

Little London Dental Care Limited

Little London Dental Care

Inspection Report

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Overall summary

We carried out this unannounced inspection on 05 and 11 July 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

Little London Dental Care is in Chichester, West Sussex and provides NHS and private treatment to adults and children.

The practice is accessed via several steps and is situated over three floors. Car parking spaces for blue badge holders are available near the practice which is within a short walk of car parks.

The dental team includes three associate dentists, one dental hygienist, two trainee dental nurses, four receptionists and a practice manager. The practice has eight treatment rooms.

Summary of findings

The practice is owned by a company 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. At the time of the inspection the registered manager was no longer working at the practice having left three months prior to the inspection.

During the inspection we spoke with three dentists, two trainee dental nurses, one qualified nurse and one trainee dental nurse working temporarily at the practice. We also spoke with all the receptionists, the practice manager, and the compliance manager and the regional support manager for the company. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Friday from 8.30am to 5.30pm

Our key findings were:

- The clinical staff provided patients' care and treatment in line with current guidelines.
- The practice staff had information governance arrangements.
- Staff took care to protect patients' privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The practice premises were visibly dirty and poorly maintained.
- The practice had ineffective infection control procedures which did not reflect published guidance.
- Staff knew how to deal with emergencies though medicines and life-saving equipment were not available as described in recognised guidance.
- The practice had ineffective systems to help them manage risk.
- The practice had some safeguarding processes but not all staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had ineffective staff recruitment procedures.
- The appointment system was being reviewed to ensure it met patients' needs.

- The practice had ineffective leadership with limited systems in place to encourage continuous improvement.
- The practice asked staff and patients for feedback about the services they provided, although the results of patient feedback were not analysed for the purpose of continually evaluating and improving services.
- The practice staff maintained a log of complaints although systems in place to deal with these were used inconsistently.

These findings were brought to the attention of the compliance manager for the company who initiated immediate action to mitigate the urgent risks.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure specified information is available regarding each person employed.

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

- Review the practice's protocol and staff awareness of their responsibilities in relation to the Duty of Candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Review staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

Summary of findings

- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities in relation to this.
- Review the practice's systems to monitor and track referrals to ensure that these are dealt with promptly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment but these were ineffective. There was limited evidence that the practice learnt from incidents and complaints to help them improve.

Staff received training in safeguarding but some staff lacked knowledge and awareness of how to recognise the signs of abuse and how to report concerns.

Dentists were qualified for their roles but there was a lack of clinical leadership for unqualified dental nurses who did not receive an effective induction. The practice did not always complete essential recruitment checks.

Three treatment rooms were clean but cluttered. In general, the premises were visibly dirty and poorly maintained. The practice was not following national guidance for cleaning, sterilising and storing dental instruments.

The practice had ineffective arrangements for dealing with medical and other emergencies. Logs of the checks of the medicines and equipment had not identified out of date medicines and missing equipment.

Our findings were brought to the attention of the compliance manager for the company who initiated immediate action to mitigate the urgent risks.

On the second day of the inspection we saw that the practice had been thoroughly deep-cleaned, and staff had received training in infection prevention and control and procedures for decontamination of used dental instruments. A regional support manager for the company had provided support to the practice manager and team. A qualified dental nurse worked alongside the trainee dental nurses to provide clinical support and leadership.

Medicines and equipment necessary for dealing with a medical emergency had been ordered. Staff had also received training in safeguarding of children and vulnerable adults.

We were provided with additional assurance that further improvements were underway. Whilst these take time to embed within the practice, the provider also recognised the need to develop effective leadership within the practice to ensure that any improvements made were sustained.

No action



Are services effective?

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

No action



Summary of findings

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.

The provider had systems in place to support staff to complete training relevant to their roles but the practice systems to help them monitor this were ineffective.

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.

The practice had systems in place to identify patients with specific needs such as those patients who were anxious about visiting the dentist.

Improvements were required to ensure that staff displayed professionalism and communicated with patients in an appropriate manner at all times.

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 had made changes to the appointment system and were continuing to review this. Patients could get an appointment quickly if suffering from dental pain.

The practice was accessible to patients in wheelchairs and families with children. A hearing loop had been ordered. The practice had access to interpreter services.

The practice sought feedback from patients but we were not shown evidence demonstrating how this was used to encourage improvement.

The practice responded to concerns and complaints although we could not ascertain the efficiency with which actions were taken.

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

The practice had ineffective arrangements to ensure the smooth running of the service. There were limited systems to identify risks to the quality and safety of the care and treatment provided and limited systems for the practice team to discuss potential risks. Not all staff understood their roles and responsibilities although staff did tell us that they felt supported.

Enforcement action



Summary of findings

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

The practice had ineffective systems in place to monitor clinical and non-clinical areas of their work to help them improve and learn.

Are services safe?

Our findings

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

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. Not all staff though knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. Not all staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

We were told that following the inspection the whole staff team had received training in safeguarding children and vulnerable adults.

There was a system to highlight vulnerable patients such as those who required support with mobility or communication on the dental care records.

The practice had a whistleblowing policy.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care records.

The practice did not have a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice. Following the inspection an appropriate plan was put in place.

The practice had staff recruitment policy and procedures to help them employ suitable staff although these were not always being followed. We looked at all staff recruitment records. These showed that the practice did not follow their recruitment procedure. We identified missing documentation in the form of Disclosure and Barring Service (DBS) checks, references and immunisation status of clinical staff.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC). Documentation of professional indemnity cover was not available for all dentists.

The practice facilities were poorly maintained. We noted areas where paintwork and plaster was visibly damaged. Skirting boards were dusty. We were told that refurbishments to the whole practice had been planned and started as planned following the inspection.

The practice had ensured that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. Records for these were unavailable on the first day of our visit and subsequently sent to us following the inspection.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced although we noted that the checks on this equipment were not always thorough and complete.

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. We noted on day one of the inspection that no staff in the practice were aware of which member of staff was the Radiation Protection Supervisor (RPS) or who had been appointed to be the Radiation Protection Advisor (RPA). Having both a RPS in the practice and a RPA appointed are requirements to meet the Ionising Radiations Regulations 2017 (IRR17).

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year to ensure that it followed current guidance and legislation although we noted that the audits lacked documented learning points.

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

Risks to patients

There were ineffective systems to assess, monitor and manage risks to patient safety.

The practice had current employer's liability insurance. The practice's health and safety policies, procedures and risk assessments were not kept up to date or reviewed regularly to help manage potential risk. On the second day of the inspection we saw that policies had been updated and, new policies were applicable were being implemented.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff had not followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment was not in place. Unqualified staff were not made aware of the practice procedures for handling sharps and had been handling these when this was not a requirement of their role. We found that an accident involving injury with a sharp instrument had not been documented suitably and there was no evidence that this had been discussed with staff to improve learning and prevent recurrence.

Following the inspections, a sharps risk assessment was completed and we were told that staff had been provided with training to ensure that only appropriately trained staff handled sharps.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were not available as described in recognised guidance. Improvements were required to the systems in place to make sure that these were available, within their expiry date, and in working order. Glucagon and adrenalin were found to be out of date; there were no scissors or razors.

On the second day of the inspection we saw that all recommended medicines and equipment were now available.

A dental nurse worked with the dentists when they treated patients, in line with GDC Standards for the Dental Team. No risk assessment was in place for when the dental hygienist worked without chairside support, or in the absence of another clinical member of staff in the practice. Following the inspection, a risk assessment was completed.

The provider had some risk assessments to minimise the risk that can be caused from substances that are hazardous to health although the practice staff did not know when these were last updated. Following the inspections all risk assessments were updated.

The practice had an infection prevention and control policy. However, suitable infection prevention and control procedures were not being adhered to and staff had a limited understanding of the correct processes for cleaning dental instruments. There was a lack of clinical support,

leadership and training in decontamination procedures for unqualified staff. The practice was not always following guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. We did not see up to date infection control training records for all staff.

We noted that recommended guidelines were not being followed during the cleaning of dental instruments. Staff were not using appropriate personal protective equipment (PPE). Appropriate gloves were not being used, nor were they being changed weekly. Used dental instruments were scrubbed under running water and a thermometer was not available to check the water temperature. Equipment such as an illuminated magnifying glass, to check instruments for debris following scrubbing, was not being used. Instruments were not being bagged and stored in accordance with the guidelines set out in HTM 01-05. We found several drawers full of instruments which were not dated. We found used cups of water left in treatment rooms and used rubber impressions and study models unbagged and covered in mould. We found a box with an unknown liquid containing an unknown dental instrument covered in debris. Instruments were not being transported safely.

We found that tests required to check that the ultrasonic cleaner and steriliser were working effectively were not being carried out or documented in a consistent and thorough manner.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw that environmental cleaning of the practice was very poor. Except for three treatment rooms the practice was visibly dirty and cluttered in all areas. We saw that the fridge where Glucagon was stored was visibly dirty. Checks of the toilets were ineffective. All toilets were visibly dirty. There was a lack of hand towels or working hand-dryers.

Clinical waste was segregated appropriately. We noticed that the area where clinical waste was stored was untidy; one clinical waste bin was not kept secure.

Are services safe?

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.

The practice carried out infection prevention and control audits twice a year although we noted that no actions were taken where required, as a result of those audits.

An infection prevention and control audit was completed following our inspection.

Several actions had also been taken promptly to resolve the issues identified by us. The practice had undergone a deep clean, a qualified member of staff was providing clinical support and leadership, and staff had been provided with training in infection prevention and control and decontamination procedures.

Information to deliver safe care and treatment

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

We discussed with the dentists how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written or 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 (GDPR) protection 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

The practice did not store and keep records of NHS prescriptions as described in current guidance. Prescription pads were not stored securely but in drawers in surgeries.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety

Lessons learned and improvements

Practice risk assessments in relation to safety issues were not always updated regularly or personalised to the practice.

There were ineffective systems for monitoring safety incidents and reviewing when things went wrong. Accidents were not documented thoroughly. Actions were not always taken to improve safety. There was no evidence that accidents and incidents were discussed with the dental practice team to prevent such occurrences happening again. The practice staff had a low level of understanding of risk and staff had not raised concerns around decontamination and cleanliness for the purpose of making improvements.

There was a system for receiving patient and medicine safety alerts although staff lacked knowledge of recent alerts applicable to primary dental care.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

The practice utilised technology such as radiograph images and clinical photographs to enhance the delivery of care.

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 dentists told us they 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.

The dentists 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.

The dentists described to us the procedures they 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.

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 told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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

Effective staffing

The practice did not use the systems provided by the company to provide staff with a suitable induction to prepare them for their role. Not all staff received an induction. Where staff received an induction, this did not adequately prepare them for their role; for example, staff were not shown the decontamination processes.

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

It was practice policy for staff to receive annual appraisals. We saw that some appraisals were out of date or had not yet been completed. The practice inconsistently used systems available to monitor staff training.

Co-ordinating care and treatment

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

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

The practice also had 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.

Are services effective?

(for example, treatment is effective)

The practice used an online system of referrals although we noted that no log was kept of referrals for the purpose of monitoring to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

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

The practice displayed various information, for example, information on private fees and complaints.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the patient waiting area provided limited 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 lacked knowledge of the requirements of the Accessible Information Standards. Staff could access translation services and a new hearing loop had been ordered.

The dentists helped patients to be involved in decisions about their care. They used models, clinical photographs and radiograph images to help patients understand treatment options discussed. The dentists 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had made changes to its appointment system in order to improve its ability to meet patients' treatment needs. Staff told us that these changes were welcome and that patient verbal feedback was positive regarding these changes. Appointment cancellations had been reduced along with waiting times although the latter was still under review by the practice.

A disability access audit had been completed. The practice had made reasonable adjustments for patients with disabilities. This included step free access for patients in wheelchairs. We were told that a new hearing loop had been ordered. Staff told us that they would provide assistance to patients up and down the stairs to accommodate patients' needs.

Staff told us that they recognised when nervous patients needed additional emotional support and had received positive verbal feedback from patients regarding the ways in which staff reassured them, particularly when they were afraid of needles.

Timely access to services

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

Staff told us that patients who requested an urgent appointment were usually seen the same day.

The practice displayed its opening hours in the premises, and included this information in its answerphone service.

Patients needing emergency dental treatment when the practice was not open were referred to the NHS 111 service. The practice answerphone provided telephone numbers for patients to contact.

Listening and learning from concerns and complaints

The practice manager was responsible for dealing with complaints. They told us that they would aim to settle complaints in-house and invite patients to speak with them in person to discuss these.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice displayed its complaints policy in the waiting room. This explained how patients could make a complaint and contained information about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice had received several complaints over the previous 12 months. A log of all complaints was seen. However, we could not ascertain how these had been dealt with as actions were not always documented and the systems in place for managing complaints were not always used.

Are services well-led?

Our findings

Leadership capacity and capability

We noted that staff did not always work effectively as a team and the practice lacked leadership capacity to lead on the delivery of high-quality, sustainable care.

Vision and strategy

Culture

The practice had a policy to address the requirements of the Duty of Candour but behaviours and actions consistent with this were not demonstrated.

There was no evidence of a common set of values shared by staff; the practice lacked organisational culture. For example, the systems and patterns of working by staff in the practice were not suggestive of a collective behaviour which incorporated effective team working.

Staff stated that they felt supported. However, staff had not raised concerns where this was required, for example, staff told us that they recognised the cleanliness of the practice was poor yet had not discussed this with the practice manager.

Governance and management

The practice manager had overall responsibility for the management, clinical leadership and day to day running of the service. Not all staff understood their roles and responsibilities. Staff were not clear on the systems of accountability to support good governance and management.

The practice had an ineffective system of clinical governance in place which included risk assessments, policies, protocols and procedures. Some policies and risk assessments were missing, for example, a sharps risk assessment. Policies and procedures were not always up to date or personalised to the practice, for example, general health and safety policies; staff had not always had training in practice procedures or knew the location or policies and risk assessments.

There were ineffective processes for managing risks, issues and performance. Risks associated with recruitment, lack

of suitable induction and training had not been identified. Where risks were identified actions were not taken, for example, risks associated with poor decontamination processes and the poor environmental cleaning.

Appropriate and accurate information

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

Systems and processes supported the confidentiality of people using the service.

Engagement with patients, the public, staff and external partners

The practice used patient satisfaction surveys and verbal comments to obtain patients' views about the service. However, the practice had not used the systems provided by the company to analyse and review this feedback for the purpose of continually evaluating and improving the services.

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 company completed annual staff satisfaction surveys, the results of which were being analysed. The practice gathered feedback from staff through meetings and informal discussions. We noted that staff meetings had been held infrequently over the previous 12 months although improvements had been made to ensure that these were held monthly for the two months preceding the inspection.

Continuous improvement and innovation

There were limited systems and processes for learning and encouraging improvements within the practice. These included audits of infection prevention and control and radiography. However, we noted improvements were required to ensure that learning points were documented and the required actions were completed.

The whole staff team were due to have annual appraisals. We saw evidence that some appraisals were out of date or had yet to be completed. The dentists and dental hygienist had personal development plans in place.

Are services well-led?

Staff told us they completed ‘highly recommended’ training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical 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>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met</p> <p>There was lack of assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.</p> <p>In particular:</p> <ul style="list-style-type: none">• There were no clearly designated dirty and clean zones in the treatment rooms and decontamination room.• We observed that staff did not wear the appropriate personal protective equipment such as face masks, eye protection and gloves during the decontamination of dirty dental instruments.• Heavy duty gloves were not changed weekly as per current guidance.• Used dental instruments were being scrubbed under running water which is not as per recommended national guidance.• The practice did not have a thermometer to check the temperature of the water used for cleaning used dental instruments.• Staff did not use an illuminated magnifying glass to examine washed instruments for any residual contamination, debris or damage.• We observed a member of staff transporting a tray of uncovered dirty instruments around the practice.

This section is primarily information for the provider

Requirement notices

- We found several drawers full of instruments which were pouched but not dated so that it was not possible to determine when the instruments had been sterilised and when they would be pass their sterility date.
- Validation of decontamination equipment was inconsistently documented.
- We found a box of rubber impressions and study models which were unbagged and covered in mould.
- We found a box containing an unknown liquid and an unidentified object which appeared to have been left for some time in a treatment room. The object was covered in debris.
- The premises were poorly maintained- walls and skirting boards were dusty and various areas had visibly damaged paintwork and plaster.
- We observed that the environmental cleaning in the practice was poor.
- Used cups of water were noted lying in treatment rooms and staff could not tell us how long they had been there.
- All sinks and spittoons were scaled and visibly dirty.
- All toilets were visibly dirty.
- We saw that checks of the toilets were not being completed. There was a lack of hand towels and the hand-dryer did not work in one toilet.
- We found that the lock of one clinical waste bin was broken so that it could not be locked.
- We observed that the fridge used to store the Glucagon was visibly dirty.

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Requirements in relation to staffing

How the regulation was not being met

Requirement notices

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.

In particular:

- Staff did not receive a comprehensive or effective induction to prepare them for their role. Infection prevention and control induction was not effective; this reflected our findings that demonstrated that the infection prevention and control processes were not embedded within the team.
- Trainee staff did not receive effective support and supervision to ensure that required duties around infection prevention and control and decontamination were carried out as per current guidance.
- Appraisals were out of date or missing.
- Staff were not up to date with infection prevention and control training.
- Training that staff had received was ineffective; there were knowledge gaps and a lack of understanding in areas, for example, safeguarding of children and vulnerable adults and significant events.

Regulated activity

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons

How the regulation was not being met

The registered persons had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

In particular:

This section is primarily information for the provider

Requirement notices

- Disclosure and Barring Service (DBS) checks for staff were missing.
- References were not obtained for all staff.
- The immunisation status of some clinical staff was unknown.
- Up to date information on the medical indemnity of clinical staff was unavailable.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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</p> <p>How the regulation was not being met</p> <p>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.</p> <p>In particular:</p> <ul style="list-style-type: none">• Staff lacked knowledge and understanding of significant events; the system in place for recording and managing clinical incidents, safety or significant events was not being used.• An accident involving injury with a sharp instrument had not been documented suitably or discussed with staff to improve learning and prevent recurrence.• Staff lacked knowledge of how information related to incidents or risks should be shared.• Audits of infection prevention and control had been completed inaccurately.• Communication within the practice was ineffective. Staff did not know which members of staff provided leadership in areas of safeguarding, significant events and infection prevention and control.• Staff meetings were not suitably documented. Staff were unfamiliar with the management structure.

Enforcement actions

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:

- No actions had been taken to mitigate the risks from shortcomings identified in the infection prevention and control audits.
- Staff in positions of leadership and responsibility lacked the knowledge, skills and competency to identify risks to the health and safety of service users. Where risks were identified, measures were not taken to reduce or remove the risks and neither were risks escalated within the organisation.
- Practice risk assessments were not updated or personalised to the practice.
- A sharps risk assessment was not available.
- An unqualified member of staff without suitable training was handling sharp instruments which was not part of their duties and responsibilities.
- The provider's systems for checking that medical emergency medicines and equipment were present and in date had failed to identify that two Glucagon injections and two syringes of adrenalin were out of date and no scissors or razors were available.
- Logs of the emergency medicines and equipment were incomplete.
- Prescriptions pads were not stored suitably, but unsecured in unlocked drawers in treatment rooms.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

In particular:

Enforcement actions

- Complaints remained open and staff were not clear on the actions taken. There was no evidence that complaints were reviewed as part of a system of governance to identify improvements to the service.
- Information obtained from patient feedback was not used to drive improvements to the quality of services, nor was it escalated within the organisation.

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

In particular:

- Governance systems in the practice were disorganised. Staff were not aware of policies, risk assessments and certification of maintenance for equipment held in the practice.