

P S Bhangu Limited

Kendrick View Dental Practice

Inspection Report

39 London Road

Reading

Berkshire

RG1 5BL

Telephone: 01189 590222

Website: www.kendrickdental.co.uk

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Overall summary

We carried out this announced inspection on 13 February 2020 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Kendrick View Dental Practice is in Reading and provides NHS dental care and treatment for children and private dental care and treatment for adults and children.

There is step free access, via a portable ramp, to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, is at the rear of the practice.

The dental team includes seven dentists, one oral surgeon, one implantologist, one periodontist, two endodontists, nine dental nurses, one trainee dental nurse, seven dental hygienists, one administrator, four receptionists and a practice manager.

Summary of findings

The practice has nine treatment rooms.

The practice is owned by an organisation and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Kendrick View Dental Practice is the principal dentist.

On the day of inspection, we collected 153 CQC comment cards filled in by patients and spoke with seven other patients.

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

The practice is open:

- Monday 8am to 6pm
- Tuesday 8am to 5pm
- Wednesday 8am to 5pm
- Thursday 8am to 5pm
- Friday 8am to 2pm
- Saturday 8.30am to 12.30pm

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance. We found improvements were needed.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff. We found improvements were needed for the management of fire safety and COSHH.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Improvements were needed to the effectiveness and frequency of clinical audits.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider was not meeting is at the end of this report.

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

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

No action ✓

Are services effective?

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

No action ✓

Are services caring?

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

No action ✓

Are services responsive to people's needs?

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

No action ✓

Are services well-led?

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

Requirements notice ✗

Are services safe?

Our findings

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

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse.

We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

The provider also had a system to identify adults that were in other vulnerable situations. For example, those who were known to have experienced modern-day slavery or female genital mutilation.

The provider had an infection prevention and control policy and procedures. They generally followed guidance in The Health Technical Memorandum 01-05:

Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care.

Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05.

The records showed equipment used by staff for cleaning and sterilising instruments was generally validated, maintained and used in line with the manufacturers' guidance but improvements were needed.

Ultrasonic bath validation tests did not include weekly protein testing. We were assured these would be carried out as soon as practicably possible.

The test strips used to validate the efficiency of autoclaves were available but had passed their use by date. Since our inspection the provider has obtained new testing strips and assured us these will be used in future.

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

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

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

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained when the legionella lead was working. We noted that checks were not carried out in their absence. Since our inspection the provider has told us they have appointed a deputy lead to cover this task when the lead is away from the practice.

We saw effective cleaning schedules to ensure the practice was kept clean. The practice was visibly clean on inspection day.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance but improvements were needed to the security for the waste storage area while waste waited for collection. Since our inspection the provider has sent us evidence to confirm they had secured the area.

The infection control lead carried out infection prevention and control audits. The latest audit showed the practice was meeting the required standards. We noted that audits were completed annually instead of the recommended frequency of six monthly.

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

Are services safe?

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider followed their recruitment procedure.

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

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Servicing of the gas boilers was overdue by over 12 months. Since our inspection the provider sent us evidence to confirm the boilers were serviced on 15 February 2020.

A member of staff carried out a fire risk assessment. This person could not demonstrate their competency to perform this task.

We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The provider confirmed they had not:

- tested the fire alarm weekly
- tested the emergency lights monthly,
- carried out fire drills annually, or
- serviced the emergency lights.

Since our inspection the provider sent us evidence to confirm a fire risk assessment has been carried out by a competent person on 19 February 2020. Emergency lights were booked to be serviced on 22 February 2020. A deputy fire safety lead was appointed to cover routine checks of fire detection and emergency lighting when the lead is away from the practice.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw were shown evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits for three of the seven dentists. Since our inspection the provider has sent us evidence to confirm they had completed the missing four audits.

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

The practices had a cone beam computed tomography X-ray machine. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff.

Risks to patients

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

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

We looked at the practice's arrangements for safe dental care and treatment. A sharps risk assessment had been undertaken and was updated annually. We were told that a number of dentists chose to not use the safer sharps system at Kendrick View. The practice manager has since completed a risk assessment for each of these dentists which they have signed.

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

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

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support. Basic life support training was due

Are services safe?

November 2019. We saw communication between the practice and the training company to confirm the course was cancelled by the trainer and training was rebooked for April 2020.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. A deputy medical emergency lead was appointed to cover routine checks of medicines and equipment when the lead is away from the practice.

We noted adrenaline held at the practice had passed its use by date. We were told there was a national adrenaline delivery device shortage and expiry dates of equipment could be extended by four months. The practice did not source alternative methods of delivery of adrenaline due to not feeling confident to use alternative methods. The provider said they would seek training to support this.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We noted the practice did not have access to safety data sheets which describe the hazards the chemical presents, and give information on handling, storage and emergency measures in case of accident. Since our inspection the provider has sent us evidence to confirm a comprehensive file containing safety data sheets for all substances held at the practice had been set up.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm corroborate our findings and observed that individual

records were written or typed and managed in a way that which kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

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

Safe and appropriate use of medicines

The provider did not have effective systems in place for appropriate and safe handling of medicines.

A log was kept of dispensed medicines which included checks of medicine expiry date however, a stock control system of medicines which were held on site was not kept.

Staff did not keep records of NHS prescriptions held on site as described in current guidance. Since our inspection we have been sent evidence to confirm a stock control system had been implemented for NHS prescriptions and medicines held at the practice.

Antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues.

Staff monitored and reviewed incidents. This helped staff to understand the potential risks which and led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents.

The provider did not have a system in place for receiving and acting on safety alerts. Since our inspection we have been sent evidence to confirm the practice has signed up to receive alerts. We checked during inspection and no recent recalls were applicable to this practice?

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

Dental implants

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

Helping patients to live healthier lives

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

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

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

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

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

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for Looked After Children (LAC).

The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions.

The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

The provider had quality assurance processes to encourage learning and continuous improvement. Improvements were needed to ensure patient dental care record audits were carried out for all relevant staff. For example, dental hygienists and visiting clinicians.

Effective staffing

Staff new to the practice had a structured induction programme.

Staff completed training relevant to their jobs but the provider did not have oversight of who had carried out training. We were told it was the staff members

Are services effective?

(for example, treatment is effective)

responsibility to complete their training. The practice manager assured us training oversight would be managed in future to ensure the provider would know the status of all 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 for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were thorough, professional and thoughtful. We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were thoughtful and understanding.

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

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

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act.

We saw:

- Interpreter services were available for patients who did not speak or understand English.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models, videos, SLR camera images and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of support which may be needed by the more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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

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

- 153 cards were completed.
- 100% of views expressed by patients were positive.

Common themes within the positive feedback were ability to get an emergency appointment, dentists listened to patients and appointments ran to time.

We shared this with the provider in our feedback.

We were able to talk to seven patients on the day of inspection. Feedback they provided aligned with the views expressed in completed comment cards.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for disabled patients. This included step free access (via a ramp) to the reception, waiting room and ground floor surgeries, a hearing loop, a magnifying glass and a toilet with a hand rail.

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

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

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

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The dentists took part in an emergency on-call rota arrangement at the practice.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

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

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

The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients could receive a quick response.

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

We looked at comments, compliments and complaints the practice had received during the previous 12 months.

Are services responsive to people's needs?

(for example, to feedback?)

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

Leadership capacity and capability

The provider was approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

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

Nurses and administration staff discussed their training needs at an annual appraisal. They also discussed general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Appraisals were not carried out for dental hygienists and visiting clinicians and associate dentists.

We saw the provider had systems in place to deal with poor staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints.

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

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

Governance and management

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

The principal dentist had overall responsibility for the clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Systems for identifying and managing risks, issues and performance were ineffective. In particular:

- Validation for the ultrasonic bath did not include weekly protein testing. The test strips used to validate the efficiency of autoclaves had passed their use by date and this had not been identified or action taken.
- A fire risk assessment was not carried out by a competent person and effective management of equipment checks were not in place.
- Testing and servicing frequencies of fire detection equipment and emergency lighting did not follow national guidance.
- Arrangements to respond to and check medical emergency equipment and medicines at all times and in the event the lead is not available.
- Processes were not in place to receive safety alerts
- No appraisals were in place for hygienists, associate dentists and visiting clinicians.
- There was no management oversight of continuous professional development training undertaken by staff.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, (for example NHS Business Services Authority performance information, surveys, external body reviews) was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public and staff

Are services well-led?

Staff involved patients, the public and staff to support the service. For example:

The provider used patient surveys comment cards and encouraged verbal comments to obtain patients' views about the service. Patient feedback prompted the practice to install a baby nappy changing facility in the patient toilet.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on about NHS services they have used.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted upon. Staff feedback prompted the practice to not take bank holidays off annual leave entitlement for part-time staff.

Continuous improvement and innovation

The practice was also a member of a good practice certification scheme.

The provider had quality assurance processes to encourage learning and continuous improvement but improvements were needed to ensure radiography and patient care record audits were carried out for all relevant staff and the frequency of infection prevention and control audits met national guidelines.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, staff training packages and time off to attend training courses was funded by the provider.

Staff completed 'highly recommended' training as per stated in the General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development but checks on individual's progress were not made.

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 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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular,</p> <ul style="list-style-type: none">• The registered person had not ensured that appropriate checks on medical emergency equipment were in place.• Systems were not in place to receive and respond to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.• The registered person did not have systems to ensure staff followed infection prevention and control guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices.• Evidence of up to date continuing professional development training was not consistently obtained for all staff.• Fire safety checks were not carried out to ensure fire detection systems were in working order and a risk assessment had been completed by someone who did not have the competence to do so.

This section is primarily information for the provider

Requirement notices

- There was an ineffective system to ensure all team members had completed appraisals.

Regulation 17(1)