Den Dental Group Practice LLP

Clock Tower Dental Practice

Inspection Report

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Overall summary

We carried out a comprehensive inspection of the Clock Tower Dental Practice on 15 January 2015.

Clock Tower Dental Practice is run by Den Dental Group Practices LLP. In October 2014 it was acquired by a large dental corporate body, Oasis Dental Care.

The Clock Tower Dental Practice, Exeter provides general dentistry under an NHS contract. Patients have the option of private treatments if they choose. This practice is in Exeter city centre and treats patients of all ages and diverse backgrounds. It is not accessible for patients who require wheelchair access. There are no treatment rooms on the ground floor, three are on the first floor and one on the top floor.

The practice opens from 8.30am to 5pm Monday to Friday, closing for lunch between 1 and 2pm. Five dentists and a dental hygienist worked at the practice.

We spoke with three patients during our visit. Feedback was provided by 18 patients who completed our comment cards. Patients told us they were very happy with the treatment they received at this practice. Typical comments included tributes to the thorough and appropriate treatments patients had received and the helpfulness and friendliness of staff. Several patients commented that they had not been kept waiting long for their appointment. Patients said their concerns about their teeth had been addressed and additional information had been provided to help them with self-care. One person told us they had contacted the service early that morning requesting urgent treatment and had their appointment at 10am. They were very pleased with the service.

Before this inspection we noted on NHS Choices website several patients had recorded their dissatisfaction with the length of time it took them to get through to the practice by telephone, being kept waiting on the line accruing charges.

Our key findings were:

- Patients were happy with the service they received. They were given good information on which to base decisions about their treatment. They were pleased with their treatment and advice given about how to care for their teeth.
- Patients were treated with respect by friendly caring dentists and staff.
- Some patients found that it took a long time to get through to the practice by phone. However, once connected, they could get appointments at times that suited them.
- The registered manager ensured that all relevant training was attended and completed so that dentists and staff were working within their sphere of competency. There were practice meeting records showing regular 'in house' training covering a wide variety of topics.

Summary of findings

We identified regulations that were not being met and the provider must:

- introduce a system of management that ensures audits are carried out and action taken in a timely way.
- carry out a regular audit of all X-rays taken in the practice as required by the IR(ME)R 2000 regulations.
- create and maintain a current and relevant radiation protection file which includes updated local rules showing the current Radiation Protection Supervisor (RPS) and the new appointment of the Radiation Protection Advisor (RPA).
- carry out audits of the infection control processes in the practice, to identify and address any shortfalls as determined by HTM 01-05. This includes the facilities provided for decontaminating instruments used in dentistry, storage of instruments and materials in the surgeries to protect them from contamination, and safe transportation of instruments coming from another practice for decontamination.
- ensure that the recommended procedures contained in the Legionella risk assessment are being carried out and logged appropriately.
- take action in response to the fire risk assessment.
- store patient records securely and retain them for an appropriate period of time.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider should make improvements:

The provider should

- carry out an assessment of the premises in accordance with the Disability Discrimination Act 2005.

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?

Staff used the correct processes and equipment to decontaminate instruments used in dentistry but the facilities provided for this process were not fully in accordance with professional guidance and neither was transportation of some instruments. Infection control procedures had been audited to ensure that practices were being followed in line with current legislation but the audits had failed to identify shortfalls.

The team were trained to deal with medical emergencies and dentists followed best practice in prescribing medicines.

Not all risk assessments had been carried out rigorously or had action taken in response. There was no system to record and share learning from accidents or untoward incidents.

Are services effective?

The dentists provided dental care in accordance with current best practice. Records showed that patients had been presented with treatment options and given consent forms which they had signed. Patients' care and treatment achieved good outcomes, promoted a good quality of life and was evidence-based where possible.

Patients told us they found their dentist good, efficient and helpful with preventative measures. Patients' records showed that guidance provided by the Department of Health (DOH) for delivering better oral health had been implemented. Smoking cessation advice, oral cancer advice and general health issues were discussed with patients and recorded in the clinical records.

Are services caring?

Patients told us they were very happy with the treatment they received at this practice. Typical comments included tributes to the thorough and appropriate treatment patients had received and the helpfulness and friendliness of staff. Patients said that staff and dentists were professional and caring and they had not been kept waiting.

Patients told us they found their dentist and all staff to be excellent. They had been given good explanations about their treatment and their oral care afterwards.

Are services responsive to people's needs?

Feedback we received regarding this dental practice was very positive. The practice had dedicated time slots for emergencies each day. A patient who had contacted the service at 8:40am on the morning of our visit for an emergency appointment was seen at 10am. They had been pleased to be provided with emergency treatment speedily and very pleased with the service and the friendly staff.

The practice had made other arrangements for patients who needed a wheel chair and were directed to another branch in the Den group which was accessible but was not in Exeter. At the Clock Tower Dental Practice no treatment rooms were on the ground floor.

Patients told us they were able to get appointments in good time and at times that suited them. Some patients reported problems about access to the practice by phone. Another telephone line was due to be introduced on 19 January 2015. It was not clear whether this would be sufficient to provide an acceptable level of telephone access to both practices or whether further management decisions were required.

Complaints were managed carefully and responded to within the given time.

Summary of findings

Are services well-led?

The registered manager gave the mission statement as treating patients with respect and dignity and we saw the team putting this into action. Staff told us the team had worked well together to support each other since the previous managers had left. Two team meetings had been held in early January.

Meetings for monitoring and support were not called regularly and were not always minuted. Appraisals of performance had been carried out in February 2014 by the previous management, but no appraisals had taken place or been booked into the diary since then. Dental nurses said they had received good support from the dentist they regularly worked with.

Clock Tower Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by the CQC.

- This practice was inspected on 15 January. The team consisted of a CQC lead inspector and a Specialist Dental Advisor.
- Before the inspection we reviewed feedback received from Healthwatch and comments that patients had made through the CQC website.
- We interviewed all dentists and staff on duty on the day of this inspection, toured the premises and looked at policies, staff records and other documents in relation to the running of the practice.
- We met with three patients in the waiting room, three dentists, three dental nurses, two reception staff and the registered manager.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Learning and improvement from incidents

The practice did not have a procedure to review accidents and significant events or a process to record whether anything could have been done differently, whether there was any learning to share with the team, and how this would be shared.

Three accidents had been recorded in the past year. Two were sharps injuries to staff. Which had not been recorded as significant events. The practice manager reported each to the Occupational Health department, who phoned the patient to check whether there were any additional risk factors. As a result of the third accident, staff took action to ensure a patient would receive care and support.

The registered manager had called a team brief at the end of the day when there had been an occurrence, but this was not recorded or shared with any members of the team not present. No significant events had been recorded since 2013.

Reliable safety systems and processes (including safeguarding)

Staff had received on-line training in child protection and safeguarding vulnerable adults. They understood the importance of communicating together as a team, and when necessary to be prepared to report events outwards. Contact details were available for the multi-agency safeguarding hub should staff need to raise an alert.

Infection control

The practice was clean and well maintained, and this was confirmed by the three patients we interviewed. Patients who responded to a recent satisfaction survey considered the practice to be a clean and safe environment.

There was a suitable policy for infection prevention and control (IPC) which had been reviewed in March 2014 by the registered manager. She took the lead role, to monitor the quality of IPC and keep staff training up to date. She had attended training to support this role. The IPC policy covered personal protective equipment (PPE), minimizing blood borne virus transmission, decontaminating instruments used in dentistry, hand hygiene, clinical waste and environmental cleaning. The phone number was given for the company who carried out environmental cleaning in the practice under contract. The IPC policy gave guidance to staff on what to do in the event of an inoculation (sharps) injury and gave the contact details for Occupational Health, who were contacted following any such accident. Information giving guidance to staff on what to do in the event of a needlestick injury was displayed in the treatment rooms in the form of a flow chart.

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections when processing dental instruments to be reused. The nurse showed us the decontamination process, which involved scrubbing instruments in a bowl within one sink, then putting them into the ultrasonic cleaner. She then immersed them in a bowl in the second sink to rinse. They were then checked using an illuminated magnifier, and if visibly clean, put into the washer disinfector. After this cycle, they were checked again then put into the autoclave to be sterilised. Following decontamination the instruments were correctly bagged, dated and stored.

This process was in accordance with the guidance. However, the flow of work was not consistently in one direction, which would reduce any risk of recontamination and the boundary between the clean and dirty areas was not clear. The air extractors were not sited to draw contaminated air away from the area where sterilised items were taken out of the autoclave. Flooring and work tops were clean and in good condition but there were gaps under the cupboards which meant the edges of the flooring could not be easily cleaned.

Instruments from another dental practice within the company were brought to the Clock Tower Dental Practice to be decontaminated. The records required by the HTM 01-05 such as to allow each movement to be traced and if necessary audited, were not provided.

Audits of the decontamination system had been carried out every six months in accordance with guidance in HTM 01-05, but had failed to identify these shortfalls. This demonstrated a lack of understanding of the purpose of auditing.

Are services safe?

Personal protective equipment (PPE) was available to all staff and worn appropriately. Staff on arriving at work were provided with lockers and a changing room where they could change and wear appropriate PPE.

In treatment rooms we saw small items of equipment that were stored openly, where they could be contaminated by aerosol. This included matrix bands, dental burs and cotton wool rolls. Some items had been delivered in sealed wrappings, but dentists had unwrapped them and put them into open boxes in the drawers, for easy access during surgery so they were not kept safe from contamination. The provider should review with all clinical staff the appropriate layout of small items of equipment in the treatment room.

Staff had undertaken hand washing training which had been logged, and appropriate protocols were seen to be in place. Above each sink we observed posters reminding staff re the hand washing policy.

Clinical waste was stored safely and disposed of legally. Non-clinical waste had accumulated at the rear of the premises, exposed to the elements.

A Legionella risk assessment had been carried out at the practice. However, the regular checks that had been recommended, to ensure continued safety, had not been carried out.

Equipment and medicines

All dental materials and medications were safely and securely stored and prescription pads securely locked away. Dentists had attended suitable courses with respect to prescribing antibiotics. The audit of the patients' dental records evidenced that national guidance and best practice was being followed when prescribing medication to patients. Discussions with the three dentists confirmed that this was usual practice.

Documents showed that equipment had been maintained and serviced, for example, the pressure vessels (compressors and autoclaves) were serviced and checked annually. Validation of the decontamination equipment was recorded and logged manually for every cycle. All maintenance logs were seen to be in date for all the decontamination equipment.

Monitoring health & safety and responding to risks

Two staff were trained as fire marshals and had led staff in fire drills. Fire extinguishers had been serviced.

A fire risk assessment had been carried out and was due for review in the month following this inspection. Shortfalls had been identified in respect to strips on fire doors and confirmation was needed as to which doors were fire doors. This had not been actioned. The fire hydrant needed to be located as staff did not know where it was.

Medical emergencies

Medical emergency training and cardiopulmonary resuscitation (CPR) were up to date as outlined by the resuscitation council. The medical emergency medicines kit was checked weekly, and we found all were in date and the contents of the kit were in accordance with the British National Formulary (BNF). A protocol was seen, which ensured that the various medicines in the kit were regularly checked and kept up to date. The medical emergency oxygen cylinder was examined and protocols and policies evidenced to ensure the equipment was maintained correctly. All staff had been trained the use of the automatic external defibrillator (AED) and servicing documents were observed. Evidence was seen that all staff regularly participated in medical emergency training and fire drills ensuring staff knew how to respond to an emergency.

The medical emergency kit was stored in the room used for decontaminating instruments, while the guidance is for decontamination processes to be separated from other activities. There was a sign on the door giving the alert for oxygen and the AED.

Three staff were qualified first aiders but one of these was not always on duty and no arrangements were in place to provide cover.

Staff recruitment

The practice had a suitable list of the documents that must be gathered during the recruitment process. We saw on staff files that references had been gathered from previous employers and that immunisation histories were recorded. The registered manager supplied us with the criminal record bureau (CRB) numbers of all current staff, showing that checks had been made to assure patients safety at the time of their appointment. The practice manager said they used the internet to gather feedback about each performer.

Are services safe?

Unqualified dental nurses were enrolled on a training course when they took up their post. One recently recruited nurse showed us they had been given a contract, policies, and training on child protection.

A new dentist was in the process of being recruited at the time of our visit. We saw that in this case the recruitment process was unclear. The candidate had brought a Disclosure and Barring Service (DBS) clearance from a previous employer. The practice manager had requested a reference from the current employer and met with the dentist to look round the practice. A director of Oasis Dental Care had conducted a clinical interview by telephone and a member of the group had conducted an interview in person. The only document currently on the file of the recruit was a contract.

Radiography (X-rays)

We inspected the intra-oral X-ray machines in each of the clinical treatment rooms and the central OPG machine. This is an orthopantogram, which gives a panoramic view of the jaws, teeth and surrounding tissues. We noted local rules had been posted for each X-ray set as required by the regulations that relate to radiography. The radiation protection supervisor (RPS) for the practice was named on the local rules as a dentist who no longer worked at the practice. The practice manager told us that the new management had asked a dentist to take on this role. A radiation protection advisor (RPA) had been appointed, as required by IR(ME)R. However, the contract with the RPA was due to expire within five days.

We saw all dentists had received appropriate training in radiology as required by the General Dental Council (GDC). Each dentist showed us the X-rays they had taken and which were part of the patient electronic health record as all X-rays taken were digital. The dentists demonstrated that justification, quality assurance and reporting on each radiograph was recorded in the patient records. X-rays were only taken when clinically necessary by suitably qualified dentists and the findings in each radiograph were acted upon. However, the provider had not carried out a regular audit of all X-rays taken in the practice as required by the IR(ME)R 2000 regulations.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

Records showed that patients had been presented with treatment options and given consent forms which they had signed. Staff scanned these into the electronic clinical records. Patients we spoke with also said they gave both verbal and written consent to their treatment.

We saw evidence in the patient's records of the use of the NHS form FP17DC06 which is a contractual requirement for NHS band 2 and 3 cases showing that patients had informed choices regarding their dental treatment. The dentist explained what needed to be done, then the nurse explained the treatment plan and fees. The patient was then asked to sign and date the plan. Verbal consent was recorded in the patient notes.

Dentists were aware of the implications of the Mental Capacity Act 2005 and its relevance to consent. The dentists understood the use of Fraser guidelines for assessing young persons' capacity for giving informed consent. Staff told us of their experience of providing options for patients who may not have capacity to give informed consent. If there was any doubt they discussed treatment options with the carer, if appropriate. They would not give the treatment on the same day if it was not urgent but would advise the patient to come back, so they had time to think about it.

Monitoring and improving outcomes for people using best practice

Patients' dental records were accurate and fit for purpose. We looked at an audit carried out for a number of cases treated by each dentist. We saw that the patient records contained full and contemporaneous notes as required by the GDC 'Standards for the Dental Team'. The standard of record card keeping followed current best practice. Patient records contained detailed treatment plans and signed consent forms. Medical histories were taken, including a warning card about health risks. We saw evidence that medical histories were updated for each course of treatment. A protocol was in place to flag up medical alerts to protect both staff and patients. In the event of a medical emergency staff had access to all relevant medical information about each patient.

Patients' records showed that NICE guidance relating to dentistry including recall intervals, antibiotic prescribing, and decisions in relation to wisdom teeth, had been implemented. Dentists were providing dental care which followed current best practice guidance and this was demonstrated by the clinical record card audit. Record cards were maintained at a high standard.

Dentists demonstrated they kept their continuing professional development (CPD) training up to date. The practice allowed them five study days per year. One dentist advised they had just completed an MSc in restorative dentistry. The dentists were providing dental care in accordance with current best practice.

Working with other services

Dentists were making referrals to other providers appropriately. Referral letters and response and follow-up from the other services were recorded, showing that these happened in a timely way and progress was monitored.

Health promotion & prevention

Patients' records showed that guidance provided by the DOH for delivering better oral health had been implemented. Smoking cessation advice, oral cancer advice and general health issues were discussed with patients and recorded in the clinical records. Patients told us they found their dentist good, efficient and helpful with preventative measures.

Staffing

The registered manager was maintaining the service through a period of change of dentists and staff. She worked in conjunction with the other six practices in the Den Dental group to cover for absences and maintain a safe service. The registered manager described proposals for succession management within the practice and awaited confirmation by senior management to make progress.

This practice took phone calls and carried out the decontamination of instruments for one of the other practices. That practice had been small and part time, but had developed into a five day per week service and was making increased demands on the Clock Tower Dental Practice.

Two nurses had just started on their professional training. They told us they had been well supported by the dentist

Are services effective?

(for example, treatment is effective)

with whom they normally worked and were confident in what they did though not always knowing the reason for it. A third nurse told us they were keen to train and progress their career.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients told us they were very happy with the treatment they received at this practice. Typical comments included tributes to the thorough and appropriate treatment patients had received and the helpfulness and friendliness of staff. Patients said that staff and dentists were professional and caring and they had not been kept waiting. They said their entire family came and that they would recommend the practice.

The receptionists greeted patients on arrival and we saw throughout our visit that they were treated professionally. We observed in the clinical areas both the dental nurse and dentist engaging well with their patients.

The consent policy and information governance (IG) policy were available in the waiting room for patients to read, so they could be assured they would be consulted before treatment and their records were managed safely.

Involvement in decisions about care and treatment

Patients told us they found their dentist and all staff to be excellent and they were always treated with dignity and respect. They had been given very good explanations about their treatment and their oral care afterwards and they felt fully informed. We saw evidence in the records that patients were given information to enable them to make a choice regarding their dental treatment. Patients were also given written options regarding their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Feedback we received regarding this dental practice was very positive. The practice had dedicated time slots for emergencies each day. We received a comment card from a patient contacted the service at 8:40am on the morning of our visit for an emergency appointment and was seen at 10am. They had been pleased to be provided with emergency treatment speedily and very pleased with the service and the friendly staff.

The registered manager showed us the on-going patient satisfaction survey. She explained that feedback from these forms was analysed and changes to be made discussed at minuted staff meetings.

Access to the service

At the front entrance there was one step, then a path with a hand rail leading to the front door. There was a bike rack. Three steps lead to the front door. Patients who needed a wheel chair were directed another branch within the Den Dental group, as it was wheelchair accessible. At the Clock Tower Dental Practice no treatment rooms were on the ground floor. There was a toilet for patients, but no grab rail was fitted. There was no hearing loop, that could help patients who use hearing aids. The dentist or nurse called for patients, when the time came for their appointment, from the treatment rooms upstairs.

In the waiting room there were soft vinyl sofas and also two chairs with arms which are easier for patients who have mobility problems. No assessment of the premises had been commissioned in accordance with the Disability Discrimination Act.

The practice opening times and phone number could be seen from outside when the practice was closed. Information about the out of hours service was displayed in the lobby where it would not be visible when the front door was locked, but it was on the practice's answer phone message.

Patients found they were able to get appointments in good time and at times that suited them. Some patients reported problems getting through to the practice by phone. We found this could take twenty minutes, held on a line with charges accruing. Two phone lines had been added, making three altogether. This practice provided practical and administrative support to a smaller branch in the same group. That service was growing, and was now open five days per week. All phone calls came to the Clock Tower putting increasing pressure on an already busy system. Another telephone line was due to be introduced on 19 January. It was not clear whether this would be sufficient to provide an acceptable level of telephone access to both practices or whether further management decisions were required.

Concerns & complaints

The complaints policy was displayed in the waiting area. It informed patients they could take their complaint to the registered manager or to NHS England. If you complained to the practice it would be acknowledged in three days and would be dealt with either by the registered manager or the group co-ordinator. The notice displayed in the waiting room said staff would tell you about the ombudsman if you were not satisfied with the local resolution. There was a leaflet for patients available to support anyone needing to make a complaint.

The registered manager showed us the practice complaints policy and demonstrated how it was implemented. Complaints were recorded on the computer system and 'tracked' to ensure full resolution of any complaint received. We followed three individual complaints from the day each had been received to evidence the process was working. The registered manager explained she had a policy of trying to resolve any patient issues in person to reduce the possibility of a formal complaint proceeding.

Are services well-led?

Our findings

Leadership, openness and transparency

Oasis Dental Care took over in October 2014 and although two representatives had visited, there was no evidence that consistent management support and direction were provided. There was a lack of clarity within the staff group about the implications of the acquisition. Staff told us the team had worked well together to support each other since the previous managers left. The last meeting called by the previous management of Den Dental Group Practices was in August 2014. Two team meetings had been held in early January 2015.

The registered manager gave the mission statement as treating patients with respect and dignity and we saw the team putting this into action. GDC principles were displayed in waiting room along with Den Dental policies on confidentiality, data protection, equality and diversity and patient safety to advise patients on the high standards to which they worked.

Governance arrangements

Under the previous ownership the practice had a contract with an on-line consultancy on health and safety, human resources and employment law but this was no longer available within the practice. Staff said Oasis Dental Care had told them they would provide a hub intranet but this had not been actioned and staff had no current access to guidance.

Meetings for monitoring and support were not called regularly and were not always minuted. Appraisals of performance had been carried out in February 2014 by the previous owners, but no appraisals had taken place or been booked into the diary under the new management.

Action had not been taken in response to the fire risk assessment or the Legionella risk assessment. The infection control audits which had been carried out had failed to identify shortfalls with regard to decontamination facilities or the safe transportation of contaminated instruments. No assessment had taken place in respect to the quality of X-rays or accessibility of the premises under the Disability Discrimination Act.

Patients' computerised dental records were accurate and fit for purpose. The computer records were password protected. We checked the record cards for a number of cases treated by each dentist. The standard of record card recording followed current best practice.

We saw certificates showing that staff had received training on information governance. However, management of the remaining paper records was not good. Completed NHS forms, awaiting scanning, were kept in an unlocked filing cabinet behind the receptionists' desk. Archived patient records were kept in a locked shed, along with invoices and patient declaration forms. They were in unlocked filing cabinets. Lab work and confidential waste were also stored openly in this shed. None of these items were safe from flood or fire damage and confidentiality was not securely protected. Digital X-rays were adopted in 2009. The old X-ray films had been stored in an external shed. They had been damaged and were then destroyed.

Management lead through learning and improvement

We were shown certificates in the staff files that demonstrated staff had attended appropriate training for their role. The registered manager showed us their system for recording training that had been attended by staff working within the practice. This showed that the registered manager ensured that all relevant training was attended so that staff were working within their sphere of competency. There were practice meeting records showing regular 'in house' training covering a wide variety of topics. The three dentists on duty during this visit said the organisation supported their individual continuous professional development (CPD) and had given them all protected learning time to ensure they kept up verifiable CPD as determined by the GDC. One dentist had been given extra time off work to gain an MSc in restorative dentistry. This demonstrated that the provider had supported the staff to deliver care and treatment safely and to a high standard.

An unqualified nurse told us they had received training on information governance, safeguarding, fire, health and safety and knew where the policies were. They had attended lectures on infection control and health and safety, law and ethics. When working with the dentist, they took notes of treatment and wrote them up. They had a three month probationary assessment to confirm their

Are services well-led?

appointment. An experienced dental nurse said they had received good support throughout the time they had been working at this practice, from the dentist they regularly worked with.

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 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision Regulation 10 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010; Assessing and monitoring the quality of service. How the regulation was not being met: The registered person was not protecting people who use services and others against the risk of unsafe treatment, because; The providers had not · provided a system of clinical governance and audit including learning from significant events; · taken action to address shortfalls identified in the fire risk assessment; · carried out an assessment in accordance with the Disability Discrimination Act; · created and maintained a current and relevant radiation protection file including updated local rules showing the current Radiation Protection Supervisor (RPS) and the new appointment of the Radiation Protection Advisor (RPA); · audited the quality of X-rays. This is in breach of regulation 10 (1)a&b (2)b iv

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010; Cleanliness and infection control. How the regulation was not being met; The registered person had not, so far as reasonably practicable, protected people who use services and others against the risks associated with exposure to a health care related infection arising from carrying on the regulated activity, because; The providers had not · ensured there was a clear demarcation between the clean and dirty zones in the decontamination unit and that the air extractors were correctly positioned as outlined in publication HTM 01-05 second edition March 2013. · sealed the edges of flooring in the decontamination unit. · ensured that the recommended procedures contained in the Legionella risk assessment were being carried out and logged appropriately. · ensured that guidance for safe transportation of decontaminated instruments from another dental practice was correctly followed as outlined in HTM;01-05, para 2.29 – 2.31. This is in breach of regulation 12(1) a&b (2)cii.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records Regulation 20 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010; Records.

This section is primarily information for the provider

Requirement notices

How the regulation was not being met; The registered person had not protected people who use services and others against the risks of unsafe or inappropriate care and treatment, because;

The providers had not

· stored securely records of the care and treatment provided or

· retained all records for an appropriate period of time.

This is in breach of regulation 20(2)a&b.