

AZJ Healthcare Services Limited Park Clinic

Inspection Report

Abington House,
413 Wellingborough Road
Northampton
NN1 4EY
Tel: 01604 624348
Website: www.parkclinic.org

Date of inspection visit: 27 February 2019
Date of publication: 23/04/2019

Overall summary

We carried out this announced inspection on 27 February 2019 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 not 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

Park Clinic is in the Abington area of Northampton and provides private dental treatment to adults and children.

The practice provides an intravenous sedation service for nervous patients.

The practice offers a circumcision service mainly to children and infants for religious, cultural and medical reasons. This service is provided by a consultant urologist, although it had been voluntarily suspended by the provider to allow a review of the registration requirements.

Summary of findings

There is stepped access with a removable ramp for people who use wheelchairs and those with pushchairs. There is roadside car parking in the area around the practice.

The dental team includes four dentists, three qualified dental nurses (including one locum nurse for sedation) and one trainee dental nurse. The practice has two treatment rooms, one of which is on the ground floor.

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 Park Clinic is the principal dentist.

On the day of inspection, we collected 29 CQC comment cards filled in by patients. We also received information from two other patients through the CQC website.

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

The practice is open Monday to Friday from 9am to 7pm and Saturday from 9am to 5pm. The practice is closed on Sunday.

Our key findings were:

- There were areas of the practice that did not appear clean.
- The provider had infection control procedures, however we identified some areas which did not reflect published guidance.
- Staff knew how to deal with emergencies. Not all appropriate medicines and life-saving equipment were available.
- The practice had ineffective systems to help them manage risk to patients and staff.
- The provider had ineffective safeguarding processes and it was not clear if staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had significant gaps in the staff recruitment information required by the Regulations.
- Clinical waste segregation and identification was ineffective.

- Staff took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- Staff felt involved and supported.
- The provider asked patients for feedback about the services they provided.
- The provider had suitable information governance arrangements.
- The practice provided intravenous sedation for nervous patients, although this service had not been delivered since 2017.
- The practice provided a circumcision service mainly to children and infants for religious, cultural and medical reasons. This service was provided by a consultant urologist. The systems and processes for gathering consent in relation to circumcision were not effective.
- There was no formal system for the use of interpreter services in the practice.

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 recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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 staff training to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- Review the availability of an interpreter service for patients who do not speak English as their first language.
- Review the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

Summary of findings

- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was 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 Enforcement Actions section at the end of this report).

The practice had ineffective systems and processes to assist in providing care and treatment to patients.

The practice had safeguarding policies and procedures. It was not clear if staff understood their responsibilities for safeguarding vulnerable adults and children.

There were significant gaps in the staff recruitment information required by the Regulations.

Some areas of the practice were not visibly clean. The practice did not always follow national guidance for cleaning, sterilising and storing dental instruments.

Clinical waste segregation and identification was ineffective. Clinical waste was not handled or managed in line with the guidance HTM 01-07 safe management of healthcare waste.

The practice did not have all the medical emergency medicines and equipment required to deal with medical emergencies.

When antibiotics were dispensed they did not include the name and address of the practice on the labelling as required by current legislation.

Patients who had undergone a circumcision at the practice did not have information about the procedure routinely shared with their GP. There were no formal follow-up appointments offered to patients or their parents.

Enforcement action



Are services effective?

We found that this practice was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions section at the end of this report).

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as good, professional and timely.

Many patients were seen as an emergency appointment or for specific treatment rather than receiving on-going routine dental appointments.

Patients' consent was not always recorded in the dental care records.

Dentists did not always record in dental care records that X-rays had been graded and justified.

Enforcement action



Summary of findings

The practice provided a circumcision service mainly to children and infants for religious, cultural and medical reasons. Although it had been voluntarily suspended by the provider to allow a review of the registration requirements. This service was provided by a consultant urologist, we were not able to speak with the urologist as he was not available during the inspection.

Staff training records did not demonstrate that staff working at the practice had the skills, knowledge and experience to carry out their role, as key information was missing.

Staff had not received annual appraisals of their performance.

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

Are services caring?

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

We received feedback about the practice from 31 people. Most patients were positive about all aspects of the service the practice provided. Comments provided on the CQC comment cards said staff were friendly, helpful and professional. Comments received directly to CQC indicated that patients felt rushed and pressured. Most patients said their dentist listened to them.

The practice did not use an interpreting service but relied on patients' families and friends to interpret if the patient did not speak or understand English. This potentially breached patient's confidentiality.

There was limited information available in the practice about treatment options to assist patients in making judgements about the options available.

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 took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing a ground floor treatment room and accessible toilet.

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 Enforcement Actions section at the end of this report).

Enforcement action



Summary of findings

Systems for the governance of the practice were ineffective. Staff said regular checks of emergency medicines and emergency equipment were being completed. However, there were no records to demonstrate this.

The practice did not have a reliable quality assurance process to encourage staff learning and continuous improvement.

Where audits had been completed they lacked detail and there was no analysis of the results. There were no action plans in place to identify how improvements would be implemented.

Staff did not receive an annual appraisal of their performance.

Records did not demonstrate staff had completed all the 'highly recommended' training as per the General Dental Council professional standards. There was no system or process in place to oversee this process.

Are services safe?

Our findings

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

The practice had policies for both safeguarding children and vulnerable adults. The policies were dated 23 January 2015. Both policies were generalised and not customised to the practice, and it was not clear if staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. It was unclear if staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. There was a designated lead person for safeguarding alerts within the practice. They had completed training to the appropriate level.

The practice had a whistleblowing policy.

The dentists used dental 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 documented in the dental care record and a risk assessment completed.

The provider had a business continuity plan to identify how they would deal with events that could disrupt the normal running of the practice. The plan had been updated in December 2018. All actions identified the principal dentist as the person deciding and dealing with any event which disrupted the normal running of the business. The plan did not identify what action to take if the principal dentist was incapacitated.

The practice had a recruitment policy and procedure to help them employ suitable staff. We looked at nine staff recruitment records. The records were incomplete, with no photographic proof of identity for any staff member. Two members of staff had no evidence of a Disclosure and Barring Service, (DBS), check had been carried out. For eight members of staff there was no full employment history available in the practice. Documentation relating to the professional qualification for one member of staff was not available in the practice. For eight members of staff

there was no evidence of a health or medical check having been completed to demonstrate they could properly perform tasks which were intrinsic to their employment or appointment for the purposes of the regulated activity.

We noted that clinical staff had professional indemnity.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, was regularly tested and firefighting equipment, such as fire extinguishers, was regularly serviced. A fire risk assessment had been completed with the most recent review in December 2018.

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. The provider had registered with the Health and Safety Executive in line with changes to legislation relating to radiography. Local rules for each x-ray unit were available in line with the current regulations.

We spoke with a dentist and looked at their dental care records. There was no evidence the dentist had justified, graded or reported on the radiographs they took. We asked about radiography audits but were not shown any evidence that the practice was carrying out radiography audits in line with current guidance and legislation.

We saw evidence that three of the four dentists had completed continuing professional development in respect of dental radiography.

Risks to patients

The practice's health and safety policies, procedures and risk assessments were overdue for review. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. We noted sharps bins for needles had not been signed or dated when assembled and put into use.

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.

Are services safe?

Staff knew how to respond to a medical emergency. Staff training records we viewed did not demonstrate that all staff had completed training in emergency resuscitation and basic life support every year.

The emergency medicines in the practice did not include all the medicines recommended to be in place by the 'British National Formulary' for dentists. There was no midazolam oromucosal solution or any oral glucose solution. We asked to see the records to demonstrate the emergency medicines were being checked on a regular basis. These were not produced for our inspection. One medicine, glucagon, was being stored in the refrigerator. We asked to see evidence to demonstrate this medicine was stored at the correct temperature. However, there were no records to demonstrate the refrigerator temperature was being monitored.

The medical emergency equipment did not include all the equipment recommended by the Resuscitation Council UK. There was no portable suction. There were no manual resuscitation or self-inflating bags, for adults, children or infants. There was only one adult size oxygen mask available, and no oxygen masks for children. We saw that staff had kept records of their checks of the emergency equipment and emergency medicines, but these had ceased in August 2018.

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

The provider had risk assessments 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. The date on the infection control policy indicated it had last been reviewed in May 2016. We identified areas where the guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care was not being followed. For example, we saw no evidence of a thermometer being used to check water temperatures during manual cleaning, and when asked the dental nurses were unsure if there was a thermometer available. We saw no evidence of personal protective equipment being used other than disposable gloves. Dental nurses were not wearing disposable aprons and when asked were unaware of any being available in the practice.

There was a washer-disinfector in the practice, and we were told by the provider this was used occasionally after surgical appointments. We asked for but were not provided with any evidence the washer-disinfector had been serviced or validated. There was a data logger which had records from 2010 but nothing more recent.

There was an ultrasonic cleaner which we were told by the dental nurse was used in the process for decontaminating used dental instruments. We asked for but were not provided with any evidence of protein or foil tests, and there was no documentation produced to show the machine had undergone annual servicing to ensure it operated safely.

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

The provider had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which was dated October 2014. Recommendations had been identified. We saw no evidence of staff training in Legionella procedures and there were no records of monthly water temperature testing as identified in the recommendations in the risk assessment.

We saw cleaning schedules for the premises. We noted there was dust and signs of rust on the surgical couch used for circumcision procedures.

The practice had a contract with a waste management company for the removal and disposal of clinical waste from the practice monthly. We reviewed the consignment notices for each month for the year to the end of February 2019. The consignment notes showed only three bags of clinical waste had been collected in this period. We saw there was no clinical waste ready for collection in the practice. In the back garden there was a black domestic wheelie bin. On opening this we saw there were black bin bags which appeared to have clinical waste in them. This included used gloves, used wipes, and a suction tip. This was not in accordance with the guidance HTM 01-07 safe management of healthcare waste.

The practice had carried out infection prevention and control audits twice in the year up to this inspection. The content of both audits was very similar and there were no action plans or learning points identified from any of the

Are services safe?

infection prevention and control audits. The previous audit before the two in 2018 was dated July 2016. The guidance HTM 01-05 states infection prevention and control audits should be completed twice a year.

Information to deliver safe care and treatment

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at several dental care records to confirm our findings and noted that individual records were not always written and managed in a way that kept patients safe. Dental care records we saw were incomplete, and often difficult to read. Dental care records were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

We saw the care records relating to patients who had been circumcised at the practice. The provider had voluntarily suspended this service to allow a review of the CQC registration requirements. There was no information recorded to demonstrate that the provider had assessed whether or not the person bringing the child had parental responsibility and could consent to the procedure. The provider did not routinely require both parents to sign the consent form. The care records did not demonstrate that any assessment was made of the identity of the child for example by having sight of a birth certificate. We saw that

information about the procedure was not routinely shared with the patients' GPs. The records showed there were no formal follow-up appointments offered to patients or their parents.

Safe and appropriate use of medicines

Antibiotics were dispensed when this was clinically indicated. However, they did not include the name and address of the practice on the labelling, as required by current legislation. We asked if antimicrobial prescribing was being audited and were told there were no audits.

Some medicine was being stored in the refrigerator as the manufacturer recommended it was stored at a low temperature. There were no temperature checks or records to demonstrate the refrigerator temperature was being monitored.

Track record on safety and lessons learned and improvements

There were some risk assessments in relation to safety issues.

The provider said in the 12 months up to this inspection there had been no accidents or safety incidents.

There were no records to demonstrate there was a system for reviewing and investigating when things went wrong.

There was a system for receiving and acting on national safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation.

Many of the patients seen at the practice came for specific treatments or emergency appointments. Routine assessments such as basic periodontal examinations, pocket charting and gum bleeding scores were not always recorded. These types of examinations help build a picture of patients' oral health over time, which is not always possible for patients attending for one off treatment or emergency treatment.

Helping patients to live healthier lives

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. We saw limited evidence of these discussions recorded in dental care records.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. The dentist said they directed patients to these schemes when necessary. There were no posters or leaflets in the practice to give patients further information or advice regarding smoking cessation, oral cancer or dietary advice.

Consent to care and treatment

The practice obtained consent to care and treatment for dental patients in line with legislation and guidance. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. We noted this was not always recorded in the dental care records.

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

In respect of the circumcision service we saw there was a specific consent form. The consent form included an identity check for both parents. There was no evidence or

process in place for the provider to show that they assessed or considered that the adults had parental authority to give consent. In many examples only one parent had signed the consent form, guidance requires consent to be received from both parents where applicable.

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories.

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

Records within the practice showed that no patients had received treatment under sedation since 2017. The provider was unsure why this was, but the practice had not received any referrals since that time. The provider was clear that sedation could be provided if the need or demand arose.

The dental care records relating to sedation were brief and did not provide evidence that all the necessary checks and monitoring had been completed. We could not be certain that patients having sedation had important checks carried out first. Including 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.

Sedation was carried out by a qualified dentist with support from a qualified dental nurse who attended specifically for sedation cases. The provider said the dental nurse had her Immediate life support training qualification as she worked as a theatre nurse elsewhere. There were no training records in the practice for this dental nurse so we were not able to see any evidence of relevant training certificates.

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

The practice offered a circumcision service mostly to children and infants for religious, cultural or medical

Are services effective?

(for example, treatment is effective)

reasons. The records showed that no circumcision procedure had been completed since 31 July 2018. The records showed that 89 circumcision procedures had been completed in the year up to 31 July 2018.

We noted that clinical records for patients having circumcision were brief. Information about medicines used in the procedure such as local anaesthetics were not recorded. In one example only, the child's first name had been recorded. We saw that information about the procedure was not routinely shared with the patients' GP's. The records showed there were no formal follow-up appointments offered to patients or their parents.

Effective staffing

We reviewed the staff training records for staff within the practice. Not all training records were available. There was no system to show how the provider monitored staff training to ensure that staff working at the practice had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on an induction programme.

We asked about staff appraisals but were given no information or evidence to demonstrate all staff were receiving an annual appraisal. We asked staff at the practice if they had received an appraisal, staff said they had not.

There were staff working at the practice with limited spoken English. Feedback directly to the Care Quality Commission had identified this as an issue when a patient had been receiving treatment. The patient said the staff member did not understand what they were being asked to do.

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

Are services caring?

Our findings

Kindness, respect and compassion

Patients completed 29 comment cards and returned them to the Care Quality Commission (CQC). All 29 provided positive feedback about the treatment they had received at Park Clinic.

We received two comments directly through the CQC website. Both comments expressed concern that the dentist didn't listen, and one said they felt pressured by the dentist's manner.

Patients who completed CQC comment cards commented positively that staff were good, up to the mark and friendly.

Patients who completed CQC comment cards told us staff were kind and helpful when they were in pain, distress or discomfort.

The costs for private dental treatments were available to patients in the practice.

Privacy and dignity

The practice respected and promoted patients' privacy.

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 a private room elsewhere in the practice. Staff did not leave patients' personal information where other patients might see it.

Staff stored paper records securely.

Involving people in decisions about care and treatment

- We asked about interpreting services, and how staff would communicate with a patient who did not speak or understand English, or any other language spoken by staff in the practice. We were told staff would rely on family members or friends who could speak English to interpret for them. There were no formal arrangements to use an interpreting service.

There were some information leaflets provided for patients, however, these did not cover the full range of services offered at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Patients who completed CQC comment cards described high levels of satisfaction with the service provided by the practice.

The practice had some patients for whom they needed to make adjustments to enable them to receive treatment. These included a portable ramp to the front door, a ground floor treatment room and accessible toilet facilities.

Timely access to services

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

The practice displayed its opening hours in the premises.

The practice had an efficient appointment system to respond to patients' needs. The practice had emergency slots for patients who were in pain or who telephoned for an emergency appointment. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

If patients required emergency out-of-hours treatment, they could contact the NHS 111 service or an emergency on-call dentist.

The answerphone provided telephone numbers for patients needing emergency dental treatment during the

working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

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

The practice had a policy providing guidance to staff on how to handle a complaint. This was displayed within the practice for the benefit of patients. The practice information leaflet explained how to make a complaint. The provider was responsible for dealing with these. Staff told us they would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response.

The provider told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We asked for but were not given any information relating to complaints during our inspection. We did not receive any information about complaints prior to the inspection following our pre-inspection information request.

The Care Quality Commission had received two complaints about this service and both complainants said they would make a complaint directly to the practice. We saw no evidence that this had happened.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist was visible and staff said they were approachable. They worked closely with staff and others to make sure they were involved in the day to day business of the practice.

The policies within the practice identified the principal dentist as the lead person who had responsibility and accountability for ensuring that policies were followed and actions completed. We identified areas where policies were not being followed. For example, infection control, clinical waste management and recruitment. There was no evidence to show leadership or management of staff where policies were not being followed.

Culture

Staff stated they felt supported and valued. The practice focused on the needs of patients.

Issues identified during the inspection were not responded to openly.

Patients who had contacted CQC directly reported their concerns were not handled in an empathetic or open manner.

The provider was aware of the duty of candour.

Governance and management

The principal dentist was the registered manager and had overall responsibility for the practice. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures. Not all policies within the practice showed evidence of having been reviewed on a regular basis.

There were areas of the practice where we were told that checks were being completed, but when we asked to see the records to demonstrate this, none were produced. For example, checks on the sentinel water temperatures in line with the Legionella risk assessment, checks of emergency medicines and emergency equipment. The treatment

rooms had set up and close down checklists. Records of these essential checks had not been completed since August 2018 when the staff member responsible for completing them left the practice.

We saw issues with the emergency medicines and the emergency equipment which had not been identified or dealt with through the governance procedures in place in the practice.

Engagement with patients, the public, staff and external partners

The practice used patient surveys, and verbal comments to obtain patients' views about the service.

There were seven reviews on-line which had been received in the year up to this inspection. Six patients had provided positive feedback.

The practice had carried out its own patient satisfaction survey in the past, and we saw copies of completed forms. The forms were not dated, and therefore it was not possible to say how up-to-date the feedback they contained was. We saw feedback forms completed by patients, however there was no evidence that this feedback had been analysed and used to make improvements within the practice.

Continuous improvement and innovation

The practice did not have a reliable quality assurance process to encourage learning and continuous improvement. Some audits had been completed, but they lacked detail and the results had not been analysed. There were no action plans to identify how improvements would be implemented.

There was no evidence in dental care records that radiographs were being justified or graded. We asked to see radiograph audits but none were shown. The infection prevention and control audits for 2018 were both dated 2015, although they had handwritten dates for 2018 on them. The content of each audit was very similar. There was no analysis or action plans for any of the audits we saw. We highlighted issues in the dental care records, but no record keeping audits had been produced with action plans or learning points identified. We asked if antimicrobial prescribing was being audited and were told there were no audits.

Are services well-led?

There were no audits to monitor the safety and quality of the sedation service or the circumcision service, or to assess, analyse and allow action plans to be produced.

Systems and processes relating to infection control were ineffective. There were no records to show equipment had been serviced and validated. There were no records to show daily or weekly checks were being completed to ensure equipment was operating within the manufacturer's specifications.

The systems and processes for ensuring dental nurses wore personal protective equipment (PPE) during the decontamination process were ineffective.

The system and process for waste management was not effective. Records of waste produced did not correspond with the volume of work undertaken during the same time period.

The Legionella risk assessment had identified recommendations. There was no evidence to demonstrate the recommendations had been followed.

There was no system or process to demonstrate the provider was monitoring staff training. Records within the practice did not demonstrate that staff had completed all the 'highly recommended' training as per the General Dental Council professional standards.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1), Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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> <ul style="list-style-type: none">• The provider's medical emergency equipment did not include all the equipment recommended by the Resuscitation Council UK. There was no portable suction. There were no bag valve masks, for adults, children or infants. There was only one adult size oxygen mask available, and no oxygen masks for children.• The provider's emergency medicines in the practice did not include all the medicines recommended to be in place by the 'British National Formulary'. There were no records to demonstrate the emergency medicines were being checked on a regular basis.• The provider dispensed antibiotics when this was clinically indicated. The labelling did not include the name and address of the practice on the labelling. This is required by the Human Medicines Regulations 2012.• The provider's systems and processes for monitoring manual cleaning was ineffective. There was no evidence of a thermometer being used to check the water temperature or records to demonstrate the water temperature had been checked.• The provider's systems and processes for waste management were ineffective. Consignment notices for the year up to the end of February 2019 from the waste management company used by the provider did not

Enforcement actions

correspond with the amount of clinical work completed during that period. There was what appeared to be clinical waste disposed of in the black domestic waste bin.

- The provider's care records relating to patients who had been circumcised at the practice were incomplete. There was no information recorded to show the person bringing an infant to be circumcised had been checked to ensure they were legally able to consent to the procedure. We saw that information about the procedure was not routinely shared with the patients' General Practitioners. The records showed there were no formal follow-up appointments offered. To patients or their parents

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

Regulation 17 (1), Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

How the regulation was not being met:

- The provider's systems for monitoring quality and safety at the practice were ineffective. The provider could not produce audits of dental care records, antimicrobial prescribing or the circumcision service. The provider could not demonstrate that infection prevention and control audits had been completed consistently on a six-monthly basis as identified in recognised guidance. Where audits were in place, there were no action plans or identified learning points. The provider could not demonstrate that radiographs had been audited. There was no evidence of radiographs being justified or graded.

Enforcement actions

- The provider's systems to ensure the equipment used in the decontamination process were working correctly and in line with the manufacturer's recommendations were ineffective. The provider could not demonstrate the washer disinfectant or the ultrasonic cleaner had been serviced or validated.
- The provider's systems and processes for routine checking of the washer disinfectant and the ultrasonic cleaner were ineffective. The provider could not demonstrate that the washer disinfectant was checked regularly during a cycle to ensure it was working correctly. The provider could not demonstrate protein or foil tests had been completed on the ultrasonic cleaner.
- The provider's systems and processes for ensuring staff had personal protective equipment available and being used were ineffective. Personal protective equipment was not being used other than disposable gloves. Dental nurses were not wearing disposable aprons and when asked were unaware of any being available in the practice.
- The provider's systems and processes for waste management and segregation was not effective. The number of clinical waste bags collected by the waste management company in the year up to this inspection, did not correspond with the amount of clinical work undertaken during that time. What appeared to be clinical waste had been disposed of in the black domestic waste bin.
- The provider's system and process for reviewing staff performance was ineffective. The provider could not demonstrate evidence of staff appraisals. There were no records available and when asked staff said they had not received an appraisal.
- Systems and processes to regularly check that emergency medicines and equipment were present, in date and in working order were not effective. The provider could not demonstrate that regular checks were being completed.
- The provider could not demonstrate that recommended actions from a Legionella risk assessment dated October 2014 had been completed.

Enforcement actions

The risk assessment recommended the sentinel tap water temperature should be checked. The provider could not produce records to demonstrate this was happening.

Regulation 17 (1)

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

Regulation 19 Fit and proper persons employed, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Persons employed for the purposes of carrying on the regulated activity must: be of good character, have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, and be able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed.

How the regulation was not being met:

The provider's systems and processes for staff recruitment did not ensure the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available as follows: -

a) The provider could not demonstrate there was photographic identification for any member of staff.

b) The provider could not demonstrate that for two specific members of staff a Disclosure and Barring Service (DBS), check had been carried out.

Enforcement actions

- c) The provider could not demonstrate that for any member of staff a reference (or similar) had been completed to show their satisfactory conduct in previous employment.
- d) The provider could not demonstrate that for any member of staff there was a recorded reason for them leaving their previous employment.
- e) The provider could not demonstrate that for one specific member of staff they had satisfactory documentary evidence of any qualification relevant to the duties they performed.
- f) The provider could not demonstrate that for any member of staff there was a full employment history, together with a satisfactory written explanation of any gaps in employment.
- g) The provider could not demonstrate that for any member of staff there was satisfactory information about any physical or mental health conditions which were relevant to the person's capability to properly perform tasks which were intrinsic to their employment.

Regulation 19