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# Abbey Dental Walthamstow

## Inspection Report

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### Overall summary

We carried out this unannounced inspection on 6 February 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to follow up on concerns we received and 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 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**

Abbey Dental Walthamstow is in the London Borough of Waltham Forest. The practice provides NHS and private treatment to patients of all ages.

The practice is located on the ground floor of the premises. The layout and design of the building does not offer step free access. The practice is located close to public transport routes including bus and train services.

The dental team includes seven associate dentists, one dental hygienist and six dental nurses. The clinical team are supported by a practice manager and three receptionists.

# Summary of findings

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 Abbey Dental Walthamstow was the practice manager.

During the inspection we spoke with one associate dentist, the practice manager, three dental nurses and two receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open between 8am and 6pm on Mondays, Tuesdays and Wednesdays, between 8am and 5pm on Thursdays and between 8am and 4pm on Fridays.

## Our key findings were:

- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- 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.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had arrangements to deal with complaints positively and efficiently.
- The practice had suitable information governance arrangements.
- The practice asked patients for feedback about the services they provided
- Some areas of the practice were not clean or fit for use.
- The practice had infection control procedures which reflected published guidance. Improvements were needed to the arrangements for minimising the risks associated with Legionella.
- Staff knew how to deal with emergencies. Improvements were needed so that the recommended emergency medicines and life-saving equipment were available.

- The practice had systems to help them manage risk. Improvements were needed so that the risks associated with fire were minimised.
- The practice did not have effective leadership. Staff told us that they did not feel involved or confident that when they raised issues these would be taken seriously and acted on.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure all premises and equipment used by the service provider is fit for use and maintain appropriate standards of hygiene for premises and equipment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

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

- Review availability of equipment to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the protocols and procedures for use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment. This relates specifically to the use of rectangular collimators.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council. This relates specifically to assessing and minimising the risks when the dental hygienist works without chairside support.

Following our inspection the dental provider sent us details of the actions they were taking to make the required improvements. We will review these when we carry out a focused inspection in line with our methodology.

# 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 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 Notice and Enforcement Actions section at the end of this report).

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

There were systems to use learning from incidents and complaints to help them improve. This included receiving and responding to patient safety alerts.

Staff were qualified for their roles and the practice completed essential recruitment checks.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

Improvements were needed to ensure that all parts of the premises were properly and safely maintained.

Improvements were needed to the systems to mitigate risks associated with fire and Legionella so that the findings from risk assessments were acted on and kept under review.

The practice had arrangements for dealing with medical and other emergencies. Improvements were needed to ensure the availability of the recommended emergency medicines and equipment.

### Enforcement action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. There were protocols to ensure that routine and urgent referrals were monitored suitably.

The practice supported staff to complete training relevant to their roles. There were arrangements for appraisal and supervision for the dentists. Improvements were needed so that these arrangements were available for the dental nurses and the receptionists.

### No action



# Summary of findings

## Are services caring?

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

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



## 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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered and took into account patients' different needs and had made reasonable adjustments to accommodate patients who may need additional support. The layout and design of the premises did not afford the availability of step free access. Staff advised patients of this and referred them to local dental practices with accessible facilities as needed.

The practice had arrangements to help patients whose first language was not English and those with sight or hearing loss should these be required.

The practice took patients views seriously. They valued compliments from patients and had arrangements to respond to concerns and complaints quickly and constructively.

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).

There was a defined management structure, but the lack of suitable oversight and management of systems affected the day to day management of the practice including monitoring staff performance and appraisal.

Improvements were needed to the systems to effectively assess and mitigate risks in relation to fire and Legionella infection.

Improvements were needed to ensure there were arrangements to monitor, review and improve the quality of the services provided through acting on the findings of audits and reviews.

Requirements notice



# Are services safe?

## Our findings

### **Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays) )**

Staff knew their responsibilities if they had concerns about the safety of 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. The practice manager was the practice safeguarding lead who had responsibility for overseeing the practice procedures.

We saw evidence that staff received safeguarding training to an appropriate level depending on their roles within the practice. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns to the local safeguarding team and the police as appropriate and notification to the CQC.

Staff demonstrated an understanding and awareness of issues which may render some people more vulnerable such as people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. However staff who we spoke with did not feel that their concerns were listened to or taken seriously.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a suitable staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at the recruitment records for four members of staff. These showed the practice followed their recruitment procedure. Appropriate procedures and checks including employment references and Disclosure and Barring Services (DBS) checks and evidence of each candidate's skills and experience were carried out for relevant staff. We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. There were systems in place to monitor this.

We identified some serious concerns in relation to the management and maintenance of the premises. We noted that there were large holes in the ceiling in one part of the building and a quantity of water on the ground in this area. There was also evidence of damp and mildew on the walls in this part of the building. There were areas of discolouration on the ceilings in a number of the dental treatment areas which appeared to be caused by water or moisture. Staff who we spoke with said that they had raised concerns about the damage to the ceiling and the water and damp, however appropriate action had not been taken to assess damage, risks to people or to make suitable repairs to the building.

There were no spittoons available in two of the treatment rooms for patients to use to rinse their mouth during or after treatment.

A fire risk assessment had been carried out at the practice in 2012 by an external company. This risk assessment identified concerns about discolouration to the ceilings which may be indicative of a leak and the risk of fire due to the proximity of electrical cables. While some of the other recommendations within the risk assessment had been addressed and the actions taken recorded, these specific concerns had not been reviewed. Some recommendations including the provision of fire doors and emergency lighting had not been addressed or planned for.

Records showed that fire detection and firefighting equipment such as fire extinguishers and the smoke alarm systems were regularly tested and serviced. There was a fire evacuation procedure in place and fire safety drills were carried out on a regular basis.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. Improvements were needed so that the practice used a rectangular collimator when taking dental radiographs taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.

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

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

# Are services safe?

## Risks to patients

The practice's health and safety policies, procedures and risk assessments were up to date to help manage potential risk. However these did not include the risks associated with the issues in relation to the premises which we observed.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The practice had arrangements to manage risks associated with use and disposal of dental sharps.

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.

The practice had policies and procedures in place to assist staff to respond promptly and appropriately to medical emergencies. These included regular updates and staff participation in medical emergency scenarios. Staff who we spoke with demonstrated that they understood and followed these procedures. Staff completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were available as described in recognised guidance with the exception of child size adhesive pads for use with the external automated defibrillator (AED). The Aspirin in the medical medicines kit was not available in the soluble formula as recommended and the Glucagon injection was stored at room temperature and we noted that the expiry date (October 2019) had not been revised in line with guidance where this medicine is not stored in a refrigerator. These items were ordered promptly after our inspection visit.

A dental nurse worked with the dentist when they treated patients in line with GDC Standards for the Dental Team. Improvements were needed so that risks were assessed where the dental hygienist worked without chairside support.

The provider had arrangements to minimise the risk that can be caused from substances that are hazardous to health. There were records maintained of all hazardous

materials used at the practice and there was a risk assessment in place. Staff had access to detailed information to guide them on how to act in the event of accidental exposure to hazardous substances.

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 (HTM01-05) published by the Department of Health. Staff were aware of and followed these procedures. Staff completed infection prevention and control training and received updates as required.

The cleaning and decontamination of dental instruments took place in a dedicated area within the treatment room. The practice had arrangements for cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were tested daily, validated, maintained and used in line with the manufacturers' guidance. We noted that dental instruments had coloured tapes to identify which dental surgery they were used in. This practice is not recommended as the tapes may reduce the effectiveness of the sterilisation process. We were advised following our inspection that they had stopped using these tapes. .

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

Improvements were needed to the practice procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A Legionella risk assessment had been carried out by an external company in 2014 and staff reviewed this on an annual basis. We noted from records of hot water temperature monitoring, which we were provided with, that on occasions the hot water was not at the recommended temperature (50 degrees Celsius) to minimise bacterial growth. On two occasions since January 2019 we noted that hot water temperatures for some areas were recorded as 27.9 degrees Celsius and 34.0 degrees Celsius.

We also noted that there was a heavy build-up of lime scale to the taps in each of the dental surgeries and in the decontamination room.

# Are services safe?

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

Infection prevention and control audits were carried out twice a year in line with current guidelines.

## **Information to deliver safe care and treatment**

The practice had procedures to ensure that information to deliver safe care and treatment was handled and recorded appropriately. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were detailed, accurate, complete, and legible. Dental and other records and were kept securely. Information handling processes at the practice were in compliance with General Data Protection Regulations requirements (GDPR) (EU) 2016/679.

## **Safe and appropriate use of medicines**

The practice had reliable systems for appropriate and safe handling of medicines. We noted that medicines were stored securely and there were arrangements in place for monitoring stocks to minimise the risk of misuse.

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

## **Track record on safety**

There were systems in place for reporting and investigating accidents or other safety incidents. However staff told us that they did not always feel that they were listened to when they reported issues.

Improvements were needed so that the findings and recommendations from risk assessments in relation to safety issues were reviewed and acted upon.

## **Lessons learned and improvements**

The practice had systems for receiving and acting on safety alerts such as those issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that the dentists assessed 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 one of the dentists who had undergone appropriate post-graduate training in dental implantology. The provision of dental implants was in accordance with national guidance.

### 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.

Records which we saw showed that the dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They also told us that where applicable they 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 dental records included information about the procedures the dentists used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

One dental hygienist worked at the practice offering treatments and advice to support patients to maintain good oral health.

### 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 and recording patients' consent to treatment. The dentist who we spoke with told us they gave patients information

about treatment options and the risks and benefits of these so they could make informed decisions. Patients were provided with detailed information and explanations in relation to their proposed treatments. This included information in relation to the intended benefits, potential complications or risks and the cost of treatment.

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

### Monitoring care and treatment

The dentists assessed patients' treatment needs in line with recognised guidance.

The practice dental care records (other than those in relation to when patients were treated using conscious sedation), which we saw included all of the relevant information in relation to the assessments which the dentists carried out.

The practice occasionally carried out oral and intravenous conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. This was carried out by a visiting sedationist.

Improvements were needed so that the provision of conscious sedation was in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice manager told us that the patient checks before and after treatment were carried out by the sedationist. They told us that records of these checks (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) and other important information including monitoring during treatment (pulse, blood pressure, breathing rates and the oxygen saturation of the blood), discharge and post-operative instructions were not kept at the practice and that these were kept by the sedationist.



# Are services effective?

(for example, treatment is effective)

Improvements were also needed to ensure that staff who supported the sedationist undertook the recommended continuous professional development training.

Following our discussion with the practice manager they advised us that the practice would not provide conscious sedation until such time as their procedures were reviewed and met with the relevant published guidelines.

We were advised by the practice owner following our findings that procedures using conscious sedation would no longer be carried out at the practice.

## **Effective staffing**

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

Staff new to the practice had a period of induction based on a structured programme. This helped new staff to help familiarise themselves with the practice policies, procedures and protocols. There were arrangements to review policies and various aspects of training during regular staff meetings. These included reviewing procedures in relation to dealing with medical emergencies, infection control and fire safety procedures.

There were arrangements in place to discuss individual training and development needs for the dentists. The practice manager told us that there were no systems in place for appraisal or personal development reviews for the dental nurses or receptionists. They told us that they had not undertaken training in staff appraisal.

## **Co-ordinating care and treatment**

The practice had procedures for when they referred patients to specialists within the practice, and in primary and secondary care if they needed treatment the practice did not provide.

There were systems and processes 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.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

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

### **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. Staff told us that if a patient asked for more privacy they would take them into another room. 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 be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under the Equality Act

- Patients were told about multi-lingual staff who might be able to support them.

The practice gave patients clear information to help them make informed choices.

The practice's website provided patients with information about the dental team, the range of range of treatments available at the practice, costs of treatment and arrangements for booking appointments.

A range of patient information leaflets and posters provided additional information.

# 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. The practice had procedures in place to help them plan routine appointments and to manage appointments for emergency dental treatments.

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

The practice had considered the needs of patients with disabilities. The layout and design of the premises did not afford the provision of step free access to the treatment rooms. A Disability Access audit had been completed, which clearly identified the issues with access to the premises. Staff told us that they advised patients when they contacted the practice and assisted patients as much as possible. Where the practice could not accommodate patients staff would advise them of other dental practices locally.

There were arrangements in place to support people with hearing or sight impairment. The practice could access language translation services if required.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale

Staff told us that patients who requested an urgent appointment were where possible seen on the same day. Patients told us they had enough time during their appointment and did not feel rushed.

We noted that an issue with the practice computer server affected appointments on the day of the inspection. Staff referred to paper day lists and did their best to ensure minimal disruption to the appointment system and that patients were not kept waiting too long to see their dentist.

The practice website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

### Listening and learning from concerns and complaints

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

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

The practice manager and was responsible for dealing with complaints. Staff reported any complaints made promptly so patients received a quick response.

Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We reviewed a sample of complaints which had been received within the previous 12 months. We saw that these were acknowledged and investigated appropriately and responded to in a timely manner. Learning and outcomes from the complaint investigations were shared with staff to support improvements where needed.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

The practice had arrangements in place to help ensure that they had the capacity and skills to deliver sustainable care to meet the needs of the local population. There were arrangements in place to review patient and service demands and plans to ensure that the practice had the capacity to meet these.

The practice had systems and procedures in place which underpinned the management and the delivery of the service. These were reviewed and updated as required and accessible to staff.

### **Vision and strategy**

The practice had a clear vision to deliver high quality dental care to patients with a patient focused approach. This was reflected in the way in which the practice reviewed and monitored the delivery of its service.

The practice had systems and business plans to achieve priorities and planned its services to meet the needs of the practice population.

### **Culture**

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Some staff who we spoke with stated they did not feel involved or valued. They told us that while they were able to raise concerns, they did not always feel encouraged to do so. They also told us that they did not have confidence that issues when raised would be addressed.

### **Governance and management**

There were clear responsibilities, roles and systems of accountability. 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. Improvements were needed so that these were followed and adhered to.

The practice owners and the practice manager shared responsibility for the clinical leadership and the day to day running of the service.

There was a defined management structure, but there was a lack of suitable oversight and management of systems that affected the day to day running of the practice.

Improvements were needed to the systems to effectively assess and mitigate risks in relation to fire and Legionella infection.

Improvements were also needed to ensure there were arrangements to monitor, review and improve the quality of the services provided through acting on the findings of audits and reviews.

### **Appropriate and accurate information**

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice was aware of and had systems in relation to the General Data Protection Regulation (GDPR) requirements. Patients were told how information about them would be used and were assured of the measures in place to protect this information.

### **Engagement with patients, the public, staff and external partners.**

The practice used online reviews, comments and feedback to obtain patients' views about the service.

The practice gathered feedback from staff through regular meetings, reviews and informal discussions. Staff who we spoke with said that they could offer suggestions for improvements to the service. However they told us that they did not always feel that these were listened to or acted on.

### **Continuous improvement and innovation**

The practice had some quality assurance processes that for example undertaking regular audits of dental radiographs, infection prevention and control and dental care records. They had clear records of the results of these audits and the resulting action plans and improvements.

Records which we viewed showed that staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

## Are services well-led?

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

There were arrangements to review staff and appraise the dentists performance and dentists had personal

development plans to support their learning. Improvements were needed to the arrangements for appraising and supporting other members of staff to Identify learning and development needs.

## 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><b>Care and treatment must be provided in a safe way for service users.</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p><b>In particular:</b></p> <ul style="list-style-type: none"><li>• There were ineffective arrangements for assessing and mitigating risks associated with fire by acting on the findings from risk assessments.</li><li>• There were ineffective arrangements for assessing and mitigating risks associated with Legionella by acting on the findings from risk assessments and ensuring that appropriate measures were in place to minimise risks of bacterial growth.</li><li>• There were ineffective arrangements for ensuring that treatments carried out using conscious sedation techniques were done so in a safe way. This refers specifically to ensuring that records of the appropriate pre- and post treatment assessments and checks were maintained and that staff were suitably trained.</li></ul> <p><b>Regulation 12(1)</b></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 and 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:**

- There were ineffective arrangements for acting on information or concerns raised by staff or others and using these to make improvements where needed in relation to the safety or quality of services provided.
- There were ineffective systems for the appraisal and supervision of dental nurses and administrative staff.

### **Regulation 17(1)**



## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had failed to ensure that all premises used by the service were suitable for the purpose for which they are being used.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• There were ineffective arrangements in place to assess and repair areas of the ceilings which were damaged.</li><li>• There were ineffective arrangements to assess and minimise the risk of water leaks from the roof.</li><li>• There were no arrangements to assess or review risks to patients or staff in relation to the damage to the premises.</li><li>• In two of the treatment rooms there were no spittoons available for patients to use to rinse their mouth</li></ul> <p><b>Regulation 15(1)</b></p>