Mrs Rubina Mehra

Concord Dental Practice

Inspection Report

36 Concord Way
Dukinfield
Cheshire
SK16 4DB
Tel: 0161 3305682
Website: none

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Overall summary

We carried out this unannounced inspection on 25 February 2020 under section 60 of the Health and Social Care Act 2008 in response to information of concerns that was shared with us and as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Concord Dental Practice is in Dukinfield and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available directly outside the practice.

The dental team includes one dentist, one trainee dental nurse, a receptionist and a part time practice manager. At

Summary of findings

the time of the inspection, a new practice manager had joined the team and a locum dentist and agency dental nurses attended as necessary. 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.

During the inspection we spoke with the dentist, an agency dental nurse, the receptionist and both practice managers. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 09:00 - 13:00 14:00 - 17:30

Tuesday 09:00 - 13:00 14:00 - 17:30

Wednesday 09:00 - 13:00 14:00 - 17:30

Thursday 09:00 - 13:00 14:00 - 18:30

Friday 09:00 - 13:00 13:30 - 15:30

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- Improvements were needed to the infection prevention and control procedures.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The systems to identify and manage risk to patients and staff need improvement.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The staff recruitment procedures did not reflect current legislation. Essential checks were not always carried out before staff started work.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The systems of governance and risk management required improvement.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements. A privacy impact assessment had not been completed for the closed-circuit television system (CCTV) and computer passwords were not held securely.

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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Are services safe?

Our findings

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

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

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

Staff had 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. Evidence of safeguarding training for the locum dentist was obtained and sent after the inspection. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Additional information for carers and domestic violence support were provided for patients.

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 an infection prevention and control policy and procedures. Improvements were needed to ensure processes were in line with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking and sterilising instruments in line with HTM 01-05. Instruments were pouched after sterilisation, but these were not dated. A tray handle was not available to enable staff to remove instrument trays safely from the steriliser. Evidence was sent after the inspection that a tray handle had been ordered and staff were dating pouches of instruments. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff. We noted an open tray of instruments was placed on a rack marked clean in the decontamination room. Staff were unclear whether these had been cleaned or sterilised. The provider confirmed these would be reprocessed.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. The practice manager had made recent improvements to the process. This included displaying procedures for staff to follow, ensuring personal protective equipment was available in the decontamination room and an appropriate detergent solution for cleaning.

We saw that reprocessed instruments used for root canal treatment and filled irrigation syringes were pouched and stored in the decontamination room for further single patient use. Single patient use means the medical device may be used for more than one episode of use on one patient only. The pouches were not appropriately sealed or dated. The system to ensure they were not used on the wrong patient was ineffective. The provider told us this would be reviewed and sent evidence of tools and checklists for staff to follow.

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

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

Are services safe?

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

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Recent improvements had been made to ensure colour coded bin liners were used.

The provider carried out six monthly infection prevention and control audits. There was no evidence that the results of these were analysed and action plans produced to make improvements.

The provider had a whistleblowing policy but this was not readily available to staff. A member of staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where other methods were used to protect the airway, this was risk assessed or documented in the dental care record.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency staff. These reflected the relevant legislation. We looked at staff recruitment records. These showed the provider did not always follow their recruitment procedure. For example, essential checks including employment history, references, a Disclosure and Barring Service (DBS) check, photo id had not been carried out on a new staff member before they commenced work. Evidence of GDC registration and professional indemnity were obtained from the locum dentist but there was no evidence of carrying out other essential checks. The provider introduced an updated recruitment checklist to prompt them to carry out essential checks in the future.

Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. A pressure vessel test certificate was available for the steriliser but there was no evidence of a service and validation being carried out since 2017. Evidence was sent after the inspection that this had been arranged. Staff carried out daily steam penetration tests and data loggers recorded sterilisation cycles. These were downloaded, reviewed and stored weekly.

A fire risk assessment was carried out recently in line with the legal requirements. The risk assessment showed recommendations made in the previous assessment in 2017 had also been acted on. New recommendations had been made to obtain emergency lighting. This had been purchased and was awaiting installation. We highlighted a further recommendation to review the provision of powder fire extinguishers in enclosed spaces. The provider confirmed this would be actioned. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The practice had not registered their practice's use of dental x-ray equipment with the Health and Safety Executive in line with the Ionising Radiation Regulations 2017 (IRR17). The provider sent evidence after the inspection they had actioned this.

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.

The provider obtained and sent evidence after the inspection that clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had some systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken but this did not include all sharp items and we noted that several sharps incidents had occurred in the last two years involving items other than dental needles.

Are services safe?

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. The practice did not ensure they requested evidence of the effectiveness of these vaccinations. Evidence for three clinical members of staff was obtained and sent after the inspection.

Sepsis prompts for staff and patient information posters were displayed in the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care. We highlighted the availability of sepsis awareness training. Evidence was sent after the inspection that this had been discussed with staff and additional sepsis flowcharts and recognition guides had been introduced.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Evidence of up to date training for the locum dentist was obtained and sent after the inspection.

Emergency equipment and medicines were available as described in recognised guidance.

Routine checks had failed to identify where items had expired. Prior to the inspection the practice manager had reviewed the medical emergency equipment and identified three expired items. Replacements had been obtained and these arrived on the inspection day.

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

The provider did not have risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Product safety data sheets were not retained. We observed that bottled dental mercury was stored in a treatment room, some dental materials had passed their expiry date and sprays used for surface decontamination were not labelled with the contents or instructions for their correct use.

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 dental care records with clinicians to confirm our findings and observed that individual records were written or typed 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 requirements.

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

Safe and appropriate use of medicines

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

There was a 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 with regards to prescribing medicines.

Track record on safety, and lessons learned and improvements

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

In the previous 18 months there had been two safety incidents. We saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again. Accidents and sharps incidents were documented separately. Sharps injuries were poorly documented. There was no evidence that these were acted on appropriately in line with the practice's inoculation injury policy or learning to prevent further re-occurrence. After the inspection the provider sent evidence of a new incident log to enable staff to document incidents more clearly.

Are services safe?

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

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals 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.

Helping patients to live healthier lives

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

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

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

The dentist 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 severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

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

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

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

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

Monitoring care and treatment

The practice kept 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.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

The practice should review the process to obtain evidence of and assess staff skills, knowledge and experience to carry out their roles.

The practice had a structured induction programme but this was not completed for all new members of staff or locum and agency staff. A process was introduced after the inspection and evidence of this was sent.

A system was not in place to obtain evidence that staff including locum staff completed the continuing professional development required for their registration with the General Dental Council. For example, basic life support, radiation protection and safeguarding training. These were obtained after the inspection and evidence sent.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Information folders and patient survey results were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy was in place but a privacy impact assessment had not been completed. We were told the CCTV also recorded sound. We highlighted that a justification for this was necessary. The provider confirmed they would seek further advice in relation to this.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the waiting area provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screen was 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. We saw that passwords for the computer were written on notes displayed next to or behind computer terminals. We brought this to the attention of the provider to review the security arrangements. They confirmed after the inspection that passwords were held securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act.

The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

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

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

The practice's 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, study models and X-ray images of the tooth being examined or treated and shown to the patient or relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. A disability access audit had not been completed. Staff told us that wheelchair users could access the premises and electronic devices were provided to enlarge documents for patients. The layout of the premises prevented the provision of an accessible toilet or hand rails.

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 NHS Choices website.

The practice had an appointment system to respond to patients' needs. Patients could choose to receive email appointment reminders. Those who requested urgent advice or care were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed.

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

Listening and learning from concerns and complaints

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

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

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

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

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

Are services well-led?

Our findings

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 the provider had the capacity, values and skills to deliver high-quality, sustainable care. The practice had struggled to employ and retain sufficient staff. The practice employed the services of locum and agency staff to ensure patients could access continuing care.

The principal dentist and managers were open to discussion and feedback throughout the inspection. They took quick action to address the concerns raised during the inspection and sent evidence of these improvements. These showed systems and processes had been introduced but were yet to be embedded. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. A new practice manager was in post and they showed us improvements they had made to improve the practice for patients and staff.

The provider had a strategy for delivering the service which 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 care.

We saw evidence that training needs and progress of the trainee dental nurse were discussed at one to one meetings. We saw evidence of completed appraisals in the staff folders.

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

Openness, honesty and transparency were demonstrated when responding to some incidents and complaints.

Opportunities had been missed to learn from several sharps injuries and improve processes. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Governance and management

The systems of governance and risk management were ineffective.

The principal dentist 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. A new practice manager had been employed and governance was in the process of being reviewed as part of a handover from the existing manager.

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 on a regular basis. We highlighted that the whistleblowing policy should be made more available to staff.

The processes for managing risks, issues and performance were ineffective.

In particular, risks had not been identified and acted on in relation to:

- The storage and reprocessing and re-use of dental instruments.
- Following employment procedures and essential checks for employed and locum staff.
- Induction processes for new employees and locum and agency staff.
- Service and validation of the steriliser.
- Registration with the Health & Safety Executive for the use of radiography.
- The risk assessment, storage, use and disposal of hazardous substances.
- Assessing the risk from sharps injuries and the sharps injury policy was not followed.
- Systems were not in place to ensure vaccinations to protect staff against Hepatitis B were effective.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS performance info, surveys and external body reviews was used to ensure and improve performance. Performance information was combined with the views of patients.

Are services well-led?

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice did not ensure passwords to access the computer systems were held securely and CCTV and the use of audio recordings had not been appropriately assessed.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public and external partners to support the service. For example:

The provider used patient surveys, online reviews and verbal comments to obtain patients' views about the service.

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

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

Continuous improvement and innovation

The systems and processes for learning and continuous improvement could be improved.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and radiographs. Staff kept records of the results of these audits and the resulting action plans and improvements. There was no evidence the results of infection prevention and control audits were analysed.

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development. The practice had not obtained evidence of up to date training in safeguarding, radiation protection and basic life support for the locum dentist. These were obtained and sent after the inspection.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Care and treatment must be provided in a safe way for service users.** **Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:** • Sharps risks were not appropriately risk assessed as described in The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. • Sharps injuries were poorly documented. There was no evidence that these were acted on appropriately in line with the practice's inoculation injury policy, or evidence of learning to prevent further re-occurrence. • The provider did not have effective risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Hazardous substances were not all identifiable, stored appropriately or disposed of after the expiry date. • The storage and reprocessing and re-use of dental instruments was not in line with Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. **Regulation 12(1)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

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 **The registered person 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:** • The registered person did not always follow their recruitment procedure for employed or locum staff. For example, essential checks including employment history, references, a Disclosure and Barring Service (DBS) check, photo id were not obtained before staff commenced work. • locum and agency staff. There was no evidence that these staff received an appropriate induction.
	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. In particular: • The registered person did not ensure that processes for managing risks, issues and performance were effective. • The use of CCTV and use of audio recordings had not been appropriately assessed. • The registered person did not have systems to obtain evidence of immunity against vaccine-preventable infections. • The practice did not ensure passwords to access the computer systems were held securely. • The registered person did not ensure equipment was serviced and validated appropriately. • Audits for infection prevention and control were not analysed to make improvements. Regulation 17(1)

This section is primarily information for the provider

Requirement notices

- The registered person did not obtain evidence of continuing professional development or assess staff skills, knowledge and experience to carry out their roles.

Regulation 19(3)