

Dental Harmony Ltd

Dental Harmony

Inspection Report

1 Seven Ways Parade
Woodford Avenue, Gants Hill
London
IG2 6XH
Tel: 020 7018 1893
Website: www.dentalharmony.co.uk

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Overall summary

We carried out this unannounced inspection on 20 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 not 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

Dental Harmony is in Gants Hill in the London Borough of Redbridge and provides private dental care and treatment for adults and children.

The practice is located on the ground floor and has two treatment rooms. There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available in surrounding roads and the practice is located close to public transport links.

The dental team includes the registered manager, three dentists, one specialist oral surgeon, three trainee dental nurses and two receptionists.

Summary of findings

The practice is owned by an organisation 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 Dental Harmony is one of the owners.

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

The practice is open between:

Mondays to Fridays 10am to 8pm

Saturdays 9am to 6pm

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- 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.
- Staff felt involved and supported and worked as a team.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff knew how to deal with emergencies. Emergency equipment and medicines however, were not available as described in recognised guidance..
- The provider had some systems to help them manage risk to patients and staff; however, improvements were needed to consider all appropriate risks and ensure the risk assessments carried out accurately reflect the current systems in place.

- The provider had an infection control policy which reflected published guidance. However, the decontamination of used dental instruments was not carried out in accordance with this policy and staff did not follow current guidelines.
- The practice did not have effective arrangements for the safe use of medicines and equipment. Improvements were needed to ensure out of date materials were disposed of appropriately and medicines were stored and dispensed according to current guidelines. Systems were also required to ensure single-use items were not re-used.
- The provider had staff recruitment procedures which reflected current legislation. However, improvements were needed to ensure the procedure was followed and checks were carried out consistently for all staff.
- There was ineffective leadership and a lack of general oversight for the day-to-day running of the service.

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

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development and supervision necessary to enable them to carry out their duties






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

- Review the practice protocols regarding audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Improve and develop staff awareness of the requirements of the Mental Capacity Act 2005 and Gillick competency and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

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?	Requirements notice	
Are services effective?	No action	
Are services caring?	No action	
Are services responsive to people's needs?	No action	
Are services well-led?	Enforcement action	

Are services safe?

Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

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.

The practice wrote to us with evidence of work that had been implemented immediately following the inspection. This information has been considered and will be reviewed when we carry out the follow up visit.

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 had an infection prevention and control policy. On the day of the inspection we could not be assured all staff had completed infection prevention and control training. We noted that the trainee dental nurses did not follow guidance as set out 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.

There were ineffective arrangements to ensure that dental instruments were decontaminated, and sterilised appropriately. Staff told us that they did not perform daily control checks before using the autoclave. This meant they could not be assured the equipment operating

satisfactorily before the autoclave was used for sterilising instruments. We saw single use items such as endodontic hand files and implant components pouched and dated and stored ready for re-use. Other items such as disposable lip retractors were sterilised using cold solution and were available for re-use in the clinical areas. Single use items were stored uncovered in the drawers in the surgeries, increasing the risk of contamination from aerosols. Suitable containers were not available for transporting clean instruments safely. Since the inspection the practice has taken steps to immediately rectify the concerns highlighted by us.

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 the form of a risk assessment. Records of water temperature monitoring, as part of water quality testing and as recommended in the risk assessment were not available on the day of the inspection. We saw evidence of water line testing being carried out as recommended, however the test kits had passed their use-by date which meant the accuracy of the results could not be assured.

On the day of the inspection we noted the practice to be visibly clean. We saw effective cleaning schedules to ensure the practice was kept clean.

Suggested improvements, made on the day, regarding the storage of the cleaning equipment have since been implemented by the provider and evidence has been sent to us.

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

We saw that infection prevention and control audits were carried out every six months. However, these were not sufficiently detailed in order to highlight the shortcomings in the processes as were evident when we inspected the practice..

The provider 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.

The provider had a recruitment policy and procedure to help them employ suitable staff. We looked at 10 staff recruitment records. These showed that checks including confirming identity and Disclosure and Barring Services (DBS) had been carried out for most of the staff. Improvements were needed to ensure the policy was followed and all checks were carried out consistently.

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

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Improvements were needed to ensure staff received fire training as recommended in the risk assessment dated May 2018.

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 evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

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

The practice's health and safety policies, procedures 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 was not available on the day of inspection. Following our inspection, we were provided with sharps risk assessment dated from June 2019. Having spoken to the clinical staff on the day, the risk assessment did not reflect the current

processes in the practice. Currently, as was explained to us it was the dental nurses who disposed of the sharps, not the clinicians as reflected in the risk assessment. Inaccuracies in the risk assessment meant the practice could not mitigate any risks effectively.

Improvements were needed to the systems 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. On the day of the inspection vaccination logs and records to show the effectiveness of the vaccination were not available for all staff members.

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

All recommended emergency equipment and medicines as described in recognised guidance were not available. Improvements were needed to the systems for checking emergency medicines and equipment. The automated external defibrillator (AED) was kept in its box without the battery inserted and was therefore not ready for use in an emergency. The practice were unaware this needed to be set up in advance. They have since done so.

There were no child size adhesive pads for use with the AED. One of the medicines used to treat a suspected heart attack and the medicine used to treat a seizure were not in the correct format as recommended in the published guidelines. The medicine to treat low blood sugar was stored in the fridge however the fridge temperature was not being monitored to ensure that medicines and dental care products were being stored in line with the manufacturer's guidance.

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 not in place if a member of the dental team worked alone.

On the day of the inspection, staff were unaware how to access information, including risk assessments, relating to the safe storage and handling of substances hazardous to health. The practice has since sent us information on how staff can access this important guidance in the event of an incident.

Information to deliver safe care and treatment

Are services safe?

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. Dental and other personal records were kept securely.

An improved Information Governance Policy taking into account the General Data Protection Regulation (GDPR) requirements has been implemented after the inspection.

The practice's current systems for referring patients with suspected oral cancer under the national two-week wait arrangements needed improvement. These arrangements were initiated by National Institute for Health and Care Excellence (NICE) to help make sure patients were seen quickly by a specialist. The dentist told us that they would give patients a copy of the referral letter to send. The same applied for private endodontic and periodontal referrals. There were no arrangements to check that the referral had been received or that the patient had been called for assessment or treatment.

Safe and appropriate use of medicines

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

The provider did not have reliable systems for appropriate and safe handling of medicines. There were ineffective systems for checking medicines and other dental materials

to ensure that they were within their expiry date. Improvements were needed to ensure that medicines were stored and dispensed in accordance with FGDP guidelines. There was no stock control system of medicines which were held on site to ensure that medicines did not pass their expiry date and enough medicines were available if required. Medicines were stored in an unlocked cupboard at reception and in pre-prepared post-implant packs on a shelf at reception, accessible to unauthorised personnel at the practice.

Improvements were needed to ensure out of date materials were disposed of appropriately.

An antibiotic prescribing audit had not been carried out to monitor prescribing procedures.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. Staff said they would monitor and review incidents. This would help staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

The provider had a system for receiving and acting on safety alerts.

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.

The practice offered dental implants. These were placed by 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 clinicians 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 dentist described to us the procedures they used to improve the outcomes for patients with gum disease including referrals to periodontal specialists. This also involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording 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 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 should improve and develop staff awareness of the requirements of the Mental Capacity Act 2005 and Gillick competence (by which a child under the age of 16 years of age may give consent for themselves in certain circumstances) to ensure all staff are aware of their responsibilities in relation to these.

Since the inspection some suggested amendments to the medical history form have been sent to us to improve patients' understanding of what they are consenting to.

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

Monitoring care and treatment

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

Effective staffing

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

There were ineffective systems to support trainee dental nurses at the practice and to oversee their understanding and training in order to ensure they are able to carry out their roles safely, effectively and in accordance with the on HTM01-05 guidelines.

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. Improvements were required to make and monitor referrals to ensure that patients received timely and appropriate treatment.

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 caring, friendly and highly professional. We saw staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Information leaflets, patient survey results were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. There was no information available to patients in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment had also not been completed. After the inspection, a CCTV policy dated June 2019 has been provided.

Staff were aware of the importance of privacy and confidentiality. The waiting area was open plan in design and staff were mindful of this when dealing with people in person and over the telephone. 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 requirements of the Equality Act. We saw:

- A significant proportion of the patients at the practice are from Eastern Europe and patients were told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way they could understand.
- Information leaflets were also available in Lithuanian to support patients' understanding.

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. One of the dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice, with the option to read the information in Lithuanian.

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

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 supporting 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.

The practice had a disability policy. The practice had a step free access to one dental treatment room; the size and layout of the premises however, did not afford the provision of accessible toilet facilities.

We were informed by the practice staff that patients who required these facilities would be referred to local dental providers with accessible facilities.

The provider had not undertaken a disability access audit. Improvements were also required to better assess the needs of patients with disabilities and where required, make reasonable adjustments to service delivery.

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.

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 not open.

Listening and learning from concerns and complaints

Staff told us the provider 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 principal dentist was responsible for dealing with these. Staff told us they would tell the principal about any formal or informal comments or concerns straight away so patients received a quick response.

The principal 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 principal had dealt with their concerns.

The receptionist told us that there had been no written complaints within the previous 12 months.

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 Enforcement Actions section at the end of this report).

We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

We found that there was ineffective leadership which impacted on the practice's ability to deliver safe, high quality care. The registered manager could not assure us that they understood risks pertaining to the management of the service and the delivery of care.

Culture

Staff stated they enjoyed and were proud to work in the practice.

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

There was a lack of managerial oversight and understanding to monitor staff performance.

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

Governance and management

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

The practice did not have effective systems for governance in relation to the management of the service. The practice policies and procedures were reviewed regularly; however, we saw that they were not being followed consistently by the staff. There were a number of areas where the registered manager was unaware, lacked understanding or did not follow relevant guidance in relation to the running of the service and the delivery of care and treatment.

The processes for managing risks were ineffective. The practice did not have adequate systems in place for recognising, assessing and mitigating risks in areas such as medicines management, medical and other emergencies,

sharp or infection prevention and control. Where risks had been highlighted and recommendations made in risk assessments, there were no systems in place to ensure the relevant audits, reviews and training had been carried out. This included, for example fire and Legionella risk assessments.

Appropriate and accurate information

Staff acted on appropriate and accurate information. The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Updates were required to take into account current General Data Protection Regulations requirements. These have since been sent to us.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

The provider used patient surveys to obtain staff and patients' views about the service.

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 on.

Continuous improvement and innovation

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

The principal dentist did not demonstrate an understanding or a commitment to learning and improvement.

The practice did not have systems or adequate quality assurance processes to promote learning, continuous improvement or innovation.

Reviews and audits were not carried out to effectively monitor the management of the service in areas such as infection prevention and control. Where audits were carried out and improvements were required, these results were

Are services well-led?

not always acted upon. A test carried out on the ultrasonic cleaning equipment found it to be operating ineffectively; however no subsequent tests/servicing was carried out to ensure its effectiveness at cleaning the dental instruments.

On the day of the inspection we could not be assured staff completed 'highly recommended' training as per General

Dental Council professional standards. The provider was not able to demonstrate that they supported and encouraged staff to complete continuing professional development.

This section is primarily information for the provider

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>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• There were ineffective arrangements to ensure that dental instruments were decontaminated, sterilised and stored appropriately. The processes for decontaminating the instruments did not reflect the HTM01-05 guidelines. Single-use items were also stored uncovered in the drawers increasing the risk of contamination from aerosols.• Daily steam penetration checks were not carried out to ensure that the sterilising equipment achieved optimal pressure to effectively sterilise dental instruments.• Used dental items designed for single use only such as endodontic files, implant components and disposable lip retractors were set up for re-use in the dental treatment rooms.• There were ineffective procedures to ensure patient referrals to other dental or health care professionals were monitored and followed up to ensure patients were seen and treated promptly. <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity</p>

Requirement notices

received such appropriate support, training, professional development and supervision as was necessary to enable them to carry out the duties they were employed to perform.

In particular:

- There were ineffective systems to support trainee dental nurses at the practice and to oversee their understanding and training in order to ensure they were able to carry out their roles safely and effectively.

Regulation 18(2)

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <ul style="list-style-type: none">• There were ineffective systems to monitor the use by dates of some dental materials to ensure they are disposed of and not used to treat patients• There were inadequate and ineffective arrangements for dealing with medical emergencies. The AED was not set up and did not have the battery inserted. It was therefore not ready to be used in an emergency. The medicine to treat seizures and that used for the treatment of a suspected heart attack were not available as recommended. No paediatric pads for use with the AED were available.• There were inadequate systems in place to manage medicines safely and to protect patients against avoidable risks. <p>Medicines were not stored and dispensed in accordance with FGDP guidelines.</p> <ul style="list-style-type: none">• Where risks have been highlighted and recommendations made in risk assessments, there are no systems in place to ensure the relevant audits, reviews and training have been carried out, such as the fire and Legionella risk assessments.

Enforcement actions

- There are inadequate systems in place to ensure the monitoring of equipment. The daily autoclave checks were not being carried out, nor was the digital data log being accessed and monitored regularly. Where ultrasonic tests failed, these were not acted upon, so the provider could not be assured that the equipment was working properly to effectively clean and sterilise dental instruments.

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:

- Risks related to decontamination of used dental instruments.
- Lack of staff accessibility to information related to the storage and handling of hazardous substances. Availability of adequate risk assessments for all materials to safely manage risks of accidental exposure to hazardous materials.
- Some risk assessments carried out, for example relating to sharps, did not reflect current practices, therefore the risks could not be properly considered and managed.

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

- In relation to information governance, General Data Protection Regulations and the use of Closed Circuit TV.

Regulation 17 (1)