

Mr Mehrdad Reyhanifar

# Oakley Dental Practice

## Inspection Report

5 Oakley Lane  
Oakley  
Basingstoke  
Hampshire  
RG23 7JZ

Tel: 01256 781857

Website: [www.oakleydentalpractice.co.uk](http://www.oakleydentalpractice.co.uk)

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### Overall summary

We carried out this announced inspection on 11 September 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 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**

Oakley Dental Practice is in Oakley and provides private dental treatment to adults and children.

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

The dental team includes two dentists, one dental nurse/administrator, one dental nurse, one trainee dental nurse, one dental hygienist therapist and one cleaner. The practice has three treatment rooms.

# Summary of findings

The practice is owned by an individual who is the principal dentist. 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 collected 23 CQC comment cards filled in by patients and spoke with three other patients.

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

The practice is open:

Monday 8.30am to 6.30pm

Tuesday to Thursday 8.30am to 5.30pm

Friday 8.30am to 12.30pm

## Our key findings were:

- The practice appeared clean.
- Staff knew how to deal with emergencies.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had suitable information governance arrangements.
- There was lack of suitable procedures for infection prevention and control, equipment maintenance, waste management and sharps handling.
- There was lack of availability of equipment in the practice to manage medical emergencies. Risks from undertaking of regulated activities had not been suitably identified and mitigated.

- A legionella risk assessment had not been undertaken.
- Recruitment procedures were not in line with legislation and current guidance.
- Infection prevention and control and antimicrobial audits were not being undertaken.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had suitable information governance arrangements.

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

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental practice.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

Requirements notice 

### Are services effective?

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

No 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 section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

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

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

Staff 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

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

The dentist 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 was preparing a business continuity plan. We saw that the plan described how they would deal with

events that could disrupt the normal running of the practice, however it was not complete. The practice administrator told us they expected the plan to be completed shortly.

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 all staff recruitment records. These showed the provider had not followed their recruitment procedure. We found two staff files were correctly completed. However we found three files missing DBS checks and immunisation history. Of those three files; two were missing photographic identification and one was missing a work history. We spoke with the provider who told us that the missing documentation was being obtained.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The provider was unable to show us evidence of air conditioning servicing. We also saw what appeared to be waste water on the floor of the plant room. The waste water appeared to have been leaking from practice machinery in the pump room. The provider made arrangements for the pump room to be cleaned up and told us that some machinery was currently under repair and this may account for the leak. The provider told us immediate arrangements would be made to stop any leakage. Whilst we were present an engineer was servicing the autoclave, which had been due for routine service and testing in February 2019; and was overdue by six months. The provider told us that a systematic approach would be implemented to deal with practice maintenance following the loss some time ago of a practice manager. We saw evidence that other practice machinery was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection and firefighting equipment were regularly tested and serviced.

The provider was not able to provide us with evidence of a completed X-Ray file as required by guidance for the single hand-held X-ray equipment the practice used. Some of the required information was available in separate folders; for example policies and notifications to the health and safety executive. Local rules were also available. We could not be

# Are services safe?

shown any installation or servicing documentation. The provider told us that a new radiation protection advisor had just been appointed and the remainder of the required documentation was held by the practice's previous owner and would be obtained. They said any servicing required would be carried out as soon as was possible and that the equipment would not be used until this was completed.

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

We saw that the practice had systems to assess, monitor and manage risks to patient safety however these were limited in nature. For example, there was no risk assessment for the practice's reliance on a publicly provided community automated external defibrillator (AED) a short distance from the practice. The AED was not checked by the practice for safe operation, or availability of supporting equipment; for example a full range of in date pads.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk, although the information recorded did not always reflect guidance, for example the sharps policy and risk assessment. The provider told us that a new system would be put into place using an external management company to ensure a more comprehensive approach to risk assessment and policies. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. A sharps risk assessment had been undertaken; but did not reflect regulation on safer sharps. We saw that the practice was not using a safer sharps system, as recommended in regulation. The principal dentist told us that a safer sharps system would be evaluated and introduced in line with regulation and the risk assessment reviewed to ensure compliance with regulation.

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. However, this system had not been applied in all staff records with relevant information recorded in all cases. The practice administrator told us that staff records were being brought up to date with required information.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were mostly available as described in recognised guidance. We found that there were no size four oropharyngeal airways. The practice administrator made immediate arrangements to obtain these items. We found staff kept records of their checks of the equipment they held to make sure these were available, within their expiry date, and in working order. However the practice relied upon on a publicly provided community automated external defibrillator (AED) a short distance from the practice. The AED was not checked by the practice for safe operation, or availability, to ensure that the AED was properly equipped in line with guidance; for example a range of in date pads. There was no risk assessment to support the use of the public AED the practice relied upon to comply with guidance.

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

We could not be shown evidence of a Control of Substances Hazardous to Health (COSHH) Regulations 2002 file. The review of material safety data sheets enables an accurate risk assessment and identification of safe handling and storage requirements. The provider told us that up to date material safety data sheets would be obtained and risk assessed.

The provider had an infection prevention and control policy and procedures. They mostly 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 saw that the layout of the decontamination area could lead to an increased risk of cross contamination due to cross over of dirty and clean instruments. The principal dentist told us they would speak to an engineer about reorganising and decluttering the decontamination area to reduce any risk of cross contamination caused by

# Are services safe?

workflows. We saw that testing of the ultrasonic cleaner did not include all soil tests as required in guidance. A soil test confirms the effectiveness of the ultrasonic device in cleaning equipment. The provider told us that the practice would introduce soil tests with immediate effect. Staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments were mostly validated, maintained and used in line with the manufacturers' guidance. We saw evidence that the routine servicing and testing of the autoclave should have taken place in February 2019. The routine servicing and testing of the autoclave was being completed by an engineer in our presence during the inspection. The autoclave servicing confirms the safe and reliable operation of the autoclave and is generally carried out annually. The principal dentist told us that this six-month gap in servicing was an oversight and would be rectified to avoid this error occurring in the future. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

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.

The provider could not provide evidence of a legionella risk assessment having been carried out by a qualified or competent person in line with guidance. A legionella risk assessment guides a practice regarding actions it needs to take to reduce, or eliminate, the risk of legionella potentially infecting patients. The provider told us that arrangements would be made to obtain a legionella risk assessment by an external company as soon as was practical. We saw staff had established a system to reduce the possibility of Legionella or other bacteria developing in the water systems, but not as part of any formal risk assessment process. The practice was making records of water testing, including water temperatures. Dental unit water line management was carried out using a recognised system and cleaning product.

We saw 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 found that the policies were not being followed. We saw that the practice's waste bin lids and bins themselves, which were stored in an open public area, were not secured in line with guidance. Arrangements were made to rectify this by the practice administrator.

The infection control lead professional was unable to provide us with evidence of infection prevention and control audits twice a year as required in guidance. The practice administrator told us that a new programme of audits would be commenced with immediate effect.

## 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 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.

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

The practice was unable to provide evidence of antimicrobial prescribing audits as required in guidance. We spoke with the principal dentist who told us that one would shortly be carried out and would reflect that current guidelines were being followed by the dentist.

# Are services safe?

## **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 that led to safety improvements.

In the previous 12 months there had been one safety incident; a needle stick injury. We saw this was investigated

and documented. We saw the report had not addressed the use of a safer sharps system, as recommended in regulation, and may have helped to prevent such an occurrence happening again in the future.

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 that 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 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.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants which was in accordance with national guidance.

### **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 dentist 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 dentist, 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 dentist 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

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 and we saw this 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 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 recorded the necessary information.

### **Effective staffing**

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

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.

Staff discussed their training needs at an annual appraisal. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

### **Co-ordinating care and treatment**

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

# Are services effective?

(for example, treatment is effective)

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.

Staff monitored 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 wonderful, clever and attentive. We saw that staff treated patients respectfully, appropriately and caringly; 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.

Information folders 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 requirements under the Equality Act 2010; a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that 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's website and 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 photographs, and X-ray images which enabled images to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found 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 about the importance of emotional support needed by patients when delivering care.

The practice was an advocate of a community transport scheme and provided information leaflets. The scheme's intention was to assist less able patients, or those who lacked transport, to get to medical appointments. The practice staff would book community transport for patients in accordance with their needs.

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 step free access and accessible toilet with hand rails and a call bell.

A disability access audit had been completed and 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 staff took part in an emergency on-call arrangement with dentists working there.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was 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 provider told us that they would take complaints and concerns seriously and 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 principal dentist was responsible for dealing with these, staff would tell them about any formal or informal comments or concerns straight away so patients could receive a quick response.

The principal dentist told us they would aim to settle complaints in-house and invite 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 principal dentist had dealt with their concerns.

We looked at comments, compliments and complaints the practice received. There had been no complaints in the previous year. Thank you cards were displayed for patients to see.

# 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

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

The provider told us that they would be using an external compliance management company in the near future to address short comings in dealing with compliance issues. They said staff would be trained to use the agreed new system and given sufficient work time for this.

### Culture

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

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

The staff focused on the needs of patients, an example of this included arranging transport to the practice.

We saw the provider had systems in place to deal with staff poor performance.

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 principal dentist had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had previously offered domiciliary care and sedation services, however the provider told us that due to issues in achieving regulatory compliance these services had been discontinued altogether.

### 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 to support high-quality sustainable services.

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

The provider gathered feedback from staff through meetings, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. An example of this was the provider supporting a staff request by introducing a management company to assist with regulatory compliance.

### Continuous improvement and innovation

The provider had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and radiographs. They had clear records of the results of these audits and the resulting action plans and improvements. The provider was unable to show us evidence of an Infection and prevention and control audit. The principal dentist told us that no infection and prevention control had been carried out but that one would be completed as soon as was practicable.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff had identified that a management compliance system was required. The principal dentist told us staff would be trained to use it and given sufficient work time to complete any actions required.

The dental nurses had an annual appraisal. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 12</b></p> <p><b>Safe care and Treatment</b></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>The registered person had systems or processes in place that were ineffectively operated in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• The provider was unable to provide evidence that all practice equipment was maintained and serviced in accordance with manufacturers requirements. For example; The provider was unable to provide evidence of air conditioning servicing. For example. The provider was unable to provide evidence of routine autoclave servicing and testing, which had been due in February 2019, and was six months overdue.</li><li>• The provider must ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.</li><li>• The provider was unable to provide evidence of a completed file containing all the X- ray information as required in regulations. For example, policies and</li></ul>

## Requirement notices

notifications to the health and safety executive were in separate files. The provider did not have evidence of any installation or servicing documentation for the X-ray equipment.

- The provider was unable to provide evidence that a sharps risk assessment, which reflected regulations on safer sharps. We saw that the practice was not using a safer sharps system, as recommended in regulations.
- The provider was unable to provide us with evidence that the layout of the decontamination area conformed to guidance and reduced the risk of cross contamination due to the crossover of dirty and clean instruments undergoing decontamination procedures. The provider was unable to provide evidence that testing of the ultrasonic cleaner included soil tests as required in guidance.
- The provider was unable to provide evidence of a legionella risk assessment carried out by a competent person to guide the practice in the actions it needed to take in line with regulation and guidance for legionella management in the dental practice.
- The provider did not ensure that the practices waste bins were secured in line with guidance.

### Regulation 12

## Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

## Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

#### **Regulation 17**

#### **Good governance**

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Requirement notices

The registered person had systems or processes in place that were ineffectively operated in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The provider was unable to provide evidence of a risk assessment for the practice's use of a community automated external defibrillator which was outside of the practices control for checking its safe operation and availability.
- The provider was unable to provide evidence of a Control of Substances Hazardous to Health (COSHH) Regulations 2002 file which contained safety information as required in guidance.
- The provider was unable to provide evidence of infection prevention and control audits as required in guidance.

Regulation 17

### 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

#### **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

##### **Regulation 19**

##### **Fit and proper persons employed**

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.

The registered person had systems or processes in place that were ineffectively operated in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The provider was unable to provide evidence that they had followed their recruitment policy which reflected regulations. We found two staff files were

This section is primarily information for the provider

## Requirement notices

correctly completed. We found three files missing Disclosure and Barring Service checks, and immunisation and medical histories. Of those three files; two were missing photographic identification and one was missing an employment history.

Regulation 19