

Arkh-View Surgeries Limited

# Peachcroft Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 2 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 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**

Peachcroft Dental Practice is in Abingdon and provides NHS and private treatment to adults and children.

Car parking spaces, including spaces for blue badge holders, are available, in a public car park, at the front the practice.

The practice is based on the first floor above a retail business. New patients are advised of the stairs when they make contact with the practice.

The dental team includes four dentists, one receptionist and five dental nurses (two which are also the assistant practice manager and practice manager)

# Summary of findings

The practice has four treatment rooms of which three are in use.

The practice is owned by a partnership 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. At the time of inspection there was no registered manager in post as required as a condition of registration.

On the day of inspection, we collected 24 CQC comment cards filled in by patients and obtained the views of 14 other patients.

During the inspection we spoke with two dentists, two dental nurses, one receptionist 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 Friday 9.00am to 1.00pm and 2.00pm to 5.00pm.

## **Our key findings were:**

- The practice appeared clean but not well maintained.
- The provider had infection control procedures which reflected published guidance.
- The provider had systems to help them manage risk to patients and staff, but these were not effective.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures, but improvements were needed.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect.
- Not all of the appropriate medicines and life-saving equipment were available.
- 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 did not ask patients for feedback about the services they provided.

- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements, but improvements were needed.
- The practice did not have effective clinical and management leadership.

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

- Ensure all premises and equipment used by the service provider is fit for use. In particular, X-ray units, compressor, treatment room chairs and flooring, fire, gas and electricity installations.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. Specificity management of COSHH, sharps, NHS prescription pad security, radiography, dental care record security, emergency medicines and equipment, staff appraisal and patient feedback.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Full details of the regulations the provider is 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.
- 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. Specifically, arrangements to support patients who experience sight or hearing loss.
- Implement systems for the recognition, diagnosis and early management of sepsis.
- Take action to ensure the availability of an interpreter service for patients who do not speak English as their first language.
- Take action to ensure the regulated activities at Peachcroft Dental Practice are managed by an individual who is registered as a manager.

# 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 act (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 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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Records showed that eight out of ten staff had received safeguarding training.

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 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 were told this was documented in the dental care record.

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 two staff recruitment records and noted improvements were needed. Both records were missing references, reasons for leaving last employment and health assessments. One record was also missing eligibility to work in the UK.

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

Evidence to confirm the provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions was unavailable. Specifically, mains electrical installation testing, annual gas maintenance and servicing of the air conditioning unit, compressor and three X-ray machines.

We noted an exposed operational compressor was running under a worktop, where staff prepared food, in the kitchenette. This room had no ventilation. A written scheme of examination for this machine was unavailable.

Records showed that firefighting equipment was regularly tested and serviced. Records showed that nine out of ten staff had completed fire safety training in the previous 12 months.

We were told the landlord was responsible for maintaining and testing the alarms. Records to confirm this were unavailable. The practice had emergency lighting. The provider was unable to confirm who was responsible for its testing and maintenance.

A fire safety risk assessment was carried out in February 2019. Actions from this assessment remained outstanding.

The practice did not have suitable arrangements to ensure the safety of the X-ray equipment. Rectangular collimators were not present on any of the three X-ray machines. One machine's timer button lead had 11 breaks in the insulation wire. A second machine had a cover missing to the left hand side of the tube head which exposed an earth wire. None of the rooms which housed X-ray machines displayed radiation warning signs.

One X-ray machine was located in a room which housed an OPG machine (an OPG is a scan that gives a panoramic view of the jaw and teeth). We were told the OPG machine was not in use.

# Are services safe?

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider had carried out radiography audits for two of the four dentists.

Records showed that three out of four dentists completed continuing professional development (CPD) in respect of dental radiography.

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety but these were not operated effectively.

The provider had current employer's liability insurance.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk, but improvements were needed.

Repairs were required in a number of areas of the practice. The flooring in one treatment room was damaged in two places. Flooring in the decontamination room and patient toilet was damaged. Patient treatment chairs in three rooms were in a poor state of repair.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had not been undertaken.

A sharps bin located in the decontamination room had been in use since November 2018. National guidance states a bin should be replaced after three months.

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. Records showed that the effectiveness of the vaccination was checked for seven of the nine clinical staff.

Staff knew how to respond to a medical emergency and 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 checks of the AED and oxygen. Records to confirm checks of the availability of emergency medicines and equipment were not available. The practice had an adult and a child AED pad. We noted the child pad had passed its use by date (March 2019). The provider told us they would order a replacement immediately.

The provider did not have a body fluid spillage kit. The eyewash kit was out of date.

None of the dentists we spoke with had knowledge of the recognition, diagnosis and early management of sepsis.

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 did not have suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Oxygen danger warning signs were not present in the practice.

The provider had an infection prevention and control policy and procedures. 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. Records showed that seven out of nine clinical 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 was validated, maintained and used in line with the manufacturers' guidance. 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.

Manual cleaning of instruments was carried out prior to being 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. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected but improvements were needed to the patient record storage facility and clinical equipment.

# Are services safe?

We noted the storage arrangements for the cleaning equipment did not follow national guidance.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

An annual infection control statement was not available.

## **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 and legible.

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**

We saw staff stored and kept records of NHS prescriptions, but improvements were needed to ensure the pads were stored securely at all times. The practice did not keep a log of prescription pads held on site.

Antimicrobial prescribing audits were not carried out which meant the dentists could not demonstrate they were following current guidelines.

## **Track record on safety, and lessons learned and improvements**

There were 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 no safety incidents.

There were adequate systems for reviewing and investigating when things went wrong. The practice had systems in place to learn and share lessons 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 were told they were shared with the team and acted upon if required. Records to confirm alerts had been seen by relevant staff were not available.

# 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.

### 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, 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 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 had audited two of the four dentist's patient 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. For example, a dental nurse was the infection control lead.

Staff new to the practice had a period of induction based on a structured programme. We confirmed most of the clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff appraisals were not carried out. The manager told us they were new, and appraisals were scheduled to be carried out in the following six months.

### 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.

# Are services effective?

(for example, treatment is effective)

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 offered good advice, were efficient and treated them professionally. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients 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 was 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.

### **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 that patients and their carers can access and understand the information they are given.

Patients were told about multi-lingual staff that might be able to support them.

Language interpreting services were not available for patients who did not speak or understand English.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models and X-ray images.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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.

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

The practice was based on the first floor which meant it was inaccessible to those who found stairs a barrier. We were told the reception staff always made new patients aware of this when they contacted the practice.

The practice did not have arrangements in place to support patients who experienced hearing and sight loss.

A disability access audit had been completed and an action plan formulated to continually improve access for patients, but actions remained outstanding.

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.

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 the NHS emergency 111 out of hour's service.

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. 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/ 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 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.

The practice had systems in place to investigate concerns appropriately and discuss outcomes with staff to share learning and improve the service.

We looked at comments and complaints log for the previous 12 months and noted no complaints had been received.

# 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.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered.

### Leadership capacity and capability

We found the provider had the capacity and skills to deliver high-quality, sustainable care but improvements were needed.

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

The practice manager was new to the practice.

The provider was not visible on a day to day basis. We were told they had other commitments away from the practice.

### 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.

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 by the practice manager.

### Governance and management

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. Staff knew the management arrangements and their roles and responsibilities.

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 but improvements were needed to the effective management of these.

We saw there were clear and effective processes for managing risks, issues and performance but these were not followed which resulted in poor risk management at the practice.

### Appropriate and accurate information

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Ineffective equipment used to store written patient care records hindered the adequate protection of records.

### Engagement with patients, the public, staff and external partners

The provider confirmed patient surveys were not carried out.

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 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.

### Continuous improvement and innovation

We noted the system for monitoring staff training required improvement to ensure staff could evidence their competency in core CPD recommended subjects which included safeguarding, fire safety, infection control and IR(ME)R.

The provider had quality assurance processes to encourage learning and continuous improvement. These included

## Are services well-led?

audits of dental care records, radiographs and infection prevention and control. Improvements were needed to ensure audits were carried out for relevant clinicians where appropriate.

None of the staff at Peachcroft Dental Practice had received an annual appraisal.

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	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</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><b>Premises and Equipment</b></p> <p><b>How the regulation was not being met</b></p> <p>The registered person had failed to ensure that all premises used by the service were properly maintained. In particular,</p> <ul style="list-style-type: none"><li>• Flooring to the patient toilet and one treatment room.</li></ul> <p>The registered person had failed to ensure that all equipment used by the service was properly maintained. In particular,</p> <ul style="list-style-type: none"><li>• X-ray machines (3),</li><li>• Air conditioning unit, Compressor, Emergency lighting and</li><li>• Patient treatment chairs (3).</li></ul> <p><b>Regulation 15(1)</b></p>
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>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><b>Good Governance</b></p>

## Requirement notices

### How the regulation was not being met

There were failures to the systems that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Patient care record storage arrangements in the patient waiting room was not effective.

There were no systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons about the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

- Patient feedback surveys were not carried out.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- Fire Safety risk assessment recommendations remained outstanding.
- Annual gas maintenance was not carried out.
- An electrical fixed wiring risk assessment was not carried out.
- Sharps procedures did not ensure the practice was in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Risk assessments were not undertaken for every COSHH identified substance stored at the practice.
- Emergency medicines and equipment monitoring checks were not carried out.

There was additional evidence of poor governance. In particular:

- Appraisals were not carried out for any staff.
- NHS prescription security was ineffective.
- Hepatitis B immunity was not checked for all staff.
- Environmental cleaning equipment was not stored appropriately.

## Requirement notices

- Management of staff's mandatory training and continuing professional development was not effective
- Audits of patient dental care records were not carried out for all dentists.

### Regulation 17(1)

## Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

## Regulation

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

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

### Fit and proper persons employed

How the regulation was not being met

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:

First record reviewed had the following information missing:

- Reason for leaving previous employment
- Health Assessment
- Evidence of conduct in previous employment

Second record reviewed had the following information missing:

- Reason for leaving previous employment
- Health Assessment
- Evidence of conduct in previous employment
- Eligibility to work in the UK

### Regulation 19(3)