions had been taken.
  - We found that the practice was visibly cluttered throughout and the floor in one surgery was visibly unclean.
- We found that you had not obtained evidence of suitable immunity, including a vaccination history, against Hepatitis B for any member of clinical staff.
  - We observed that decontamination of dirty dental instruments was being carried out without the use of heavy-duty gloves and staff could not tell us how long these had been unavailable.
- We observed that there were open sharps containers in a courtyard which the public had access to.

Regulation 12 (1)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Safeguarding service users from abuse and improper treatment

This section is primarily information for the provider

Enforcement actions

Service users must be protected from abuse and improper treatment

How the regulation was not being met

The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users. In particular:

- There was no evidence that four staff members had received safeguarding training.
- Two staff members lacked knowledge and awareness of safeguarding vulnerable adults and children.
- The practice safeguarding policy had not been updated since January 2011. Contact details of the local safeguarding authority had not been checked since and were not correct.

Regulation 13 (2)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Fit and proper persons employed

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

How the regulation was not being met

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

- There was evidence that a current recruitment policy was in place to ensure that safety is promoted in recruitment practice. However, this was not being followed.

Regulation 19 (1)

This section is primarily information for the provider

Enforcement actions

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

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

Regulation 19 (2)