

Genix Healthcare Ltd

Genix Healthcare Dental Clinic – Garforth

Inspection Report

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Overall summary

We carried out this announced inspection on 3 January 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

Genix Healthcare Dental Clinic – Garforth provides NHS and private treatment to adults and children.

Summary of findings

There is one small step at the front entrance to the practice. The provider has a portable ramp available to facilitate access to the practice for wheelchair users and for pushchairs. Car parking spaces are available near the practice.

The dental team includes eight dentists, seven dental nurses, one dental hygiene therapist, three receptionists and a practice manager. The practice has eight treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Genix Healthcare Dental Clinic – Garforth is the operations manager.

On the day of inspection, we collected 31 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, three dental nurses, one dental hygiene therapist, one receptionist, the practice manager and the operations manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Thursday from 8:45am to 5:00pm

Tuesday and Wednesday from 8:45am to 7:30pm

Friday from 8:45am to 4:00pm

Saturday from 8:45am to 2:00pm

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which generally reflected published guidance. Minor improvements could be made to some processes.

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. Out of date automated external defibrillator (AED) pads had not been removed from the machine.
- The processes in place to help manage risks associated with Legionella and the use of radiation were not effective.
- The practice's safeguarding processes were not effective and safeguarding referrals were not made in a timely manner.
- Staff recruitment procedures were not operated effectively.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect. Conversations between the upstairs surgeries could be overheard.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was lack of oversight of governance arrangements and inadequate management of risk.
- The provider asked patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently. Complaints were not always acknowledged in line with the practice's complaints policy.

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 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?

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 Enforcement Action section at the end of this report).

Safeguarding concerns were not followed up in a timely manner. Staff could not demonstrate that they had all completed safeguarding training. We found staff had competency to recognise and concerns.

Recommendations made in the critical examination for two X-ray machines had not been actioned. The X-ray room on the first floor was unlocked and accessible to unauthorised persons.

Recommendations had not been actioned from the Legionella risk assessment.

Staff were qualified for their roles. The recruitment process was not effective.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. The temperature of the solution used for manually scrubbing instruments was not monitored and the data from the autoclaves was not routinely downloaded.

We saw a sharps bin which was overfilled, and a used needle was on the top of it posing a sharps risk.

The practice had suitable arrangements for dealing with medical and other emergencies.

Enforcement action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as very good and excellent. The dentists discussed treatment with patients, so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

No action



Are services caring?

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

We received feedback about the practice from 31 people. Patients were generally positive about all aspects of the service the practice provided. They told us staff were helpful and caring.

No action



Summary of findings

They said that they were given good advice about options available and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

Patients said staff treated them with dignity and respect.

We noted that in the upstairs surgery areas conversations could be overheard between the surgeries.

Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints constructively. We noted that complaints were not always acknowledged in line with the practice's policy. The complaints policy in the reception area was last updated in November 2015 and had the incorrect contact details for the NHS local area team.

No action



Are services well-led?

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 Enforcement Action section at the end of this report).

There was a lack of oversight for governance arrangements. These included the management of the risks associated with the carrying out of the regulated activities and ensuring that recommendations highlighted in critical examinations for X-ray machines and the Legionella risk assessment were actioned. We were told that the dental hygiene therapist sometimes worked without chairside assistance. There was no risk assessment relating to this.

Systems and processes to ensure the smooth running of the service were not always working effectively. For example, the systems for ensuring complaints are acknowledged, expired medical emergency equipment is identified and the safe recruitment of staff were not effective.

The practice team kept complete patient dental care records which were typed and provided information about each patient's dental history. We noted that some paper dental care records were not stored securely.

Enforcement action



Summary of findings

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients. On the day of inspection, we noted that the practice was not carrying out the NHS Friends and Family Test.

Are services safe?

Our findings

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

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw inconsistent evidence that staff had received safeguarding training. Two members of staff had not completed safeguarding training in the last three years and we saw certificates for two others which did not have a date on. The provider could not assure us that all staff had completed safeguarding training. We found staff were competent and able to recognise concerns.

Staff described two safeguarding concerns which had occurred. We reviewed records of these. It was clear that staff had identified the concerns and provided support initially. In one situation timely action was not taken to address the concerns which had been highlighted. In the second case, the staff had identified that a safeguarding referral should be discussed and made. We asked to see evidence that this referral had been made. Staff were unable to demonstrate that this had either been discussed with any external organisation or a referral to the local safeguarding authority made. In addition, the registered manager was unaware of the need to notify the CQC about safeguarding referrals.

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

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

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

The practice had a recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment records.

We noted that a newly recruited receptionist had not been subject to a Disclosure and Barring Service (DBS) check. We were told that this was company policy not to carry out a DBS check for reception staff. We asked if a risk assessment had been carried out to mitigate the risks associated with the absence of a DBS check. We were told that this had not been done. In addition, references for this staff member had not been obtained in accordance with the practice's recruitment policy.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC). We saw evidence that the dentists and dental hygiene therapist had indemnity cover except for one dentist whose evidence of indemnity expired in August 2018.

Records showed that fire detection equipment, such as smoke detectors, was regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

We reviewed the radiation protection folder and found there had been two new X-ray machines installed in the ground floor surgeries in May 2016. These had been subject to a critical examination and acceptance test. We looked at the records of these and saw that recommendations and concerns had been raised. These included that the control panel / exposure switch may be accessible to unauthorised persons. During the inspection we noted there were no processes to prevent an unauthorised exposure while staff were in the controlled area.

Other concerns identified in the critical examination and acceptance test included:

- the primary beam may be directed towards walls which may not provide sufficient protection for persons in adjacent rooms as there was no detail of the position of where the operator should stand during an exposure.
- there was no information about the position of the mains isolator switch.

The report recommended that the provider should discuss these matters with their Radiation Protection Advisor. There was no evidence that this had been done. In addition, we noted that during the inspection, a room on the first floor adjacent to the waiting room containing an Orthopantomogram (OPG) machine was left unlocked.

Are services safe?

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

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

Risks to patients

The practice had health and safety policies, procedures and some risk assessments. The practice had current employer's liability insurance.

The dentists had an awareness of the signs and symptoms of sepsis. We were told that the reception staff had a triage system for patients presenting with a dental emergency to enable them to determine how soon the patient needed to be seen. Reception staff were not familiar with the term sepsis but followed the triage protocol when patients presented with pain or swelling.

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 been undertaken and was updated annually. We noted during the inspection that a sharps bin in a ground floor surgery was overly full. In addition, there was a used needle and a matrix band on the top of the sharps bin. This posed a potential sharps risk to staff.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

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

Emergency equipment and medicines were available as described in recognised guidance. When we checked the emergency equipment and medicines we noted that the pads on the automated external defibrillator (AED) had passed their expiry date (September 2018). There were 'in date' pads available, but these had not been installed on the machine. When we asked about this, staff were unsure of how to change the pads.

We noted there were some oxygen masks which had passed their expiry date and had not been removed from the emergency kit even though there were in date masks present.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. We were told that a dental nurse was not always provided for the dental hygiene therapist when they treated patients. We were told this was because of a lack of dental nurses at certain times. We asked if there was a risk assessment in relation to clinical staff working without chairside assistance. We were told that there was not.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. These reflected guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. We saw evidence that the dental nurses had completed infection prevention and control training. Managers could only provide evidence of infection prevention and control training for one dentist.

The practice had 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. We noted that the solution used for manually scrubbing instruments was not temperature monitored. The data from the autoclave was not downloaded on a regular basis. We asked staff when the last time it was downloaded, and they were unsure.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

A Legionella risk assessment had been carried out in October 2017. There were five 'priority one' ('as soon as reasonably practicable') recommendations. Only one of these had been addressed. The other recommendations included consulting a heating engineer if the water from a sentinel tap continued to fail to reach temperature. This had not been done and the water had failed to reach the required temperature. It was recommended that

Are services safe?

infrequently used outlets were flushed, water spouts on the spittoons were disinfected weekly and the implementation of a cleaning programme to remove the build-up of limescale from taps. These had not been done.

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

The practice carried out infection prevention and control audits twice a year. These audits had not identified the issues we found with the lack of temperature monitoring of the solution for manual scrubbing instruments and the lack of downloading data from the autoclaves.

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. We found some paper dental care records were stored in a ground floor room which were not secure.

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

Safe and appropriate use of medicines

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

The practice 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 practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

There was a system for receiving and acting on safety alerts. The practice 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

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 supporting 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 children and adults 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.

The practice was 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, and recording detailed charts of the patient's gum condition

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

The practice 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. 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. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

We saw the practice audited patients' dental care records to check that the clinicians recorded the necessary information.

Effective staffing

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

Staff new to the practice had a period of induction based on a structured programme. We confirmed that the dental nurses had completed the CPD required for their registration with the General Dental Council. The provider was unable to demonstrate to us that all the dentists were up to date with their CPD. The provider was unable to demonstrate that all dentists had completed training for safeguarding vulnerable adults and children and infection prevention and control.

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.

Are services effective?

(for example, treatment is effective)

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

The practice had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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 helpful and caring. We saw that staff 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.

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. During the inspection we noted that it was possible to overhear conversations between the first-floor surgeries. We were advised this would be addressed.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

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

Accessible Information 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:

- Interpretation services were available for patients who did not use English as a first language.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

The practice 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. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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.

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

The practice had made reasonable adjustments for patients with disabilities. These included a portable ramp to access the premises, a hearing loop and an accessible toilet with hand rails.

Patients were sent text message reminders about upcoming appointments.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen 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.

Patients requiring emergency dental treatment outside normal working hours were signposted to the NHS 111 out of hours' service.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was 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 practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. We noted the contact details for the NHS in the patient information leaflet were out of date. In addition, the complaints policy in the reception area was last updated in November 2015 and had the incorrect details for the NHS.

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.

The practice manager aimed to settle complaints in-house.

We looked at four of the complaints the practice received in the last 12 months. We noted that there was no evidence that the complaint had been acknowledged within the time frame set out by the practice policy.

Are services well-led?

Our findings

Culture

Most staff stated they felt respected, supported and valued.

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Staff were aware of and there were systems in place to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so.

Governance and management

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. There was a clinical operations director who also worked at the practice to provide clinical leadership.

There was a lack of oversight of governance arrangements within the practice. Governance arrangements were not working effectively in that the risks associated with the carrying out of the regulated activities were not being well managed.

- The process to ensure recommendations in the Legionella risk assessment were actioned was not effective.
- The process to ensure recommendations in the critical examinations and acceptance tests for the new X-ray machines were actioned was not effective.
- The system to ensure out of date medical emergency equipment was disposed of was not effective.
- The system to ensure complaints were acknowledged within the timeframe set out in the practice policy was not effective.
- The system to ensure the safe recruitment of staff was not effective.
- The system to ensure staff were up to date with their training was not effective.
- The system to ensure the practice information leaflet and complaints policy in the reception area were up to date was not effective.
- There was no risk assessment for clinical staff working without chairside assistance.

- There was lack of knowledge about submitting notifications to CQC under regulation 18 of the Care Quality Commission (Registration) Regulations 2009.
- The system to ensure safeguarding concerns are dealt with in a timely manner was not effective.

During the inspection we identified some dental probes which did not have a CE marking. We had identified several dental instruments which did not have a CE marking at another Genix practice in December 2018. A directive issued by the clinical director was sent immediately after this inspection to all Genix practice managers to ensure any instruments without a CE marking were removed.

Engagement with patients, the public, staff and external partners

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

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

We asked staff if they encouraged patients to complete the NHS Friends and Family Test (FFT). We were advised that they used a computerised system to obtain feedback for the NHS FFT. This computer system had failed and therefore they were not obtaining feedback from patients through this survey. Staff were unsure how long the computer system used for the NHS FFT had not been working. The NHS FFT is a national programme to allow patients to provide feedback on NHS services they have used.

The practice 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

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. The infection prevention and control had

Are services well-led?

not identified the issues we found with the lack of temperature monitoring of the solution for manual scrubbing instruments and the lack of downloading data from the autoclaves.

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

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>The registered person 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:</p> <ul style="list-style-type: none">• Recommendations identified in the Legionella risk assessment had not been actioned.• Recommendations made in the critical examination and acceptance test of the new X-ray machines had not been actioned.• The Orthopantomogram (OPG) room on the first floor was not locked and accessible to unauthorised persons.• A Disclosure and Barring Service (DBS) check and references had not been sought for a newly employed receptionist and no risk assessment had been carried out to mitigate the risks.• There was no evidence of current indemnity for one of the dentists.• A sharps bin was overfilled and there was a used needle and a matrix band on top of it posing a sharps risk to staff. <p>Regulation 12 (1)</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>

Enforcement actions

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.

How the regulation was not being met:

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 systems and processes in place for ensuring safeguarding concerns were dealt with in a timely manner was not effective.
- The systems and processes in place for ensuring emergency equipment is disposed of or replaced were not effective.
- The systems and processes in place to manage the risks associated with Legionella were not effective.
- The systems and processes in place to manage the risks associated with the use of radiation were not effective.
- The system for ensuring staff were up to date with safeguarding and infection prevention and control training was not effective.
- The system for ensuring complaints were acknowledged within the time frame set out by the practice's policy was not effective.
- There was no risk assessment in place for clinical staff working without chairside assistance.

There was additional evidence of poor governance. In particular:

- The patient information leaflet contained out of date information.
- The complaints policy in the reception area contained out of date contact details for NHS England.

Regulation 17(1)