

Petrie Tucker and Partners Limited

East Street Dental Centre

Inspection Report

68-70 East Street

Bedminster

Bristol

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Overall summary

We carried out this announced inspection on 01 October 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 this practice was 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

East Street Dental Centre is in Bedminster, Bristol and provides NHS and private dental treatment to adults and children.

There is no level access for people who use wheelchairs and those with pushchairs. Patients whose mobility needs require level access are directed to a nearby practice. Car parking is available near the practice both on street and in a nearby car park.

Summary of findings

The dental team includes four dentists, two dental nurses and four trainee dental nurses; one dental hygienist, a practice manager and three receptionists. 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 East Street Dental Centre is the practice manager.

On the day of inspection, we collected 20 CQC comment cards filled in by patients and spoke with two other patients.

During the inspection we spoke with four dentists, two dental nurses, two trainee dental nurses, two receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Thursday 08.30am – 6.30pm
- Friday 08.30am – 5.30pm
- Closes at weekends

Our key findings were:

- The practice appeared clean and mostly well maintained. Improvements could be made to address issues of rusty and broken equipment in a timely way.
- The provider had infection control procedures which mostly reflected published guidance. Improvements could be made to the layout of the decontamination areas, staff training and knowledge of infection control.
- Improvements were required to ensure all staff had received training and knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had limited systems to help them manage risk to patients and staff. Improvements could be made to ensure identified risks are addressed in a timely manner and appropriately recorded.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

- The provider had staff recruitment procedures but not all required information was present in the practice when requested.
- 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 preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had limited leadership. Improvements could be made to engender a culture of continuous improvement.
- Staff felt involved and worked well as a team.
- The provider 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.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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:

- Improve the practice 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 for Dental Practitioners on the Safe Use of X-ray Equipment.

Summary of findings

- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.
- Take action to ensure the service takes into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action ✓
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 providing safe care in accordance with the relevant regulations.

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

Staff had systems to keep patients safe which could be improved.

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 some but not all staff had received safeguarding training. 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 also had a system to identify adults that were in other vulnerable situations, for example, those who were known to have experienced modern-day slavery or female genital mutilation.

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

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

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

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.

We looked at five staff recruitment records. These showed the provider had not followed their recruitment procedure as not all the required information was in the folders held in the practice. For example six files had out of date indemnity certificates; two files had no information about Hepatitis B status; two files did not have evidence of Disclosure and Barring Service check or risk assessment.

When we discussed the out of date indemnity certificates with the registered manager we were told the dates had been incorrectly recorded in the recruitment records and they had not obtained current certificates.

We evidenced clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The clinicians when asked were able to show us their indemnity certificates via their mobile phones. The practice did not have copies of the certificates as required.

Staff ensured facilities and equipment were safe, and that some equipment was maintained according to manufacturers' instructions, including electrical appliances. One of the autoclaves seen was rusty. We were shown maintenance certificates for the autoclaves and compressor.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. However, not all staff had received fire training in the last 12 months. Staff knew the location of the fire exit and fire evacuation procedures.

The practice had some arrangements to ensure the safety of the X-ray equipment. It was not clear if the x-ray equipment in one surgery was fit for use as we were shown conflicting documentary evidence seen. There was no clear information to evidence recommendations from a recent survey had been acted upon. Routine inspection sheets seen demonstrated these inspections had not been consistently completed.

Not all the required information was in their radiation protection file and some of the information seen was

Are services safe?

incomplete. Additionally, neither the nominated Radiation Protection Supervisor nor any dentist we spoke with understood the responsibilities and duties required of this role.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

There were no quality assurance processes for the digital x-ray processor to ensure the digital exposure settings were meeting the manufacturer's recommendations for the safety of patients.

Most clinical staff had completed continuing professional development (CPD) in respect of dental radiography. One dentist told us they had not completed the relevant training or specific training in relation to their Radiation Protection Supervisor role.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety but these were not effectively managed to ensure identified risks had been addressed in a timely manner. We were shown the Fire Safety risk assessment and the Health and Safety risk assessment both of which identified significant issues. We saw on both documents some comments had been made but it was difficult to see which risks had been addressed. None of the entries had been dated to demonstrate a timely response.

The practice health and safety policies, procedures and risk assessments were reviewed to help manage potential risk but it was not clear how often they were reviewed. The provider had current employer's liability insurance.

We looked at the practice arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken. It was not clear how often this was reviewed.

The provider had a 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 was checked.

Staff knew how to respond to a medical emergency but not all staff had completed training in emergency resuscitation and basic life support (BLS) every year.

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

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

The provider had some suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. The newly appointed lead nurse told us they would review the file to ensure there were risk assessments for all products used in the practice.

The provider had an infection prevention and control policy and procedures, but these did not reflect the current practice arrangements. 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 in the main. However in one surgery they did not have an effective flow from dirty to clean. Staff told us the sterilisation of instruments took place while patients were receiving treatment. Not all staff had 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 but we observed, and were shown, documentary evidence these were not always followed.

Records seen showed equipment used by staff for cleaning and sterilising instruments was not always validated, maintained and used in line with the manufacturers' guidance. For example we saw a negative soil test which was not acted upon and nurses told us they did not always have time to complete the daily checks.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised.

We found staff had systems in place to ensure that any work was 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. However, not all recommendations had been actioned.

Are services safe?

For example, we saw the outlet temperature checks had not always been recorded and where they had been recorded they were not at the optimal recommended temperature. Records of water testing and dental unit water line management were in place.

We saw completed cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. However, we saw the clinical waste was being stored on a roof which had been identified as fragile.

The provider/infection control lead professional carried out infection prevention and control audits twice a year. The latest audit showed the practice was not meeting the required standards, for example, sharps boxes were being filled beyond the mark; sterilisers were still being used if the fault lights were displayed and single use instruments were being reprocessed. We did not observe these things during the course of the inspection. The practice manager when asked about these things told us they thought it was a mistake on the audit demonstrating the individual completing the audit did not have a working knowledge or understanding of the processes.

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 observed that individual records were written and managed in a way which 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 reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance about prescribing medicines.

Track record on safety, and lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture highlighted where safety improvements were needed.

Where there had been a safety incident in the last 12 months we saw this was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

There were systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice.

There was 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 practice had systems to keep dental practitioners up to date with current evidence-based practice. 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.

One of the dentists had an interest in endodontics, (root canal treatment). The dentist also provided advice and guidance about endodontics to the other dentists in the practice.

Helping patients to live healthier lives

The practice was providing 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 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/clinicians 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 local schemes 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 patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

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

Consent to care and treatment

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 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 patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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

Effective staffing

Improvements were required to ensure staff had the skills, knowledge and experience to carry out their roles. The lead infection control nurse was newly appointed and did not have a robust working knowledge which was applied in practice. Two of the trainee dental nurses had only been in the practice a few months and there was no available evidence to demonstrate their ongoing training and support.

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

Some staff discussed their training needs at an annual appraisal. Records seen, and information supplied by the practice showed four members of staff had received an appraisal. We saw evidence of these completed appraisals. The practice manager told us they had only been in post since April 2019 and not had the opportunity to complete an appraisal for the other staff members.

Co-ordinating care and treatment

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

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

Staff had systems 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.

The practice did not have a system to monitor all referrals to make sure they were dealt with promptly.

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.

Patients commented positively that staff were polite, efficient and friendly. We saw staff treated patients professionally, effectively and respectfully; and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients 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 and thank you cards were available for patients to read.

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.

If a patient asked for more privacy, staff 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 to be involved in decisions about their care and were aware of the Accessible Information Standard and the requirements under the Equality Act.

The Accessible Information Standard is a requirement to make sure 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. We saw notices in the reception areas, informing patients translation services were available. 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 helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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 website 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 models and X-ray images.

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.

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

The practice had made reasonable adjustments for patients with disabilities. This included a hearing loop, a magnifying glass and a toilet with a call bell. For patients who required step free access the company has another practice nearby.

A disability access audit had not been completed or an action plan formulated to continually improve access for patients.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

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 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.

The practice website provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed.

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 manager 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.

The practice manager was responsible for dealing with these. Staff told us they 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 manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice had received within 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

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.

Leadership capacity and capability

We found leaders had the potential and skills on which to build to deliver high-quality, sustainable care but time capacity was an issue as the practice manager was managing two separate practices.. Leaders demonstrated they had some experience, capacity and skills to deliver the practice strategy and address risks to it.

Leaders were aware of the issues and priorities relating to the quality and future of services. They understood the challenges and were developing a process to address them.

Leaders at all levels were approachable but not always visible. The practice manager spent half of the week in another practice and we were told support from other leaders in the company was limited.

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

Vision and strategy

There was a clear vision and set of values.

The strategy was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

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

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 the provider had systems in place to deal with staff 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 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 and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service when in the practice. There was limited information about responsibilities, roles and systems of accountability to support good governance and management. Staff were not always clear about the management arrangements and their roles and responsibilities. There was no clear information about who took the leadership role when the practice manager was in the other practice.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed. Improvements were required to ensure risk assessments are completed and reviewed in an accurate and timely manner.

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. There was no evidence these teams supported and offered expert advice and updates to the practice when required.

We saw there were limited processes for managing risks, issues and performance.

Appropriate and accurate information

Staff did not always act on appropriate and accurate information.

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 and staff to support high-quality sustainable services.

Are services well-led?

The provider 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 results demonstrated 92% of patients would recommend the practice.

The provider 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

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

The provider had some quality assurance processes to encourage learning and continuous improvement and maintain patient safety. These included audits of dental care records, radiographs and infection prevention and control. Audits seen did not always have action plans to address the shortfalls, especially those which required

urgent attention. We noted there were no timescales identified to re-audit and review if the required changes when implemented had resulted in any improvements. Re-audit dates had not been identified.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The practice manager told us the dental nurses and receptionist staff team would have an annual appraisal. Records seen, and information provided showed that four of the ten staff had received an appraisal in the last 12 months. Appraisal documents seen demonstrated learning needs, general wellbeing and aims for future professional development were discussed. We saw evidence of completed appraisals in the staff folders.

Not all staff had completed 'highly recommended' training as stated in the General Dental Council professional standards. This included undertaking cross infection; medical emergencies and basic life support training annually. Staff told us the provider had not supported and encouraged staff to complete continuing professional development (CPD).

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17</p> <p>Good governance</p> <p>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.</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <ul style="list-style-type: none">• The layout of one of the decontamination areas did not follow recognised national guidance.• Staff lacked knowledge regarding infection control and the sterilisation equipment was not appropriately checked to ensure its working order.• Evidence seen stated Sharps boxes were overfilled and items labelled as single-use were re-used.• The practice recruitment procedures as reflected in staff files were inadequate and information was missing. For example six files had out of date indemnity certificates; two files had no information about Hepatitis B status; two files did not have evidence of DBS check or risk assessment.• Ensure the suitability of the premises and all areas are fit for the purpose for which they are being used in particular the fragile roof where clinical waste is stored.

Requirement notices

- Improve the practice systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular the decontamination and X-ray equipment.
- Improve the practice systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular:
 - Addressing the identified risk in the Health and Safety risk assessment in a timely way.
 - Ensuring all staff have received fire training.
 - Develop systems to ensure an effective process is established for the on-going assessment and supervision of all staff including the training, learning and development needs of individual staff and trainees.

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

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

- 50% of staff had not received basic life support training in the last 12 months.
- Ensure all staff have received training to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- More than 50% of staff had not received fire training in the last 12 months.
- Ensure all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- The lead nurse for infection control lacked in-depth knowledge for the position.

Requirement notices

- Trainee dental nurses worked unsupervised in the surgeries and lacked sufficient knowledge to decontaminate safely.
- There were no records of trainee dental nurses training, supervision and support.
- The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:
 - 50% of staff had not received basic life support training in the last 12 months.
 - Ensure all staff have received training to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
 - More than 50% of staff had not received fire training in the last 12 months.
 - Ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- The lead nurse for infection control lacked in-depth knowledge for the position.
- Trainee dental nurses worked unsupervised in the surgeries and lacked sufficient knowledge to decontaminate safely.
- There were no records of trainee dental nurses training, supervision and support.