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Digmoor Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 24 January 2020 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 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

Digmoor Dental Practice is in a residential suburb of Skelmersdale. The practice provides NHS and private dental care for adults and children.

There is level access to the practice for people who use wheelchairs and for people with pushchairs.

Car parking, including for people with disabilities, is available outside the practice.

The dental team includes two dentists, a dental hygiene therapist, four dental nurses, two of whom are trainees, and one receptionist. The dental team is supported by a practice manager and assistant practice manager. The practice has two treatment rooms. The provider had appointed a registered manager.

Summary of findings

The practice is owned by an individual who is the practice manager there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Digmoor Dental Practice is the practice manager.

On the day of the inspection, we collected 41 CQC comment cards.

During the inspection we spoke to a dentist, the dental hygiene therapist, dental nurses, receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 9.00am to 5.00pm

Friday 9.00am to 4.00pm.

Our key findings were:

- The practice was visibly clean.
- The practice had infection control procedures in place which staff followed. These did not take account of some aspects of current guidance.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available.
- The provider had staff recruitment procedures in place. These were not consistently followed.
- Staff provided patients' care and treatment in line with guidance.
- The dental team provided preventive care and supported patients to achieve better oral health.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for handling complaints. The practice dealt with complaints positively and efficiently.
- The practice had a leadership and management structure.
- The provider had systems in place to manage risk. Oversight of risk was not effective.
- Staff felt involved and supported and worked as a team.
- The provider had systems to support the management and delivery of the service, to support governance and to guide staff. Several of these systems were not operating effectively.
- The practice asked patients and staff for feedback about the services they provided.

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.
- Ensure specified information is available regarding each person employed.

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

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

- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Take action to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Staff should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Take action to ensure the use of X-ray equipment on the premises is registered with the Health and Safety Executive.

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?	**Enforcement action**
Are services effective?	**No action**
Are services caring?	**No action**
Are services responsive to people's needs?	**No action**
Are services well-led?	**Enforcement action**

Are services safe?

Our findings

We found that this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action, (see full details of this action in the Enforcement Actions section at the end of this report). We will follow up on our concerns to ensure they have been put right by the provider.

The impact of our concerns, in terms of the safety of clinical care, is minor for people using the service. Once the shortcomings have been put right the likelihood of them re-occurring is low.

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

The practice had safeguarding policies and 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.

Staff had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within their dental care records.

We saw that the qualified clinical staff were registered with the General Dental Council and, with the exception of one member of staff, had professional indemnity in place to ensure means for redress were available for patients should the need arise.

We reviewed the provider's arrangements to ensure standards of cleanliness and hygiene were maintained in the practice.

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

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments. The provider had two instrument sterilisers in use at the practice. We found staff were unclear as to which type of sterilisers the practice had and how to use them and test them in accordance with the manufacturers' and HTM 01-05 guidance.

The provider had had a Legionella risk assessment carried out at the practice in February 2018 in accordance with current guidance. We saw that most of the actions recommended in the report had been completed. We saw evidence of measures put in place by the provider to reduce the possibility of Legionella or other bacteria developing in the water systems, for example, the management of dental unit water lines and water temperature testing.

We reviewed the provider's records of water temperature testing. One of the staff had undertaken Legionella awareness training within the last two years and was carrying out the water temperature testing as recommended in the risk assessment. We saw that most of the hot water temperatures recorded in the months prior to the inspection were significantly lower than the recommended minimum temperature for hot water in healthcare premises.

The provider had carried out a gas safety check at the practice immediately prior to our inspection. The test report noted there was a boiler leak and recommended replacement of the boiler. We observed the provider had not further reviewed the Legionella risk assessment to identify whether there was any impact from this recommendation.

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

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected and patients confirmed that this was usual. We saw some deterioration to cupboard and drawer handles of the cabinetry in one of the treatment rooms which would not support ease of cleaning.

We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance. The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.

Are services safe?

The provider had staff recruitment procedures in place to help the practice employ suitable staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the practice had not followed their recruitment procedure. For four of these staff no references had been obtained prior to employing them. Additionally, for one of these staff no Disclosure and Barring Service, (DBS), check had been completed prior to employment. We were told that a DBS check was currently in progress but no evidence was provided to confirm this.

The provider had carried out a fire risk assessment in compliance with legal requirements. We saw that several recommended actions in the assessment report were identified as high risk, including a fixed electrical installation inspection. Staff were unsure whether this inspection had been carried out. We saw there were fire extinguishers and fire detection systems throughout the practice and fire exits were kept clear. Records showed that firefighting equipment, such as fire extinguishers, was regularly serviced, but staff were unsure whether fire detection equipment, such as smoke detectors was tested to ensure correct functioning.

The provider had arrangements in place at the practice for carrying out X-ray procedures and had most of the required radiation protection information available.

The provider had not registered the use of X-ray equipment on the premises with the Health and Safety Executive.

We were unable to confirm whether any specific recommendations had been made in relation to shielding from X-rays as the provider did not have any relevant information about this, for example, the critical examination and acceptance test reports for the X-ray machines, or advice from the practice's Radiation Protection Adviser.

We saw two X-ray machines were in use at the practice; one in each treatment room. We saw that one of these X-ray machines had undergone routine testing in February 2018. It was noted on the test report that the X-ray machine was unsuitable for its medical radiological purpose. The provider had continued to allow the use of this X-ray machine. We brought this to the attention of the registered manager. The manager immediately removed the machine from use. Following the inspection the provider informed us that arrangements were being made to replace the machine. We were not provided with evidence to confirm this.

One of the X-ray machines was not fitted with the recommended collimation to further reduce the amount of radiation patients were exposed to during the taking of X-rays.

No information was readily available for staff to ensure they were aware of instructions for the safe use of the X-ray machine specific to each machine and room.

The provider informed us that these issues were being addressed but we were not provided with evidence to support this for every issue identified.

We saw that the dentists justified, graded and reported on the X-rays they took.

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 and keep staff and patients safe. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks.

The provider had current employer's liability insurance.

Staff followed relevant safety regulations when using needles and other sharp dental items. The provider had undertaken a sharps risk assessment and this was reviewed annually. We observed that only the dentists were permitted to dismantle and dispose of needles and other sharp items in order to minimise the risk of inoculation injuries to staff. Staff were aware of the importance of reporting inoculation injuries. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury.

The provider carried out checks to verify whether clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw the provider had carried out checks on the effectiveness of the vaccination in staff. We saw that appropriate action had not been taken where the effectiveness was not yet known for two members of staff.

Are services safe?

Staff had completed sepsis awareness training. Prompts to aid staff in the recognition of sepsis were available. This helped ensure staff made timely appointments to manage patients who presented with dental infection and where necessary referred patients for specialist care.

Staff knew how to respond to medical emergencies and completed training in medical emergencies and life support annually.

The practice had medical emergency equipment and medicines available as recommended in recognised guidance. 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.

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

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 dentists how information to deliver safe care and treatment was handled and recorded. We looked at several dental care records with the clinicians 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.

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 a stock control system for medicines. This ensured that medicines did not exceed their expiry dates and enough medicines were available when required.

The practice had systems for prescribing and storing medicines. We saw that prior to their use, NHS prescriptions were not stored as recommended in current guidance.

Track record on safety

The provider had limited arrangements for monitoring the ongoing safety of the service.

Lessons learned and improvements

Staff confirmed that they reviewed incidents to minimise recurrence and improve systems. Significant events and incidents were discussed with staff but no records of these were made for future reference and to prevent re-ocurrence of similar circumstances.

We discussed with staff examples of significant events which could occur in dental practices and we were assured that should one occur it would be reported and analysed in order to learn from it, and improvements would be put in place to prevent re-occurrence.

The provider had a system for receiving and acting on safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. We saw that relevant alerts were shared with staff and acted on but details were not retained for future reference.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. The policy included details of external organisations staff could raise concerns with. Staff told us they felt confident to raise concerns.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The dentists assessed patients' care and treatment needs in line with recognised guidance. We saw that the dentists took into account most of the current standards and guidance when delivering care and treatment. Clinicians were aware of recent guidance relating to gum disease but were not yet following it.

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 dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The clinicians discussed smoking, alcohol consumption and provided dietary advice to patients during appointments.

The practice had a selection of dental products for sale and provided information leaflets to help patients improve their oral health.

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.

Monitoring care and treatment

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

Staff participated in local and national NHS initiatives to improve the oral health of patients.

Effective staffing

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

Staff new to the practice completed a period of induction based on a structured and comprehensive induction programme.

The provider offered support, training opportunities and encouragement to assist staff in meeting the requirements of their registration.

The learning needs of dental nurses and reception staff were identified during annual appraisals and during one-to-one meetings.

Staff had the skills and experience to carry out their roles but we were not provided with evidence to confirm whether some of the clinical staff had updated their knowledge in accordance with the General Dental Council's recommended continuing professional development guidance. We were not provided with evidence of radiography and radiation protection recommended refresher training for one of the clinicians.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to specialists in primary and secondary care where necessary or where a

Are services effective?

(for example, treatment is effective)

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 provider did not track the progress of all referrals to ensure they were dealt with promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

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

Privacy and dignity

The practice team respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of the reception and waiting areas provided limited privacy when reception staff were attending to 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 they would respond appropriately. 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. They were aware of the requirements of the Accessible Information Standard, (a requirement to make sure that patients and their carers can access and understand the information they are given) and the Equality Act.

We saw that:

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

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 dentists described to us the conversations they had with patients to help them understand their treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to take account of patients' needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society.

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

Two weeks before the inspection, CQC sent the practice 50 comment cards, along with posters for the practice to display, encouraging patients to share their views of the service. 41 cards were completed. All the views expressed were positive.

Common themes within the feedback included good explanations of treatment, patients' needs were looked after, staff went out of their way to make life easier for patients, very knowledgeable, professional clinicians, and good access to appointments. We shared these themes with the provider in our feedback.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, information was included in patient care records if they required an interpreter.

The practice had considered the needs of different groups of people including people with disabilities, wheelchair users and people with pushchairs, and put in place reasonable adjustments, for example, handrails to assist with mobility, and step free access.

Parking was available outside the practice.

The whole practice was at ground floor level and was accessible for wheelchairs, including the patient toilet facilities. Part of the reception desk was at a suitable height for wheelchair users.

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, the practice had a hearing induction loop available, and appointments could be arranged by email or text message.

Timely access to services

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

The practice had high numbers of missed patient appointments. The provider and staff made every effort to ensure patients attended their appointments but where they failed to attend, these appointments were made available to other patients who could attend at short notice.

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. Patients who required an urgent appointment were offered an appointment the same day. We saw that the clinicians tailored appointment lengths to patients' individual needs. 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.

The practice had emergency on-call arrangements for when the practice was closed. Patients were directed to the appropriate out of hours service.

The practice's information leaflet and answerphone provided information 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 and were rarely kept waiting for their appointments.

Listening to and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information on how to make a complaint was clearly displayed for patients.

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. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns or should they not wish to approach the practice initially.

We looked at comments, compliments and complaints the practice received within the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action, (see full details of this action in the Enforcement Actions section at the end of this report). We will follow up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

We found the practice leaders had the skills, knowledge and experience to deliver care but were not fully aware of issues or priorities relating to the quality of the service. There was little demonstration of clinical leadership in the practice.

The practice leaders were visible and approachable.

Vision and strategy

The provider had a strategy for delivering patient-centred care and supporting business plans to achieve priorities. The practice planned its services to meet the needs of the practice population.

The provider's strategy included the implementation of a dental team approach to deliver care and treatment at the practice. They did this by using a skill mix of dental care professionals to deliver care in the best possible way for patients.

Culture

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.

Managers and staff demonstrated openness, honesty and transparency 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 worked together as a team and shared responsibility.

Staff told us the practice provided support and training opportunities for their on-going learning, for example, one of the dental nurses was scheduled to attend a lead nurse course in February 2020.

The dental nursing and reception staff had annual appraisals, which helped identify individual learning needs, for example, lead roles were discussed and staff given a choice of these.

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

Governance and management

The provider had systems in place at the practice to support the management and delivery of the service.

Systems included policies, procedures and risk assessments to support governance and to guide staff. These were accessible to all members of staff. We saw that the provider had made provision for regular review.

We saw the practice had limited systems in place to monitor the quality and safety of the service and make improvements where required, for example, in relation to ensuring staff had up-to-date knowledge and skills and in relation to patient referrals.

- We saw the provider had a training matrix in place which identified what staff training was required and when. For employed staff, training needs were identified during appraisals and completed training was identified on the matrix. For self-employed staff, the provider had limited means of identifying their training needs or for monitoring whether or when staff had completed the General Dental Council's, (GDC), recommended continuing professional development, (CPD), to the GDC's CPD recommendations.

We found some aspects of training were ineffective, for example, staff were unsure as to what type of instrument sterilisers the practice had and the correct usage of them. Staff appraisals had not identified this.

- The practice had an ineffective system for tracking patient referrals. We saw there were limited means of identifying which patients had been referred or for identifying significant dates in the referral process.

The provider had systems in place for identifying and managing risk. We found that risk was inconsistently

managed. The provider relied on external organisations to identify risks before they were addressed. We observed that the provider had not taken all reasonably practicable steps to recognise and reduce these risks.

Staff in positions of leadership and responsibility lacked sufficient oversight of risk. We found the following risks had not been identified before the inspection.

- The practice had not sought the advice of their Radiation Protection Adviser in relation to shielding people in the practice from X-rays with a view to reducing unnecessary exposure to X-rays.
- The provider had an ineffective system for monitoring and mitigating risks in relation to fire safety. The fire risk assessment carried out at the practice in April 2019 identified several high, medium and low recommendations for action. The provider had not made any plans to ensure all the recommended actions were adequately addressed.
- The provider had no arrangements in place for assessing, monitoring and mitigating risks to individual staff members where their immunity to the Hepatitis B vaccination was not yet established.
- The provider had an ineffective system in relation to ensuring all staff were registered with the General Dental Council and had appropriate medical indemnity.
- The provider had an ineffective system for responding to and investigating significant events, and for recording action taken in response to such events and safety alerts.

The registered manager had overall responsibility for the management of the practice. The registered manager attended the practice two days a week. The assistant practice manager undertook some responsibilities for compliance with legislation and standards, and shared responsibility for the day-to-day running of the service with the registered manager. Staff had additional roles and responsibilities, for example, a head nurse role. We found that responsibilities and systems of accountability were not fully clear to staff.

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

Appropriate and accurate information

The practice's staff acted appropriately on information. Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. for example, NHS dentist and practice performance information.

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

The provider had arrangements to ensure that notifications were submitted to external bodies where required, including notifications to the CQC.

We saw the provider was not ensuring records relating to staff were maintained securely. Staff information, including Disclosure and Barring Service information and Hepatitis B immunity information, was kept in a file in an unlocked room to which all staff had access to.

Engagement with patients, the public, staff and external partners

The provider encouraged verbal comments to obtain the views of patients about the service. We saw examples of suggestions from patients which the practice had acted on, for example, earlier morning appointments had been requested and the practice had made provision for these in response.

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.

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.

The provider and staff were open to discussion and feedback during the inspection.

Continuous improvement and innovation

The provider had limited systems and processes in place to encourage learning, continuous improvement and innovation.

We saw the practice had some systems in place to monitor the quality of the service and make improvements where required. These included, for example, audits to help the practice identify where improvements could be made. We

Are services well-led?

reviewed the audits of X-rays and infection prevention and control. We found no learning points or action plans had been identified where relevant, to assist the practice in identifying areas in which they could improve.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users **How the regulation was not met** 1. One of the X-ray sets was not fitted with rectangular collimation to reduce the amount of radiation service users were exposed to during the taking of X-rays. 2. The registered person had not clearly identified the surgery 1 X-ray set isolator switch which assists in switching off the X-ray unit quickly in an emergency. 3. The registered person did not have evidence to confirm that one of the X-ray set operators had completed the recommended radiation protection refresher training in line with the General Dental Council's Continuous Professional Development recommendations. 4. The registered person was aware of the Department of Health publication "Decontamination Health Technical Memorandum 01-05: Decontamination in primary care dental practices" but did not take account of the guidance as follows: I. In surgery 1 there was deterioration to some of the cupboard and drawer handles, including the lacquer peeling off, which did not promote effective infection prevention and control. Some of the drawer fronts were missing from the cabinetry in surgery 1.

This section is primarily information for the provider

Enforcement actions

ii. There were two vacuum autoclaves in use at the practice. Staff were unclear as to which type of autoclave the practice had, what type of cycle they were using the autoclaves on, and as to whether there was a need to carry out the routine tests specific to vacuum autoclaves as recommended in Health Technical Memorandum 01-05.

5. A Legionella risk assessment had been carried out at the practice on 9 February 2018. The registered manager had undertaken Legionella awareness training within the last two years and was carrying out the monthly sentinel outlet water temperature testing as recommended in the risk assessment. As the hot water sentinel outlet temperature had been above 50 degrees Celsius, the boiler temperature had been turned down to ensure the hot water temperatures would be less than 50 degrees Celsius, which the company who had carried out the risk assessment had advised was the upper maximum temperature; the correct upper **minimum** temperature for reducing the likelihood of Legionella developing in water systems being 55 degrees Celsius for healthcare premises. The record of temperatures for the hot water sentinel outlet showed all the recordings for the months prior to the inspection to be in the 30s and 40s degrees Celsius.

A gas safety check had been carried out at the practice on 23 January 2020. The test report noted there was a boiler leak and recommended replacement of the boiler. The registered person had not further reviewed the Legionella risk assessment in the light of this.

6. The registered person had a fire risk assessment carried out at the practice on 5 April 2019. Several recommended actions in the assessment report were identified as high risk, including a fixed electrical installation inspection. No evidence was provided to confirm this inspection had been carried out.

7. Two staff members had not completed their Hepatitis B vaccination programme. Both staff assisted with exposure-prone procedures and the manual decontamination of instruments. The registered person had not assessed and mitigated the risks associated with this for these two staff.

This section is primarily information for the provider

Enforcement actions

8. The registered person had not carried out checks to ensure one of the clinicians was registered with the General Dental Council and had appropriate medical indemnity.

Regulation 12 (1)(2)

Regulated activity	Regulation
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 met** 1. Some of the systems or processes that enable the registered person to assess, monitor and improve the quality and safety of the services being provided were not operating effectively. • The registered person had produced a matrix which identified the recommended General Dental Council Continuous Professional Development and the dates when the relevant staff had completed this training. The system could not identify when or whether one of the clinicians had completed the recommended refresher radiation protection training. • The registered person had an ineffective system for tracking your patient referrals. There was no means of identifying which patients had been referred or for identifying significant dates in the referral process. 2. Several of the systems or processes to enable the registered person to assess, monitor and mitigate risks were not operating effectively. • The registered person had an ineffective system for assessing, monitoring and mitigating risks from radiation. Two intra-oral X-ray sets were in use at the practice; one in each surgery. The X-ray set in surgery 2 had undergone performance and quality assurance testing in compliance with **The Ionising Radiation (Medical Exposure) Regulations 2017** on 9 Feb 2018,

This section is primarily information for the provider

Enforcement actions

by an engineer from the company which also acts as the practice's Radiation Protection Adviser, (RPA). It was noted on the test report that the X-ray set was unsuitable for its medical radiological purpose. The registered person had continued to allow the use of this X-ray set until the date of the inspection, against the advice of the RPA. When the inspection team brought this to the attention of the registered manager they immediately took the X-ray set out of use. During the taking of X-rays in surgery 1 the X-ray set tube could be pointed at the window on to a shopping precinct on one side and at the partition wall between the surgery and office on the other side. There were no working instructions in the surgery to assist authorised operators with where to avoid aiming the X-ray beam. The registered person could not confirm to the inspection team whether they had sought the advice of the RPA as to whether there was any or adequate shielding to protect patients and staff from exposure to X-rays.

- The registered person had an ineffective system for monitoring and mitigating risks in relation to fire safety. The practice's fire risk assessment carried out at the practice in April 2019 identified several high, medium and low recommendations for action. The registered person had not made any plans to ensure all the recommended actions were adequately addressed.
- The registered person had no arrangements in place for assessing, monitoring and mitigating risks to individuals where their immunity to the Hepatitis B vaccination was not yet established.
- The registered person had an ineffective system in relation to ensuring all staff were registered with the General Dental Council and had appropriate medical indemnity.
- The registered person had an ineffective system for responding to and investigating significant events, and for recording action taken in response to events and safety alerts. Significant events and safety alerts were discussed with staff but no record was made to assist in preventing the re-occurrence of similar circumstances.

3. The registered person's system was ineffective in ensuring records relating to persons employed were

Enforcement actions

maintained securely. Staff information, including Disclosure and Barring Service information and Hepatitis B immunity information, was kept in a file in an unlocked room to which all staff had access to.

Regulation 17 (1)(2)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 must be available for each person employed. **How the regulation was not met** 1. The registered person did not make information specified in Schedule 3 to **The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** available for each person employed. • **Staff member A.** The registered person told the inspection team a Disclosure and Barring Service check was currently in progress. No evidence was provided to confirm this. The registered person did not request references prior to employing this member of staff. • **Staff member B.** The registered person did not have references available for this member of staff. • **Staff member C.** The registered person did not have references available for this member of staff. • **Staff member E.** The registered person did not request references prior to employing this member of staff. **Regulation 19 (3)**