

Dr Qaisar Jaffri

Signature Smiles - Warrington

Inspection Report

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Overall summary

We carried out this announced inspection on 28 June 2018 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 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 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

Signature Smiles - Warrington is in the centre of Warrington and provides NHS and private dental care and treatment for adults and children.

There are steps at the entrance to the practice. Access can therefore be difficult for people who use wheelchairs and for those with pushchairs. Car parking spaces are available near the practice.

The dental team includes three dentists, one of whom is the principal dentist, three dental nurses, of whom two

Summary of findings

are trainees, and one receptionist. The team is supported by a practice manager / compliance manager who is also a qualified dental nurse, and an area manager. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist. 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.

We received feedback from 11 people during the inspection about the services provided. The feedback provided was largely positive.

During the inspection we spoke to two dentists, dental nurses, and the area manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8.30am to 5.00pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- The whole team received training in responding to medical emergencies. Most of the recommended medical emergency medicines and equipment was available.
- The provider had systems in place to manage risk. Systems in relation to the checking of medical emergency equipment, and staff health checks were operating ineffectively.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- The provider had staff recruitment procedures in place. We found that the provider had not carried out Disclosure and Barring Service checks on staff where appropriate.
- Staff provided patients' care and treatment in line with current guidelines.

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The dental team provided preventive care and supported patients to achieve better oral health.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for dealing with complaints. We observed that insufficient information was included in it.
- The practice had a leadership and management structure in place.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.
- The provider had information governance arrangements in place.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure care and treatment is provided in a safe way to patients.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the practice's training protocols to ensure staff are up to date with their essential training and their continuing professional development.
- Review the practice's protocols in relation to the use of closed circuit television to ensure staff and patients are fully informed as to its purpose and their right to access footage.
- Review the practice's complaint handling procedures and ensure sufficient information is included to enable people to complain to other organisations.

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 providing safe care in accordance with the relevant regulations.

The premises and equipment were clean and regularly maintained. Staff followed national guidance for cleaning, sterilising and storing dental instruments.

The provider had a system for receiving and acting on safety alerts. Relevant alerts were discussed with staff and acted on.

We saw that, where appropriate, clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

The provider completed some essential recruitment checks before employing staff. We found that improvements could be made to recruitment procedures.

Staff received training in safeguarding and knew how to report concerns.

The practice had arrangements for dealing with medical and other emergencies. Some of the recommended medical emergency equipment was not available.

We found that the practice had systems in place for the use of X-rays. We saw that recommendations about the level of shielding from X-rays had not been followed-up.

No action



Are services effective?

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

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

The practice had clear arrangements for referring patients to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles.

The practice used closed circuit television for monitoring the waiting and reception areas. They were not displaying sufficient information to inform people about this.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 11 people. Patients were positive about most aspects of the service the practice provided. They told us staff were polite, pleasant and always made every effort to accommodate them at short notice. Patients commented that sometimes there were delays to appointments.

Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist. They said they were given helpful explanations about dental treatment, and said their dentist listened to them.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff treated them with dignity and respect.

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 book an appointment quickly if in pain.

Staff had considered patients' differing needs and put measures in place to help all patients receive care and treatment. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to assist patients who had sight or hearing loss.

The practice took account of the needs of more vulnerable members of society such as people living in local hostels and shelters, and people with drug and alcohol dependence.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. We saw that the complaints procedure did not include sufficient information about other organisations patients could complain to.

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 Actions section at the end of this report).

The provider had arrangements in place to facilitate the smooth running of the service. These included systems for the practice team to monitor the quality and safety of the care and treatment provided. We found that not all these were operating effectively, for example, in relation to the reporting and investigation of significant events and accidents.

There was a clearly defined management structure and staff felt supported.

The practice team kept accurate, complete patient dental care records which were stored securely.

Enforcement action



Summary of findings

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included auditing their procedures and asking for and listening to the views of patients and staff. We saw limited evidence of learning from audits and feedback.

The practice had systems in place to manage and reduce risks. We found a number of these were operating ineffectively, for example, those in relation to staff recruitment checks, radiation protection, and the availability of medical emergency equipment.

Are services safe?

Our findings

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

The practice had safeguarding procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. We saw that this did not contain details of external organisations staff could raise concerns with.

We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

The provider had staff recruitment procedures in place to help them employ suitable staff. These reflected the relevant legislation. We saw that recruitment checks were carried out and most of the required documentation was available. We looked at six staff recruitment records. We saw that no references were available for two staff. We also saw that no Disclosure and Barring Service, (DBS), checks had been carried out prior to the employment of all six staff, including two recently recruited staff. The provider told us that DBS checks were now in progress and the results were awaited. No risk assessments were in place in relation to these staff.

We saw that, where appropriate, clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

The practice had arrangements in place to ensure that facilities and equipment were safe, and that equipment, including electrical and gas appliances, was maintained according to manufacturers' instructions. Records showed that fire detection equipment, such as smoke detectors, was regularly tested, and fire-fighting equipment, such as fire extinguishers, was regularly serviced.

The practice had arrangements in place for carrying out X-ray procedures. We saw that the initial X-ray test and

installation reports contained details of recommended actions; namely discussing the level of shielding with the practice's Radiation Protection Adviser. We were told these had not been carried out. The provider kept a radiation protection file containing most of the required information. We observed that the working instructions relating to each X-ray machine did not contain sufficient specific information in relation to restrictions on aiming the X-ray beams.

We saw that the dentist justified, graded and reported on the X-rays they took. Staff carried out radiography audits following current guidance and legislation.

Where appropriate, clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks. We saw that the practice had put in place insufficient measures to reduce some of the risks identified in the assessments.

The practice followed relevant safety regulations when using needles and other sharp dental items. A sharps risk assessment had been undertaken and this was reviewed annually. We observed that the provider had not taken all reasonably practicable measures to reduce the risks in relation to the use of sharps, for example, had not introduced a 'user only' dismantles and disposes of all used sharps policy.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw the result of the vaccination had not been checked for three members of clinical staff. One member of clinical staff was part way through the vaccination course therefore the result was as yet unknown. No risk assessments were in place in relation to these staff working in a clinical environment.

The provider arranged training for staff in responding to medical emergencies and life support every year. We observed that some of the staff were unsure how to use one of the medical emergency medicines. The practice

Are services safe?

had most of the medical emergency equipment and medicines available as recommended in recognised guidance with the exception of a child sized self-inflating bag, a set of oro-pharyngeal airways and oxygen masks for the adult and child self-inflating bags. Staff carried out, and kept records of, checks to make sure the medicines and equipment were available, within their expiry dates and in working order. We saw that one of the medicines was stored in a refrigerator the temperature of which was not monitored. The provider created a log for staff to record the fridge temperatures after the inspection. We saw evidence of this.

The provider had current employer's liability insurance.

A dental nurse worked with each of the dentists when they treated patients.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These followed the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), guidance published by the Department of Health. Staff completed infection prevention and control training regularly.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in accordance with the manufacturers' guidance.

The provider had had a Legionella risk assessment carried out at the practice in accordance with current guidance. The practice had procedures in place to reduce the possibility of Legionella or other bacteria developing in the water systems, for example, water temperature testing and the management of dental unit water lines.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

Staff ensured clinical waste was segregated and stored securely in accordance with guidance.

The practice carried out infection prevention and control audits twice a year.

Information to deliver safe care and treatment

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at several dental care records to confirm what was discussed and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely.

We saw the provider had arrangements to ensure staff asked patients if their personal information, such as telephone numbers, was still valid.

Medical histories were updated at every patient attendance.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

Safe and appropriate use of medicines

The practice had systems for the appropriate and safe handling of medicines.

The provider had a stock control system for medicines stored at the practice. This ensured that medicines did not exceed their expiry dates and enough medicines were available when required.

The practice had systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as recommended in current guidance.

Track record on safety

The provider had some procedures in place for reporting, investigating, responding to and learning from incidents, accidents and significant events. Staff described several incidents which had taken place at the practice. These had been informally discussed but they had not all been investigated and reported to share learning and prevent recurrence.

We saw details of a number of accidents involving used sharps recorded in the practice's accident book. It was unclear from these records whether appropriate action had been taken following the accidents. One used sharps accident involving a trainee dental nurse had not been recorded. Staff explained to us what action had been taken.

The provider had a system for receiving and acting on safety alerts. The practice received national medicines and

Are services safe?

equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. Relevant alerts were discussed with staff, acted on and stored for future reference.

Lessons learned and improvements

Staff confirmed that learning from some incidents and complaints was shared with them to help improve systems at the practice and to prevent recurrences.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentists assessed patients' care and treatment needs in line with recognised guidance. We saw that they delivered care and treatment in line with current legislation, standards and guidance.

Helping patients to live healthier lives

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentist told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them, and discussed smoking, alcohol consumption and provided dietary advice to patients during appointments.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they 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 can consent for themselves in certain circumstances. 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 where appropriate and made sure they had enough time to explain treatment options clearly.

The provider had installed a closed circuit television system, (CCTV), in the reception and waiting room and at the entrance to the practice. We saw that notices were displayed to inform people that CCTV was in use to protect

the premises but the provider had not displayed any information to make patients aware of their right of access to footage which may contain their images. The provider assured us this would be addressed.

Monitoring care and treatment

The dentists kept detailed dental care records containing information about patients' current dental needs, past treatment and medical histories.

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

Effective staffing

Dental nurses and reception staff new to the practice completed a period of induction based on a structured induction programme. Newly recruited dentists did not have a formal induction.

Staff told us the practice provided support and training opportunities to assist them in meeting the requirements of their registration, and with their professional development. The provider had a limited system in place for monitoring staff training. Some of the staff were unsure as to how to use the emergency adrenaline and told us this had not been covered in their training.

Staff told us they discussed 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 specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

The practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections.

The practice tracked the progress of all referrals to ensure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

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

Patients commented positively that staff were caring, gentle and helpful. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients told us they could choose whether they saw a male or female dentist.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

The layout of the reception and waiting areas provided limited privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other

patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

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 current guidance.

- Interpreter services were available for patients whose first language was not English.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentist described to us the conversations they had with patients to help them understand their treatment options.

The practice's information leaflet provided patients with information about some of the treatments available at the practice.

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 take account of patients' needs and preferences.

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

The practice took account of the needs of more vulnerable members of society such as people living in local hostels and shelters, and people with drug and alcohol dependence. Staff had formed working relationships with the shelter and hostel managers to improve patient access to and attendance at dental appointments.

The provider had recently carried out a disability access audit and had formulated an action plan in order to review and improve access for patients.

The practice had considered the needs of different groups of people, for example, people with disabilities and limited mobility and put in place reasonable adjustments, for example, a call bell, handrails to assist with mobility, and an accessible toilet.

The practice had limited access to wheelchair users due to steps at the entrance to the practice. Staff provided assistance to patients should they wish so. Staff provided information on nearby practices which were accessible.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, appointments could be arranged by email.

Larger print forms were available on request, for example, patient medical history forms.

Timely access to services

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

The practice's appointment system took account of patients' needs. We saw that the dentists tailored

appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Staff made every effort to keep waiting times and cancellations to a minimum. Patients told us they had enough time during their appointment and did not feel rushed.

The practice had appointments available for dental emergencies and staff made every effort to see patients experiencing pain or dental emergencies on the same day. A number of appointments were also available on a daily basis for patients who did not routinely attend a dentist.

The practice's information leaflet and answerphone provided telephone numbers for patients who needed emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily.

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 complaints policy providing guidance to staff on how to handle a complaint. Information on how to make a complaint was displayed for patients. We observed that no information was included about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. The practice manager aimed to settle complaints in-house.

We looked at comments, compliments and complaints the practice had received. 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

Leadership capacity and capability

The practice leadership team included the support of an area manager and a compliance manager who also acted as the practice manager.

The practice leaders were visible and approachable. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The practice had a business continuity plan describing how the practice would manage events which could disrupt the normal running of the practice.

Vision and strategy

The practice had a vision and set of values. Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The provider had a strategy in place for delivering the service. The practice planned its services to take into account the needs of the practice population.

Culture

Managers and staff demonstrated openness when responding to incidents and complaints. Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they were confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice held occasional meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Governance and management

The practice had systems in place to support the management and delivery of the service. Systems included policies, procedures and risk assessments to support good governance and to guide staff. The provider told us most

policies and procedures were formulated by the provider's head office. We saw that these were not all consistently reviewed to ensure they were up to date with regulations and guidance.

We saw the practice had systems in place to monitor the quality of the service and make improvements where required. We saw the provider's systems for reporting, investigating and learning from significant events and accidents were operating ineffectively.

The practice had some systems in place to ensure risks were identified and managed, and had put some measures in place to mitigate risks. We saw that some systems were operating ineffectively, including

- systems relating to staff Hepatitis B vaccinations. We saw policies made reference to checking the results of these. Staff records we looked at did not confirm that this was done. No assessment had been made for situations where staff were not appropriately protected from the virus or were awaiting the vaccination result. After the inspection the provider created a blank template risk assessment. We saw evidence of this template.
- checking of medical emergency equipment. The provider's systems included checklists to guide staff carrying out routine checks on medical emergency equipment and medicines. Checks had not identified that some items of recommended equipment were not available. The provider had considered appropriate storage conditions for some of the medicines. We saw some conditions were not monitored. After the inspection the provider created a blank template for monitoring of refrigeration storage conditions. We saw evidence of this template.
- systems relating to Disclosure and Barring Service checks. The provider had identified that these would be carried out as part of the practice's staff recruitment processes. Staff records we looked at did not confirm that this was done. No assessment had been made for situations where the provider did not consider these checks appropriate or where the results of the checks were awaited. After the inspection the provider created a blank template risk assessment. We saw evidence of this template.

The provider had not put in place all reasonably practicable measures to reduce risks at the practice, for

Are services well-led?

example, there was no formal induction process in place for newly recruited dentists, radiation shielding had not been discussed with the Radiation Protection Adviser, and the sharps risk assessment had not identified risks from all types of used sharps.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff had additional roles and responsibilities, for example, a lead role for infection control. We saw staff had access to supervision and support for their roles and responsibilities.

There were processes in place for managing performance issues.

Appropriate and accurate information

The practice acted appropriately on information.

The practice 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

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

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used. A summary of patient survey results was displayed in the reception area for patients to read.

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

Continuous improvement and innovation

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of dental care records, X-rays and infection prevention and control. Staff kept records of the results of these. We observed that these did not include learning points where appropriate.

We saw limited evidence of learning from complaints, incidents, audits and feedback.

Staff had annual appraisals, which helped identify individual learning needs. The clinical staff told us they completed continuous professional development in accordance with General Dental Council professional standards. Staff told us the practice provided support and encouragement for them to do so.

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>How the regulation was not being met</p> <ul style="list-style-type: none">• The registered person did not have medical emergency equipment available at the practice as recommended in the Resuscitation UK guidance, namely a child sized self-inflating bag, oro-pharyngeal airways, and oxygen masks for the adult and child self-inflating bags. The emergency glucagon was stored in a refrigerator of which the temperature had not been monitored.• The registered person had not carried out Disclosure and Barring Service, (DBS), checks for six staff until after they had started work at the practice. No risk assessments were in place in relation to these staff working in the practice whilst awaiting the DBS check results.• The registered person had critical examination and acceptance testing carried out at installation for both X-ray units. The registered person had not raised the issue of adequate shielding during X-ray procedures with the RPA as recommended in the reports. No risk mitigation in relation to the above had been included in the local rules, specifically the working instructions, for each X-ray machine.• The registered person had not checked the result of the Hepatitis B vaccination in three members of clinical staff. One member of clinical staff was part way through the vaccination course. No risk assessments were in place in relation to these four staff working in a clinical environment. <p>Regulation 12 (1)(2)</p>

Regulated activity	Regulation
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Enforcement actions

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 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

How the regulation was not being met

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The registered person had limited processes in place for reporting, investigating and recording accidents and significant events, to encourage learning and prevent recurrence.

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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- The registered person's system for checking that medical emergency equipment was available as recommended in the Resuscitation UK guidance was not operating effectively as some items were not available at the practice.
- The registered person's process for checking the effectiveness of the Hepatitis B vaccination in staff was not operating effectively.
- The registered person did not carry out inductions for newly recruited dentists.

Enforcement actions

- The registered person did not carry out Disclosure and Barring checks, where relevant, for new staff prior to them commencing work at the practice.
- The registered person had not effectively assessed, monitored and mitigated the risks in relation to radiation protection.
- The registered person had not taken all reasonably practicable measures to reduce the risks in relation to the use of sharps.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- The registered person was not adhering to all the policies and risk assessments, for example, the sharps risk assessment and infection control policy mentioned that the practice would hold records of staff seroconversion in relation to Hepatitis B but this information was not held for all relevant staff.

Regulation 17 (1)(2)