

UK Smile Ltd

Your Dentist London

Inspection Report

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Overall summary

We carried out this announced inspection on 15 August 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 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

Your Dentist London is in Victoria in the London Borough of Westminster. The practice provides private treatment to patients of all ages.

The practice has three treatment rooms located on the ground floor; two were in use at the time of our inspection. The practice is situated close to public transport bus and train services.

The dental team includes the principal dentist and three associate dentists. Two dental nurses also work at the practice. The clinical team are supported by a compliance manager and a receptionist.

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. The registered manager at Your Dentist London was the principal dentist.

We did not receive feedback from any patients on the day of the day of inspection. We reviewed comments made by 50 patients who had completed online reviews and testimonials.

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

The practice is open:

Mondays, Tuesdays, Thursdays and Fridays between 8.30am and 6pm.

Wednesdays between 10.30am and 8pm.

Our key findings were:

- The practice appeared clean.
- 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 asked and patients for feedback about the services they provided.
- The practice had procedures in place to deal with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

- The practice had clearly defined leadership. There were some systems to help them assess and manage risk. However these were not always consistent or in line with current guidance and legislation.
- The practice had infection control procedures which reflected published guidance. Improvements were needed so that infection control audits were carried out in line with current guidance.
- Staff knew how to deal with emergencies. Improvements were needed to ensure that appropriate medicines and life-saving equipment were available.
- Improvements were needed so that staff had access to appropriate information and were supported and monitored so that they understood and adhered to the practice policies and procedures,

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

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

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

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports 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).
- Review staff training to ensure that all staff who are assisting in conscious sedation have the appropriate training and skills to carry out the role taking into account guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.
- Review its responsibilities to respond to the needs of patients with disability and the requirements of the Equality Act 2010.

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

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).

The practice had some systems and processes to provide safe care and treatment but the lack of robust risk assessment affected safe delivery of the service

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

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 the availability of the recommended emergency medicines and equipment.

Improvements were also needed to ensure that risks associated with the safety of the premises and equipment were assessed and mitigated. This was in relation to risks associated with infection control and Legionella.

Requirements notice



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. Patients who completed online reviews and testimonials described the treatment they received as efficient, excellent and outstanding.

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.

Improvements were needed to the arrangements to support staff to complete training relevant to their roles.

No action



Are services caring?

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

No action



Summary of findings

We reviewed online feedback and reviews about the practice from 50 people. Patients were positive about all aspects of the service the practice provided. They said that staff were friendly, welcoming and empathetic.

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

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients who completed online reviews and testimonials said that they could get an appointment quickly if in pain.

The layout of the practice meant that they could not provide a fully accessible service.

Improvements were needed to the arrangements to respond to the needs of patients with disability and the requirements of the Equality Act 2010.

The practice valued compliments from patients and had systems in place 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 systems affected the day to day management of the practice.

Improvements were required to ensure the smooth running of the service. Policies and procedures were not bespoke to the practice and many were newly implemented and not embedded into the practice so that staff understood and adhered to them.

The practice did not effectively investigate safety incidents or use learning from these to improve the quality and safety of the service.

The practice had not effectively assessed and mitigated risks in relation to Legionella and infection prevention and control.

Improvements were needed to the arrangements for receiving and acting on safety alerts issued by relevant bodies to monitor and improve safety within the practice.

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 principal dentist was the practice safeguarding lead who had undertaken additional training and was responsible for overseeing the practice procedures.

We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect. Improvements were needed so that the practice policies included the contact details for the local safeguarding teams to enable staff to raise and make referrals if needed.

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

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

The practice had recently started to complete business continuity plans.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at the recruitment records for five members of staff. These showed the practice followed their recruitment procedure. Appropriate 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. A system had been recently introduced to monitor this.

The X-Ray equipment, fire safety equipment and electrical and mechanical appliances were suitably serviced and maintained.

Records were not available to demonstrate that the equipment used for sterilising used dental instruments had been serviced and maintained in line with the manufacturer's instructions. These records were made available to us following our inspection.

The practice had a fire safety procedure and a fire safety risk assessment which had been recently carried out. Records were available to demonstrate that fire detection and firefighting equipment such as fire extinguishers was regularly tested and serviced.

There was a fire evacuation procedure in place and staff were aware of the fire safety and evacuation arrangements.

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, with the exception of details in respect of the radiation protection adviser.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. One of the dental nurses had recently carried out a dental radiograph audit. We looked at the result of this audit and noted that it had not been completed accurately.

Radiography audits were carried out every year in accordance with current guidance and legislation.

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

Risks to patients

There were some 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 had been recently introduced and had not yet been embedded to help manage potential risk.

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

Are services safe?

Improvements were needed so that a sharps risk assessment was in place and that staff followed relevant safety regulation when using needles and other sharp dental items.

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

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

There were ineffective arrangements to check availability of emergency medicines and equipment. There were no records available to show that staff checked medicines and equipment. The principal dentist and the compliance manager told us that shortly before the inspection they discovered that the date by which emergency medicines including Glucagon injection, Glyceryl trinitrate (GTN) spray and Salbutamol aerosol inhaler had expired. They told us that these items had been replaced on 14 August 2018 and were now available.

Emergency medicines and equipment were available as described in recognised guidance with the exception of buccal Midazolam and one size of oropharyngeal airway. These items were ordered by the practice on the day of the inspection and available for use in the practice on the next day.

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

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

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 practice had suitable arrangements for transporting, 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. Improvements were needed to ensure that the practice sterilising equipment was validated and maintained in line with the manufacturers' guidance.

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.

There were arrangements in place to flush and disinfect dental unit water lines. A Legionella risk assessment had been carried out in 2011 from which a number of recommendations had been made including monitoring and maintaining records of water temperature testing. Records provided to us showed that these checks had not been completed since 2015 and staff confirmed that they were not checking hot and cold water temperatures within the practice.

The practice was clean when we inspected and patients confirmed that this was usual.

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

Improvements were needed so that the practice carried out infection prevention and control audits twice a year as per current guidance. One audit had been carried out in August 2018. No other audits were available to demonstrate that the infection prevention and control procedures were monitored.

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 principal dentist 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 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.

Are services safe?

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 had suitable systems for appropriate and safe handling of medicines. There were checks carried out to ensure that medicines did not pass their expiry date and enough medicines were available if required.

There were appropriate systems for checking and monitoring medicine stocks to minimise risks of misuse.

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

Track record on safety

There were policies and procedures in place for reporting and investigating accidents or other safety incidents. However these were not fully understood or adhered to.

The principal dentist told us that there had been no safety incidents or near misses within the previous 12 months. However we considered that incidents, particularly in relation to the failure to ensure that emergency medicines were available and not expired should have been investigated and measures taken to reduce risks and to minimise future recurrence.

Lessons learned and improvements

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

The principal dentist received safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). However they were unable to demonstrate that recent relevant alerts issued by the agency had been received, reviewed or acted on as appropriate.

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 the principal dentist 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.

The principal dentist told us they 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 provided health promotion leaflets and information to help patients with their oral health.

The principal dentist 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 principal dentist 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 treatment plans which described the proposed treatments. These included information in relation to the intended benefits, potential complications or risks and the cost of treatment.

Patients who completed online reviews and testimonials confirmed their dentist listened to them and gave them clear information about their treatment and time to consider any treatment options available.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to 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 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 practice provided conscious sedation via a visiting sedationist for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment.

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

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

There were systems in place to ensure that patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions were carried out and recorded.

Are services effective?

(for example, treatment is effective)

Improvements were needed to the practice systems to help them do this safely in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

Improvements were needed to strengthen the practice systems to assure themselves that emergency equipment requirements, medicines management, sedation equipment checks were in place and that the sedationist had appropriate skills and training. The principal dentist contacted the sedationist during our inspection and received confirmation that they provided emergency medicines and equipment during treatment.

Improvements were needed so that the dentist and practice staff who provided chair side support during sedation undertook training in dealing with sedation related complications including additional airways management.

Effective staffing

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

The practice had a policy for staff new to the practice to undertake a period of induction based on a structured programme to help familiarise themselves with the practice policies, procedures and protocols. There were induction forms available however these had not been completed for staff who had recently started work at the practice.

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. A system had been recently put in place to monitor this.

The majority of staff working at the practice had been recently employed. Improvements were needed to ensure that there were arrangements in place to discuss training and development needs. There were no appraisal arrangements in place for reviewing staff performance. There were no completed appraisals available for staff who were working at the practice for more than one year.

Co-ordinating care and treatment

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

The principal dentist confirmed they referred patients to a range of specialists within the practice, and 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.

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

Patients who completed online reviews and testimonials commented positively that staff were pleasant, kind and helpful. They said that staff always treated them with the care and dignity.

Patients confirmed that staff were empathetic when they were anxious or in pain or discomfort. The receptionist told us that patients who received complex treatment were contacted the following day to check on their welfare.

Information leaflets and magazines were available in the waiting area for patients to read.

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 area was open plan in design and the receptionist and other staff were mindful to maintain privacy when assisting with patients in person or on the telephone. 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. They had some understanding of the requirements of the Equality Act.

- Staff were unaware whether interpretation services could be made available for patients who did not have English as a first language.
- Some staff working at the practice spoke Arabic and Farsi.

The principal 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 dental team and range of treatments available at the practice. Leaflets and posters provided additional information.

The principal dentist described to us the methods they used to help patients understand treatment options discussed. These included for example X-ray images, models and photographs, which were shown to the patient to help them better understand the diagnosis and treatment.

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. Patients said that they were always able to access appointments that were convenient to them.

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

Patients who completed online reviews and testimonials described high levels of satisfaction with the responsive service provided by the practice.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

The layout of the premises meant that the practice was unable to provide a fully accessible service.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. The practice displayed its opening hours in the practice, in the patient information leaflet and on the practice website.

The practice had an efficient appointment system to respond to patients' needs. 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.

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 had arrangements to receive and respond to complaints and concerns.

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 principal dentist was responsible for dealing with these complaints. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at the record of comments the practice had received within the previous 12 months and noticed there had been no complaints within this period.

Are services well-led?

Our findings

Leadership capacity and capability

The practice had arrangements in place to review patient and service demands and plans to ensure that the practice had the capacity to meet these.

The dental team were small and the principal dentist had responsibility for the leadership and management arrangements within the practice.

The principal dentist, we were told by staff was approachable and available to discuss any issues.

The practice had systems, policies and procedures, the majority of which had been reviewed or introduced shortly before our inspection visit. These were not fully embedded to effectively underpin the management and the delivery of the service. Many of the policies and procedures were generic templates and had not been reviewed and amended so that they reflected how the practice was run and managed.

Vision and strategy

There was a vision to deliver patient focused care and to provide high quality general and cosmetic dental treatments.

Culture

Staff told us that they were happy to work in the practice.

Improvements were needed to the practice arrangements to support staff and to ensure that behaviour and performance were consistent with the practice's vision and values.

There were limited arrangements for reviewing staff performance to ensure that the practice policies and procedures were understood and adhered to.

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

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

The principal dentist was responsible for the clinical management, leadership and the day to day running of the

practice. Staff were aware of the management arrangements. A compliance manager had been recently appointed to assist the principal dentist to review and improve the governance and management in the practice.

The practice policies, procedures and protocols were accessible to all members of staff. However the majority of these were new and had not been embedded into the practice and staff were unfamiliar with some of these protocols and procedures.

There were some processes for identifying and managing risks. The risk assessment procedures within the practice had been recently reviewed and the practice had employed the services of a compliance manager to assist with implementing these. Improvements were needed to ensure that some of the processes for managing risk were clear and effective. This related to ensuring that risks associated with areas including equipment, the management of dental sharps and medical emergency procedures, Legionella and infection control were assessed and mitigated.

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 involved patients to support patient focused services.

The practice encouraged patients to review and comment on their experiences of using the service. Patients record their reviews online via the practice website.

Continuous improvement and innovation

The practice had some quality assurance processes, the majority of which had been reviewed or introduced shortly before our inspection visit. Improvements were needed so that there were continuous systems and arrangements in place to monitor and improve the quality and safety of the service. This related to ensuring that audits in relation to

Are services well-led?

infection control and dental radiography were carried out periodically and in line with current guidance and regulation and that there were systems in place to monitor, investigate and learn from safety significant and safety incidents and to review and act on safety alerts.

There were no arrangements to review and appraise staff performance and to support members of staff to develop skills, knowledge and experience.

Records showed that qualified clinical staff 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. Staff told us the practice provided support and encouragement for them to do so.

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 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>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>In particular:</p> <ul style="list-style-type: none">• There were ineffective arrangements for recording, investigating, learning from incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result. This relates in particular to incidents in relation to the arrangements for dealing with medical emergencies.• There were ineffective arrangements for assessing and mitigating Legionella risks within the practice.• There were ineffective arrangements for ensuring that the recommended emergency medicines and equipment were available for use in the event of medical emergency, taking into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

Requirement notices

- There were ineffective arrangements for ensuring that a sharps risk assessment had been undertaken and staff followed relevant safety regulation when using needles and other sharp dental items.

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

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

There were limited systems and processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.

In particular:

- Infection prevention and control audits were not carried out every six months in line with guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- There were no processes established for the on-going assessment and supervision including induction and appraisal to ensure that staff understood and adhered to the practice policies and procedures.

Regulation 17 (1)