

Dr Dan Hines

Azure Dental

Inspection Report

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Overall summary

We carried out this announced inspection on 28 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 registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (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 this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Background

Azure Dental is in Formby, Merseyside and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice in pay and display car parks or on the residential streets nearby.

The dental team includes two dentists, three dental nurses, one of whom is a trainee, two dental hygiene therapists, one treatment co-ordinator and a practice manager. The practice has two treatment rooms.

Summary of findings

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

On the day of inspection, we collected 20 CQC comment cards filled in by patients. All feedback provided was highly positive.

During the inspection we spoke with two dentists, two dental nurses, the receptionist 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 and Friday from 9am to 5pm; Tuesday and Wednesday from 9am to 7pm; Thursday from 9am to 6pm and on Saturday by appointment, from 9am to 4pm.

Our key findings were:

- The practice was visibly clean and well-maintained.
- The provider had infection control procedures in place. Not all of these were in line with recognised guidance.
- Staff were not confident in dealing with emergencies. Appropriate medicines were available for use in an emergency, but staff did not have the required needles and syringes to deliver adrenaline if required.
- The practice had medical oxygen available for use but did not have access to the amount of oxygen as described in recognised guidance. Some items of medical emergency kit were missing.
- Systems to help manage risk to patients and staff required review, particularly in relation to some radiation equipment, management of risk from Legionella, electrical safety, and validation of the autoclave in respect of vacuum cycle cleaning of instruments.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

- The provider had staff recruitment procedures which reflected current legislation.
- The clinical 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had 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 regulation/s the provider was/is not meeting are at the end of this report.

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

- Implement audits for prescribing of antibiotic medicines 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?	Requirements notice	✗
Are services effective?	No action	✓
Are services caring?	No action	✓
Are services responsive to people's needs?	No action	✓
Are services well-led?	Requirements notice	✗

Are services safe?

Our findings

We found 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 Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

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

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

The provider had an infection prevention and control policy and procedures in place.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

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, was largely followed but we did find some inconsistencies and areas where guidance was not adhered to. For example, staff who were manually cleaning dental instruments were not checking the temperature of the water used to ensure it was 45 degrees or below or was within the temperature range recommended by the manufacturer of the detergent used to clean dental

instruments. There was a lack of oversight and understanding between staff of who was responsible for, and what cycle was to be used, on the autoclave when processing instruments for the visiting implant dentist.”

The provider had suitable numbers of dental instruments available for the clinical staff.

We saw staff completed infection prevention and control training and received updates as required. This may require review as we found staff were not following some recognised guidance, as identified at this inspection.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw the provider was using thermic control as the chosen method to reduce the possibility of Legionella or other bacteria developing in the water systems. No risk assessment has been carried out in relation to this by a competent person. Although the building had been designed for use as a dental practice some nine years ago, air conditioning units were in place which had not been considered in relation to risk of Legionella. The provider told us their water temperatures did not reach above 45 degrees. The health and safety executive state “bacteria multiply where temperatures are between 20-45°C and nutrients are available”. This had not been identified as a potential risk and no action had been taken to address this.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. However, the audit carried out was not fully effective as it had not identified the concerns highlighted at this inspection.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used,

Are services safe?

such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider 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 two staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. When making checks we found the provider did not have a safety certificate for fixed electrical wiring in the building in line with The Electricity at Work Regulations 1989. Action was taken by the provider following our inspection, to appoint an electrician to undertake the necessary checks. We also found that there was no pressure vessel testing in place for the compressor at the practice.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had some arrangements to ensure the safety of the X-ray equipment. The required radiation protection information was available for X-ray sets in each treatment room. The provider had a cone beam computed tomography (CBCT) X-ray machine. Although critical acceptance testing had been carried out, a related report with recommendations had not been sent to and therefore could not be reviewed by the provider and recommendations had not been addressed. The required mechanical maintenance, testing and servicing of this equipment had not been undertaken since its installation in 2016.

The provider carried out radiography audits following current guidance and legislation.

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

The provider had implemented some systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies that were in place, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was reviewed and updated annually.

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

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed in the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care

Staff told us they knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. However, when talking to staff during the day, they were not confident in handling equipment or recognising the correct equipment for use in some emergencies. We found the practice had adrenaline for use in an emergency, but no needles or syringes were available to deliver this. When staff went away to get this equipment they brought back incorrect syringes and needles on two occasions. The medical oxygen cylinder available for use in an emergency did not have sufficient amounts of oxygen as recommended by recognised guidance. There was no associated risk assessment in place to justify this. The provider took action on the day of inspection to order a larger medical oxygen cylinder. For the medical oxygen cylinder we some staff were not confident in the use of this equipment.

Emergency equipment was not available as described in recognised guidance. We found staff were not using an up to date list of items required for checking against. Items missing included buccal Midazolam (used to treat a person experiencing seizures), a self-inflating bag with reservoir for

Risks to patients

Are services safe?

child and for adult, the appropriate clear face masks for use with self-inflating bags for adult and child, in the correct range of sizes. After the inspection the provider told us these were available.

A dental nurse worked with the dentists and the dental hygiene therapists when they treated patients in line with General Dental Council Standards for the Dental Team. The practice manager confirmed that this was standard practice and no clinicians worked alone.

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

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 dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

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

There was a 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 dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were not carried out. The provider told us this was something that they were planning to introduce.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

Where there had been a safety incident we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff 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.

We found 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 Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

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The provider had a system for receiving and acting on safety alerts. Staff 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

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by a visiting clinician who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

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

Staff were aware of national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate, so that patients could make enquiries and self-refer as appropriate.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' 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 understood their responsibilities under the act when treating adults who might 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 in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

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

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

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

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

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

Are services caring?

Our findings

We found 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 professional and helpful. We saw staff treated patients appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. Signage was not in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment was not in place in respect of CCTV.

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, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients 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

the requirements of the Equality Act. When we discussed this with staff they could explain how they would ensure patients could access information in a format that met their individual needs.

- Interpreter services were available for patients who did not speak or understand English. Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff 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. A 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 dentists described to us the methods they used to help patients understand treatment options discussed. These included for example the use of photographs, study models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found 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 meet patients' needs. It took account of patient 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 such as patients with dementia, and adults and children with a learning difficulty.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

20 cards were completed, giving a patient response rate of 40%

All 20, or 100% of views expressed by patients were positive.

Common themes within the positive feedback were the friendliness and professionalism of staff, easy access to dental appointments and flexibility of appointment times.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice had made reasonable adjustments for patients with disabilities. This included step free access and accessible toilet with hand rails and a call bell. The doorway of the ground floor treatment room was wide enough to allow access for wheelchair users.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Staff described some patients who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff telephoned some patients on the morning of 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 on their website.

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

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

Listening and learning from concerns and complaints

Staff told us the practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information displayed information in the practice reception area, explaining how to make a complaint.

The practice manager was responsible for dealing with these. 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 and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the past 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 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). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

Culture

The practice had a culture of high-quality sustainable care. The provider and all staff in the practice demonstrated a transparent and open culture in relation to people's safety. There was an emphasis on striving to improve.

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

Staff discussed their training needs at annual appraisals and in one-to-one meetings. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. Staff we spoke with described how the patient was placed at the centre of all they do. This was reflected in feedback we received in CQC comment cards.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

Evidence collected on the day of inspection demonstrated that not all systems and processes worked effectively.

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the 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. Some of the systems and processes required review. For example, systems in place to ensure all required emergency equipment was available were ineffective. Items used for emergencies were missing. The storage of some medicines did not follow manufacturer guidelines, for example we found Glucagon stored at ambient temperature was not date adjusted as described in manufacturer instructions. The supply of Glucagon stored in the fridge was not cold-chain assured by regular monitoring and recording of fridge temperatures. The quantity of medical oxygen available was not in line with recognised guidance. There was no buccal Midazolam available. The checking of emergency equipment and medicines had not identified these things.

The provider had not considered the need for a risk assessment in relation to the management of risk of Legionella. Systems and processes for the safe use of the CBCT equipment were not followed; systems in place had not identified that this equipment required servicing and testing. Recommendations made in the critical acceptance testing had not been implemented as the provider had not identified that they had not received the full report and recommendations in respect of this equipment. Systems and processes in place to review this equipment and local rules attached to it, had failed to identify this. Systems in place to alert the provider when essential safety checks should be made, in relation to the premises, were not effective. The provider could not show an electrical safety certificate for the premises, and there was no system in place to indicate when pressure vessel testing was due for the main compressor. Signage to inform patients and visitors to the practice that CCTV was in use, was not displayed in the practice.

Are services well-led?

Infection control audit was not fully effective as it had failed to identify concerns highlighted by our inspection. For example, in relation to staff not using a vacuum cycle on the autoclave for the processing of dental instruments used by the implantologist, the validation tests for the autoclave vacuum cycle not being carried out, and temperature testing of water used for manual cleaning of dental instruments.

Staff one-to-one's and appraisals had failed to identify that some staff training did not fully meet staff needs. We saw some staff were not confident in use of equipment required when dealing with a medical emergency; staff did not have and were unable to identify the correct syringe and needles required to deliver adrenaline. Also, the practice manager was the only staff member able to demonstrate how to take an accurate reading on how much oxygen was available in the tank for use in emergencies.

Appropriate and accurate information

Staff 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 provider 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

Staff involved patients and external partners to support the service.

The provider used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on. For example, the flexibility to offer Saturday appointments to patients.

The provider 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

The provider had systems and processes for learning, continuous improvement and innovation.

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

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

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>Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Safe care and treatment.</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> <p>There was no electrical safety certificate for the premises.</p> <p>Recommendations in relation to CBCT equipment at the practice had not been studied and implemented as the provider had not accessed the full report.</p> <p>Servicing and maintenance of the CBCT equipment had not been carried out since its installation in 2016.</p> <p>There was no pressure vessel testing certificate for the compressor.</p> <p>There was no Legionella risk assessment in place.</p> <p>Emergency equipment was not present as described in recognised guidance.</p>

This section is primarily information for the provider

Requirement notices

Emergency medicines were not available as described in recognised guidance.

Regulation 12(1)

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 17

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.

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:

Systems and processes in place to ensure all emergency equipment and medicines were available, were ineffective

Guidance on the correct storage of some medicines was not followed.

Staff appraisal and one-to-one meetings were not fully effective. These did not identify that staff were not

Requirement notices

confident about all equipment for use in an emergency. Staff could not correctly identify which needles and syringe were used to deliver intramuscular adrenaline injections.

Infection control audit was not fully effective. This failed to highlight that staff were not monitoring water temperature used for cleaning dental instruments, that staff were not using a vacuum autoclave cycle for processing dental instruments used in impantologist work, and that validation tests for the vacuum autoclave cycle were not being completed.

Systems and processes in place to identify risk were not fully effective. These did not identify the need for a Legionella risk assessment that covered air conditioning units at the practice, that an electrical safety test for fixed wiring was required, that CBCT equipment was not being serviced and maintained as required; and that recommendations made in a critical acceptance test and report had not been implemented. There was no system in place to indicate when pressure vessel testing was due for the compressor.

Systems in place to keep the provider apprised of regulatory requirements were not effective, for example, in relation to the use of CCTV. The provider was unaware of the need to display signage advising patients that CCTV was in use.

Regulation 17(1)