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Teeth for Life

Inspection Report

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Overall summary

We carried out this announced inspection on 20 December 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 registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found that this practice was 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

Teeth for Life is in Stoke on Trent and provides NHS and private treatment to adults and children. The service offers treatment under conscious sedation for adults.

Due to the first-floor location of the surgery, access for people who use wheelchairs and those with pushchairs is not possible. Patients who cannot manage the stairs are signposted to a local accessible practice.

Car parking spaces are available near the practice.

The dental team includes one dentist, one dental nurse, two receptionists and a domestic cleaner. The practice has one treatment room and a recovery room.

Summary of findings

The practice is owned by 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.

On the day of inspection, we collected 44 CQC comment cards filled in by patients and spoke with one other patient.

During the inspection we spoke with the dentist, the dental nurse and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 8am to 12pm and 1pm to 5pm

Our key findings were:

- The practice appeared clean.
- Some infection control procedures did not always reflect published guidance. There was no hot water at the handwashing sinks in the surgery.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Systems to identify and manage risks associated with fire, Legionella and substances hazardous to health were not effective.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures. Minor improvements could be made to this process.
- The dentist 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.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked well as a team. There was a clear no blame culture within the practice.
- The provider asked patients for feedback about the services they provided.
- The provider had an accessible complaints procedure.
- The provider had suitable information governance arrangements.

We identified regulations the provider was not complying with. They must:

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

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

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

- Review the protocols for use of radiographs taking into account the guidance provided by the Faculty of General Dental Practice.

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.

Staff used learning from incidents to help them improve.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. Essential recruitment checks had been completed with the exception of a record of photographic identification.

Premises and equipment were clean. There was no process in place for validating the ultrasonic bath.

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

Improvements were required to the process for managing the risks associated with fire, Legionella and the Control of Substances Hazardous to Health (COSHH).

There was no system in place to monitor the use of NHS prescription pads.

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 in line with recognised guidance. We noted the dentist did not always follow nationally agreed guidance provided by the Faculty of General Dental Practice when deciding on when to take radiographs.

Patients described the treatment they received as excellent, first class and very professional. The dentist discussed treatment with patients, so they could give informed consent.

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

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

No action



Are services caring?

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

We received feedback about the practice from 45 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, polite and helpful.

No action



Summary of findings

They said that the dentist answered any questions and took their wishes into consideration when deciding about different treatment options. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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 get an appointment quickly if in pain.

Staff considered patients' different needs. Due to the first-floor location of the surgery, access for wheelchair users of those with limited mobility would not be possible. The practice had access to interpreter services including signers for deaf patients.

The practice took patients views seriously. They had an accessible complaints policy and procedure.

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 Requirement Notices section at the end of this report).

Some governance arrangements were in place to help with the running of the service. These included policies and procedures. There was no formal documented policy or procedure relating to the use of conscious sedation. The local rules had not been updated to reflect that a new X-ray machine had been installed in the surgery.

The processes in place to identify and manage the risks associated with the carrying out of the regulated activities could be improved. These included the risks associated with Legionella, fire and the control of substances hazardous to health.

The practice kept complete patient dental care records which were, clearly written and stored securely.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff. The process for carrying out the infection prevention and control audit could be improved.

Requirements notice



Are services safe?

Our findings

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

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

The dentist did not use dental dams when providing root canal treatment. We were told that root canal treatment was not often carried out on patients. In instances where root canal treatment was carried out then other methods were used to protect the airway.

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

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure with the exception of obtaining evidence of photographic identification for two members of staff.

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

During the inspection we discussed how the premises was maintained. We asked if an electrical installation inspection had been carried out. Staff were not able to demonstrate this had been done. During the inspection we noted there was a leak in the back storage room adjacent to the fire escape. We were told that this had occurred on the day of inspection. As a result of the leak some of the ceiling tiles

had come down and were resting on exposed wires. We raised this issue with the registered provider on the day of inspection and we were assured that immediate action would be taken to ensure the safety of the premises.

An internal fire risk assessment had been carried out. There were hard wired and battery-operated smoke detectors and emergency lighting in the premises. We discussed what processes were in place to help reduce the risks associated with fire. We asked if any smoke detectors or emergency lighting was regularly tested. We were told that this was not done. Staff had not completed fire awareness training and no fire drills had been carried out. In addition, no regular checks on the fire extinguishers were carried out. The fire extinguishers were serviced by a competent person on an annual basis. We asked staff to walk us through the arrangements for a fire evacuation. We were told the front door was one fire exit and there was a second fire exit through the back storage room. When we tried to open this fire exit it was locked.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and held a radiation protection file. We saw that a new X-ray machine had been installed in the surgery. The old X-ray machine was in a dedicated X-ray room. There were no local rules pertaining to this machine and location. Existing local rules had not been updated since 1991.

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

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

Risks to patients

The practice's health and safety policies and procedures were reviewed regularly. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. A sharps risk assessment had been undertaken. We were told that the dentist was responsible for handling sharps and they used a single-handed re-sheathing technique. The risk assessment confirmed this.

Are services safe?

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

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and Immediate Life Support (ILS) training.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available and in working order. We noted these checks were carried out on a monthly basis. The resuscitation council states that checks on equipment should be carried out at least weekly. The practice held a second oxygen cylinder as they provided conscious sedation. When we checked this cylinder, we noted it was last pressure tested in 2010. These should be pressure tested every five years.

A dental nurse worked with the dentist when they treated patients in line with GDC Standards for the Dental Team.

The provider held a COSHH folder. This included risk assessments for substances used within the practice. There were no material safety data sheets included in this folder. During the inspection we noted that hazardous cleaning substances were stored in an unlocked cupboard in the waiting area which was not routinely monitored by staff.

The practice occasionally used locum staff. We were told that they always used the same locum dental nurse to ensure they were familiar with the practice including the procedures to follow.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05.

We asked to see records of the in-house validation of the autoclave and ultrasonic bath. We saw evidence of daily,

weekly and quarterly validation of the autoclave. We spoke with staff about what validation is carried out on the ultrasonic bath. We were told that no processes were carried out to ensure the efficacy of the cleaning process.

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

A Legionella risk assessment had been carried out in June 2017. This had recommendations including the testing of water temperatures from the sentinel taps and point of use water heaters, flushing of infrequently used outlets, cleaning of outlets with scale and repairing a point of use water heater. We asked if any of these had been done. Staff confirmed that they had not acted upon any of these recommendations.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected. We noted that there was no hot water at the taps in the surgery. We discussed the need for hot or warm water to be available at all sinks where staff wash their hands. We were told this would be addressed.

The provider had procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits. The audits carried out had not identified the issues which we highlighted during the inspection. For example, the lack of validation of the ultrasonic bath.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records. Dental care records we saw were legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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

Safe and appropriate use of medicines

Are services safe?

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

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored NHS prescriptions securely. We asked if there was a system in place to monitor prescription usage and identify if a prescription was missing. We were told there was not.

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

Track record on safety and Lessons learned and improvements

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

There were adequate systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

During our inspection we discussed patient care with the dentist and checked dental care records to confirm the findings. We saw that dentist assessed patients' needs in line with current legislation, standards and guidance. We noted that the dentist routinely took a panoramic X-ray and full mouth periapical X-rays on new patients. We discussed this with the dentist and whether this could be justified. We were advised that they would review their understanding of guidance from the Faculty of General Dental Practice with regards to radiography.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay. This was not routinely documented in dental care records.

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

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice and recalling patients with more severe gum disease at more frequent intervals.

Consent to care and treatment

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

The practice team understood the importance of obtaining patients' consent to treatment. The dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. The consent process was not fully documented in the patient's dental care records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team had a basic understanding of their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

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

The practice carried out conscious sedation. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure and the oxygen saturation of the blood

Are services effective?

(for example, treatment is effective)

The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the dental nurse had completed extended duty training in conscious sedation and radiography.

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

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

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

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

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

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

The practice was a referral clinic for procedures under sedation and they monitored and ensured the dentist was aware of all incoming referrals.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were friendly, polite and helpful. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception staff did not leave patients' personal information where other patients might see it. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the principals of the Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given:

- Interpretation services were available for patients who did not use English as a first language. Signers were also available for deaf patients.
- Staff communicated with patients in a way that they could understand.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

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

Staff were very aware that many patients attending for sedation were highly nervous about treatment. We were told that they ensured they were friendly and caring towards them at all times and took into account that they were particularly anxious.

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

Due to the nature of the premises and the surgery being on the first floor, access for wheelchair users or those with limited mobility would not be possible. We were told that patients who could not manage the stairs would be signposted to an accessible local practice.

Staff described an example of a patient who was particularly nervous about dental treatment. They told us that they initially saw the patient in the waiting room to make them feel more relaxed as the surgery environment was a trigger for their anxiety.

Staff telephoned some patients the day before their appointment to make sure they could get to the practice.

Timely access to services

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

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

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

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

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

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

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

The principal dentist told us they would aim to settle complaints in-house. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

No complaints had been received in the previous 12 months.

Are services well-led?

Our findings

Culture

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

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents. On the day of inspection, the principal dentist told us that they were fully accountable for issues identified on the day of inspection and was fully aware of their responsibilities as the registered person. It was clear there was a no blame ethos within the practice.

Staff were aware of and there were systems in place to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

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 knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. We asked if there was a policy or procedure in relation to the use of conscious sedation. We were told that there was not.

Systems and processes were not always working effectively to ensure risks were identified and well managed. For example:

- The risks associated with fire were not well managed. The fire risk assessment had not identified the need for regular testing of the fire detection system or the emergency lighting, no fire drills had been carried out, staff had not completed fire awareness training and there had not been a fixed wire testing carried out.
- The Legionella risk assessment carried out in June 2017 had identified recommendations including the testing

of water temperatures from the sentinel taps and point of use water heaters, flushing of infrequently used outlets, cleaning of outlets with scale and repairing a point of use water heater. These had not been actioned.

- The systems for ensuring substances which are hazardous to health were stored safely was not effective. This was highlighted by the fact that cleaning products were stored in an unlocked cupboard in the waiting area which was not routinely monitored by staff.
- The system for ensuring the emergency medical oxygen cylinders were appropriately tested was not effective. This was highlighted by the fact that the second oxygen cylinder had not been pressure tested since 2010.
- The system for checking medical emergency equipment did not reflect nationally recognised guidance as it was only checked monthly.
- Photographic identification was not held in staff recruitment folders.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

The practice used patient surveys to obtain patients' views about the service. Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

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

Continuous improvement and innovation

Are services well-led?

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and sedation. They had clear records of the results of these audits and the resulting action plans and improvements. The infection prevention and control audit had not identified the issues we found on the day of inspection. In addition, the dental care record audit had not identified the lack of documentation of preventative advice or discussions surrounding options and risks of treatments.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

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

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Staff had not completed fire awareness training and fire drills had not been carried out.• Fire detection equipment, emergency lighting, fire exits, and fire detection equipment were not checked.• A fixed wire testing had not been carried out.• Recommendations identified in the Legionella risk assessment had not been implemented.• The second emergency oxygen cylinder had not been pressure tested since 2010. <p>There was additional evidence that safe care and treatment was not being provided. In particular:</p> <ul style="list-style-type: none">• There was no hot water at the handwashing sinks in the surgery.• In-house validation tests on the ultrasonic bath were not carried out. <p>Regulation 12 (1)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

Requirement notices

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- The system for reducing the risks associated with fire was not effective.
- The system for reducing the risks associated with Legionella was not effective.
- The system for reducing the risks associated with substances hazardous to health was not effective.
- The system for checking medical emergency equipment did not reflect nationally recognised guidance.

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

- The infection prevention and control audit did not highlight issues we identified on the day of inspection.

Regulation 17 (1)