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Queens Head Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on 13 August 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

Queens Head Dental Surgery is in Oldbury and provides NHS and private treatment to adults and children.

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

The dental team includes one dentist, one dental nurse, one dental hygienist and one receptionist. The practice has two treatment rooms and a separate room for carrying out decontamination.

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.

Summary of findings

On the day of inspection, we collected 13 CQC comment cards that had been completed by patients. We spoke with the dentist, dental nurse and receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday – Friday: 9am to 5:30pm

Saturdays: by appointment only

Our key findings were:

- The practice appeared clean and well maintained, although we identified some areas that required improvement.
- The provider had infection control procedures which mostly reflected published guidance. Some improvements were required.
- Staff knew how to deal with emergencies but training for some staff members was overdue. One medicine had expired and some items of equipment were missing.
- The practice had limited systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures. Improvements were needed to ensure the availability of complete immunisation records for one clinical staff member. Information was missing from one staff member's personnel file. Their reference did not include their name and was undated.
- The clinical staff provided patients' care and treatment in line with current guidelines however improvements were required.
- 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 dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.
- Governance processes were not sufficiently effective.

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.

Full details of the regulation the provider is not meeting is at the end of this report.

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

- Review the practice's protocols for patient assessments and ensure they are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance.

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 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)

The practice had limited 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 practice 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.

We saw evidence that all staff had received safeguarding training. The provider told us that all staff had completed training to the required level but evidence of this was not available on the day for two staff members. This was forwarded to us six weeks after our visit. The two staff members also completed further training on the day of our visit.

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 e.g. those who were known to have experienced modern-day slavery or female genital mutilation.

The practice had a whistleblowing policy. Not all staff members were aware that the practice had a whistleblowing policy although they knew how to raise concerns internally and externally. 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.

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

The practice had a recruitment policy to help them employ suitable staff. This reflected the relevant legislation but recruitment procedures were not always carried out in a consistent manner. The provider had recruited two staff members since becoming the registered person at the practice. We reviewed the personnel files for two staff members and found that essential recruitment documents were missing from the most recently recruited staff member's file. These included photographic identity and evidence of satisfactory conduct in previous employment. The provider showed us evidence that this information was sent to their email address the day before our inspection. The reference was undated and it did not have the staff member's name on the document. A registration certificate with the General Dental Council was present for the newly recruited staff member but this had expired. Following the inspection, the provider told us they had carried out visual checks of the individual's photographic ID at the interview / induction stage.

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

Portable appliance testing had been carried out in March 2019 and a gas safety certificate in August 2019. A minor electrical installation works certificate was present and this safety check had been completed in July 2016. The provider showed us evidence that the fixed wiring electrical testing had been booked to take place one week after our visit.

Records showed that the fire extinguishers were regularly tested and serviced. Fire alarms and emergency lighting were tested weekly by the provider but had not been serviced since 2016. Fire drills were carried out every six months to ensure that staff were well rehearsed in evacuation procedures. Only the receptionist had completed fire safety training; this had taken place three days before our visit. The practice took immediate action and sent evidence that the dentist and dental nurse had completed training in fire safety within two days of our visit.

Are services safe?

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. There was no evidence that staff carried out visual examinations of the X-ray sets to identify any safety faults. The provider told us that staff would begin to complete these regularly.

We saw evidence that the dentist justified, graded and reported on the radiographs they took. Staff had carried out a radiography audit between January 2019 and March 2019. This was in line with guidance; however, there was no evidence of analysis of the results with subsequent learning outcomes and action plans. This was forwarded to us after the inspection visit. We reviewed the document and found it contained some discrepancies.

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

Risks to patients

There were limited 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. It is a legal requirement for an employer to display their employers' liability insurance certificate in a prominent place. The provider had displayed the statement for their surgery insurance certificate only. We requested the correct certificate and it was forwarded to us six weeks after our visit.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles. A risk assessment had been completed. A list of specific sharp items that were used within the practice was present although one item was not included. Following our visit, an amended sharps policy was forwarded to us and this included the missing item.

We reviewed staff vaccination records and found that the principal dentist had a system in place to check clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw evidence that all clinical staff had received the vaccination. However, evidence of the effectiveness of the vaccination was missing for one staff member. We found that risk assessments had not been completed where there were gaps in assurance around this.

The provider had not arranged any practical training in emergency resuscitation and basic life support in the practice. Current guidance states that dental staff's knowledge and skills in resuscitation should be updated at least annually. Two staff members had not completed any practical training in the previous 12 months.

Emergency equipment and medicines were not available as described in recognised guidance. We found staff kept records to make sure the medicines and equipment were available, within their expiry date, and in working order. One emergency medicine had expired in February 2019. The provider was aware and told us their supplier had experienced a shortage of adrenaline ampoules. National guidance in England to dental practices has recommended this format of medicine and there has not been a national shortage of this medicine. Guidance recommends five different sizes of clear face masks but the practice only held two sizes. A razor was not available in the automated external defibrillator kit. Prompt action was taken to order these missing items.

A dental nurse worked with the dentist when they treated patients in line with GDC Standards for the Dental Team. The dental hygienist had commenced work at the practice a few weeks before our visit and staff told us that a locum dental nurse was allocated when treating patients. The provider told us they were in the process of recruiting another dental nurse.

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.

The provider had some information for staff to minimise the risk that can be caused from substances that are hazardous to health. The practice did not hold suitable risk assessments as required by The Control of Substances Hazardous to Health Regulations 2002. The provider contacted us after our visit to inform us that these had been completed and sent us evidence of a selection of relevant risk assessments.

The practice occasionally used locum and agency staff. Staff told us that these staff received a verbal induction to ensure that they were familiar with the practice's procedures.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health

Are services safe?

Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care; however, we identified some areas that required improvements. Staff completed infection prevention and control training and received updates as required.

The practice had mostly 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 with the exception of the ultrasonic cleaning bath. Weekly tests were being carried out but staff were misinterpreting the results as satisfactory when they showed that the equipment was unsatisfactory. Additionally, this item of equipment was being used without one essential part. The provider took immediate action and ordered a new ultrasonic cleaning bath. We saw evidence that the dental nurse carried out further training in infection control procedures promptly to ensure that the validation tests were being performed correctly.

Most dental instruments were stored in accordance with guidance but we found that a few items had not been stored appropriately. The dental nurse took immediate action to resolve this.

We viewed the two treatment rooms and found that the dental delivery cart in one treatment room was damaged. Adhesive tape had been used to secure this but this made effective cleaning difficult. The provider told us they had attempted to replace this but was told that the relevant parts were no longer available. They told us they would minimise usage of this treatment room until a remedy could be found. They aimed to replace this within the next six months.

The decontamination room did not have effective ventilation. Current guidance states that ventilation is an important consideration in decontamination facilities. The provider took action and informed us that an engineer would fit an extractor fan by mid-September.

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.

The provider had policies and procedures in place to ensure clinical waste was segregated. However, it was not stored securely as we found the container was unlocked. Staff took immediate action to secure this during our visit.

Infection prevention and control audits should be completed every six months. We were shown an audit from September 2018 and an action plan from February 2019. No audit was available for us to review apart from the one that was completed in September 2018 and we found that it did not have documented learning points with action plans. An action plan was shown to us from February 2019 but there was no associated audit. We requested this but it was not made available until after our visit. After our visit, the provider sent us an action plan for the audit that was carried out in September 2018. The practice also sent us an audit that was dated February 2019 – we reviewed this and found that some sections of the audit were incorrectly completed. The associated action plan also included several discrepancies and we could not be assured this document relates to the audit carried out at this practice.

A new infection prevention and control audit was completed one day after our visit.

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, were kept securely and complied with General Data Protection Regulation (GDPR) requirements. We found that some handwritten notes were not legible.

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

Are services safe?

Safe and appropriate use of medicines

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

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

There was no evidence of any antimicrobial prescribing audits to ensure dentists were prescribing according to national guidelines. A copy of this was forwarded to us after our visit.

Track record on safety and Lessons learned and improvements

There were risk assessments in relation to safety issues.

The practice had policies and procedures to report, investigate, respond and learn from accidents and significant events. Staff knew about these and understood their role in the process.

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 dentist carried out some orthodontic treatment on a private basis. The patient's oral hygiene would also be assessed to determine if the patient was suitable for orthodontic treatment.

Helping patients to live healthier lives

The practice was providing preventive care and supporting 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 children and adults based on an assessment of the risk of tooth decay.

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

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The 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. Current guidance recommends that a Basic Periodontal Examination is carried out for patients aged 7 and above. However, the dentist completed this check for patients aged 12 and above.

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 patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We reviewed a sample of records and found that the dentist did not consistently document that consent to treatment had been obtained in the dental care 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 may not be able to make informed decisions. Staff were also aware of Gillick competence, by which a child under the age of 16 years of age may give consent for themselves.

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

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw evidence that the practice audited patients' dental care records.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the dental nurse had extended duties which included impression taking to enhance patient support.

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

Are services effective?

(for example, treatment is effective)

Staff discussed their training needs at annual appraisals. 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.

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

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 fantastic, wonderful and professional. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

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

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited 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 stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

Accessible Information Standards 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. We saw:

- Interpretation 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. Additional languages spoken by staff included Urdu, Punjabi and Gujarati.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available upon request.

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 dentist described to us the methods they used to help patients understand treatment options discussed. These included models and information leaflets.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care.

Staff shared examples with us of how the practice met the needs of more vulnerable members of society such as patients with dental phobia, people with drug and alcohol dependence and people living with dementia.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were told that some patients required physical assistance when entering and exiting the premises. Staff were willing to move their own cars from the car park so that patients could park immediately outside the practice.

The practice had made reasonable adjustments for patients with disabilities. These included steps free access with hand rails, a hearing loop and accessible toilet with hand rails and a call bell. Reading glasses were also available in four different prescription strengths as well as larger print forms for patients with visual impairments.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

We were told patients who were nervous or needed additional support were often seen at quieter times of the day when the waiting room was less noisy and stressful.

The practice sent appointment reminders to all patients that had consented.

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.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Dedicated daily slots were incorporated into each dentist's appointment diary to allow them to treat patients requiring urgent dental care. 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.

Reception staff informed patients immediately if there were any delays beyond their scheduled appointment time.

The practice referred patients requiring urgent dental care to NHS 111 out of hours 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 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 on how to handle a complaint.

The provider was responsible for dealing with these. Staff would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response.

The provider 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 dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous 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 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

Staff told us the provider was approachable and responsive to their needs.

There was no practice manager and the provider had taken on most managerial tasks themselves. We identified many shortfalls in administrative and governance procedures.

Vision and strategy

The practice aims and objectives were to provide high quality care to all patients in a relaxed and family friendly atmosphere.

Culture

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

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. They had confidence that these would be addressed by the practice owner.

Governance and management

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

The principal dentist had a limited system of clinical governance in place. We noted that many documents were missing or incomplete. Additionally, many procedures were missing or not sufficiently robust.

There were some processes for managing risks, issues and performance but these needed to be more effective. Risk assessment was limited, and we noted a few identified safety concerns within the practice that had not been addressed.

The practice held monthly staff meetings where learning was disseminated.

We requested information from the practice before the inspection but not all information was sent to us by the requested date. We made many attempts to contact the practice in the week after our visit via email and telephone. We received a delayed response to our email but this was submitted two days after the requested date with no explanation for the delay. The telephone system was ineffective as there was no answer and there was no option to leave a voice message as the practice mailbox was full. We attempted to call the practice multiple times over the course of two days during practice opening hours but were unable to make contact.

Appropriate and accurate information

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support high-quality sustainable services.

The provider used patient surveys and verbal comments to obtain staff and patients' views about the service. Patients also had the option of leaving online feedback and could access the website by scanning a QR code that was displayed in the reception area. We saw examples of suggestions from patients the practice had acted on. This included refurbishment of the practice such as new signage and new décor to the waiting room.

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

Are services well-led?

to offer suggestions for improvements to the service and said these were listened to and acted on. One example included staff feedback on the colour scheme for their uniforms.

Continuous improvement and innovation

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

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. They were keen to support staff in furthering their development.

The dental nurse and receptionist had received annual appraisals. The provider told us that the dental hygienist would also receive an appraisal in due course. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Not all staff had completed 'highly recommended' training as per General Dental Council professional standards. Not all staff had completed medical emergencies and basic life support training in the previous 12 months.

The practice did not have robust quality assurance processes to encourage learning and continuous improvement. Audits did not consistently follow national guidance and their results were not always effectively analysed and used to drive improvement.

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 **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 12** Care and treatment must be provided in a safe way for service users **How the regulation was not being met** The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: · Some staff members were not aware that the practice had a whistleblowing policy. · A fixed wiring electrical safety check had not been carried out. · The fire alarms and emergency lighting had not been serviced since 2016. Not all staff completed regular training in fire safety. · Evidence of the effectiveness of the Hepatitis B vaccination was missing for one staff member. · The provider had not arranged any practical training in emergency resuscitation and basic life support in the practice · Emergency equipment and medicines were not available as described in recognised guidance.

This section is primarily information for the provider

Requirement notices

· Some dental instruments were not stored in accordance with HTM 01-05

· The dental delivery cart in one treatment room was damaged and this would make effective cleaning difficult.

· There was no evidence that staff completed visual checks on the X-ray equipment at suitable intervals.

· The practice did not hold suitable risk assessments as required by The Control of Substances Hazardous to Health Regulations 2002.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	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. 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: · Not all audits had documented learning points and the resulting improvements could not be demonstrated. · Staff were misinterpreting the results of validation tests for the ultrasonic cleaning bath.

This section is primarily information for the provider

Requirement notices

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:

· The provider did not always carry out recruitment procedures in a consistent manner. Information was missing from one staff member's personnel file. Their reference did not include their name and was undated.

There was additional evidence of poor governance. In particular:

· Clinical waste was not stored securely.

Regulation 17(1)