The Dental Surgery Partnership

The Dental Surgery Partnership

Inspection report

39 Whitehawk Road
Brighton
BN2 5FB
Tel:

Date of inspection visit: 20 and 21 October 2021
Date of publication: 25/11/2021

Overall summary

We carried out this unannounced focused inspection on 20 October 2021 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 asked the following three questions:

• Is it safe?

• Is it effective?

• 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 not providing safe care in accordance with the relevant regulations.

Are services effective?

We found this practice not providing effective care in accordance with the relevant regulations.

Are services well-led?

Summary of findings

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

Background

The Dental Surgery Partnership (trading as South Cliff Dental Group) is in Brighton and provides NHS and private dental care and treatment for adults and children.

The practice treatment rooms are based on the first floor which is not accessible to people who find stairs a barrier. Car parking spaces are available near the practice.

The dental team includes one dentist, two dental nurses and one receptionist. The practice manager post was vacant. The practice has two treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC 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 the practice is the practice manager. We were told this person no longer worked at the practice and was in the process of removing their registration.

During the inspection we spoke with one dentist, one trainee dental nurse and one receptionist.

We also spoke with a trainee dental nurse, a clinical manager and practice manager from nearby practices and the clinical director, all of whom attended the inspection during the day.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Saturday 8.30am – 5.30pm

The practice closes for lunch between 1.00pm and 2.00pm daily.

We were told the dentist normally worked Monday to Thursday. The other days the practice did not see patients. We were told this was due to staff shortages.

Our key findings were:

- The practice was not clean and well-maintained.
- The provider's infection control procedures were not operated effectively
- Appropriate medicines and life-saving equipment were available.
- The provider did not operate effective systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider's staff recruitment procedures were not operated effectively.
- The clinician provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.

Summary of findings

- Appointments were cancelled regularly due to staff shortages.
- The provider did not have effective leadership and a culture of continuous improvement.
- Staff did not feel involved and supported by the provider.
- The provider asked staff and patients for feedback about the services they provided.
- The provider's information governance arrangements were not operated effectively

The provider accepted all of the clinical and managerial issues that we raised and took immediate action the day of our inspection to begin to address these.

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

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

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

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**Requirements notice**
Are services effective?	**Requirements notice**
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/ 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.

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 two out of six staff had received the appropriate level of safeguarding training.

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

The provider had an infection prevention and control policy and procedures, but these were not operated effectively.

Staff did not follow 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. We found that:

- Autoclave validation tests had not been reviewed for over two months.
- The broken autoclave had not been removed from the decontamination room.
- The manual cleaning validation log of water temperatures was last updated on 20 December. We were unable to determine the year as this was missing from the log.
- Household rubber gloves were used for decontamination of instruments.
- The long-handled instrument scrubbing brushes were replaced every six weeks.
- Staff were not wearing a visor and safety glasses when performing decontamination.
- The instrument inspection magnifying light was damaged. The infection control audit identified this in Summer 2021.
- Not all the local anaesthetic ampules in treatment rooms were stored in blister packs.
- There were contaminated instruments pouched and ready to use in a drawer in surgery 2.
- There were open pouches of instruments in a drawer in surgery 2.
- Pouched instrument dating protocols were not consistent. Some pouches had one date whereas some had two. Hand written dates were also hard to read.

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 staff member carrying out decontamination was new. They were unaware of decontamination processes and could not answer any questions about what they should do. We were told by the provider they should have not been working in decontamination as they were sent to the practice to cover reception.

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. Recommendations in the assessment had not been actioned and records of water temperature testing and dental unit water line management were not maintained.

Cleaning was not effective. We found:

Are services safe?

- The practice was not visibly clean.
- Treatment chairs in both surgeries were visibly dirty.
- The floor was dirty in both surgeries.
- All the floors on the ground floor were dirty.
- The stairs carpet was dirty and stained with dental impression material (alginate).
- The staircase banister was dirty and sticky to the touch.
- Cleaning schedules were not available.
- Infection control colour coded buckets were in a stack outside the back door and full of rainwater.
- Only one mop was available in the practice. This was the clinical colour coded mop. We found this mop in a bucket in the kitchen doorway, full of fluid, wet and dirty.
- The portable oil heater in surgery two was dirty.
- The rubbish bin in the staff kitchen was full and overflowing.
- Patient seating in the waiting area had material covers. A cleaning schedule for these was not available.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance, but improvements were required:

- We were shown one waste collection note dated 27/09/2021 and told that others were not available.
- We found an open clinical waste bag on the floor in the decontamination room and were told the two bins in garden were full.
- The two clinical waste bins in the garden were not locked, both were full, and one was overflowing and accessible to neighbour via a low wall.
- There was a black swing bin in surgery one which was used for clinical waste but was not foot operated.

We were shown an infection prevention and control audit. It showed the practice was meeting the required standards. This was incorrect as the required checks on equipment and the environment were not carried out.

The provider had a whistleblowing policy. Staff told us they did not feel confident their concerns would be addressed appropriately.

The dentist used a 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, we were told the patient would be referred to the community dental service.

Recruitment procedures were not operated effectively to ensure only fit and proper persons were employed and specified information was available regarding each person employed.

We looked at six staff recruitment records:

- One had a full employment history.
- Two had proof of identity.
- Four had a Disclosure and Barring Service (DBS) check. However, one of these was unreadable.
- Two had written evidence of conduct in previous employment (references).
- One had eligibility to work in the UK.
- None had a completed health assessment.
- One had evidence of Hepatitis B immunity. Three staff had received vaccinations, but their serum conversion results were not available.

We observed that the dentist was qualified and registered with the General Dental Council and had professional indemnity cover. No other clinical staff at the practice were qualified.

Staff did not ensure facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances:

Are services safe?

- The treatment room had an air conditioning unit. Servicing records for this were not available. The provider told us they were unaware it needed to be serviced.
- One autoclave was being used but servicing records were not available.
- Two X-ray units were used but servicing or quality assurance records were not available.
- The practice compressor had no servicing records available.
- The practice had emergency lights. Records of an annual discharge and servicing were not available.
- There were boxes of clinical materials (e.g. Personal Protective Equipment (PPE) on the floor in the patient waiting area which blocked patient chairs.
- The sash cord was broken on the window of surgery two.
- The windowsill was rotten in surgery two.
- The provider had a health and safety risk assessment not this was not specific to this practice.
- Two ceiling lights were missing covers.
- The carpet was ripped on one step of the stairs.
- There was a very loud intermittent noise in surgery one. We were told this was caused by the hot water pressure.
- An electrical plug socket above door in the decontamination room was coming away from the wall.
- The dentist's stool covering was ripped in both surgeries.
- The patient treatment chair base was cracked in surgery one.
- There were no adequate facilities for staff to store their outdoor clothes and personal belongings. The cupboard they used was full of stock and debris.
- The floor was not sealed to the skirting in the practice toilet.
- Flooring from ground floor hall to back entrance area was incomplete and damaged.
- The outside shed housed new PPE and NHS FP17's forms (forms used to detail NHS dental activity data); both were wet from rain ingress.
- General debris filled the shed to the door way.
- There was no shed door. We were told this blew off in a storm.
- The garden was overrun with bindweed and brambles.
- The door fastener was missing in surgery two.
- PPE was stored in a plastic storage box in the garden this was covered in brambles.
- Keyboards were neither covered or washable and full of debris.
- There was damp on one wall in surgery two.

Fire safety management was not effective:

- A fire risk assessment was not available, which is not in line with the legal requirements.
- Routine testing and logs of the fire alarm and emergency lights were not available.
- Fire drill logs were not available.
- Portable appliance testing (PAT) evidence was not available on equipment.
- The PAT certificate was not available.
- There was no apparent emergency lighting on the staircase.
- The reception area smoke detector was missing; only the ceiling mount was in place.
- Two rubbish bins at front of building under the main window were not lockable which is arson risk.

The practice did not have arrangements to ensure the safety of the X-ray equipment.

- Radiation protection information was not available.
- The Radiation Protection Adviser (RPA) was recorded incorrectly. We were told these rules were out of date.
- The provider was unaware that annual radiography audits were required.
- The Health Service Executive (HSE) notification was not available.

Are services safe?

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

We saw evidence the dentists justified and reported on the radiographs they took.

We were told that radiography audits were not carried out.

Risks to patients

The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment.

Systems to assess, monitor and manage risks to patient safety were not effective.

Sharps risk management was not effective:

- A sharps risk assessment was not available for the location.
- Needle stick injury information was not available in both surgeries.
- A sharps bin was in use and dated April 2021. Bins should be changed after three months or when they reach the fill line.

The provider did not operate an effective system to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. The effectiveness of the vaccination was not checked.

One of the four staff working on the day of our visit had knowledge of the recognition, diagnosis and early management of sepsis.

Records available confirmed that two out of six staff had completed training in emergency resuscitation and basic life support in the previous 12 months.

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. However, we were unable to confirm the temperature of the fridge containing the Glucagon was monitored.

A trainee dental nurse worked with the dentist when they treated patients in line with General Dental Council 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. Control of Substances Hazardous to Health (COSHH) products were stored in the cupboard under the stairs which was neither locked nor labelled appropriately.

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 a sample of dental care records with the dentist to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe.

Electronic dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

We found historical patient records stored in filing cabinets in a shed which were not secure and accessible to neighbouring property via a low wall.

Are services safe?

The provider used the NHS electronic referral system 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.

Incoming patient safety alerts were not monitored.

Not all staff had access to the company portal for policy and procedure information.

Safe and appropriate use of medicines

The dentist was aware of current guidance with regards to prescribing medicines.
The practice did not have a system for appropriate and safe handling of prescriptions.

Prescription pads in the practice were neither stored securely nor logged.

Antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

There were no records available to confirm that systems were in place to investigate, document and discuss safety incidents.

Are services effective?

(for example, treatment is effective)

Our findings

We found 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 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.

Effective needs assessment, care and treatment

We saw the clinician assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Reasonable adjustments were not in place to meet the needs of disabled people in line with requirements of the Equality Act 2010:

- A hearing loop was not available.
- Vision aids (magnifying glass/reading glasses) were not available at reception.
- We observed a new patient being offered an appointment by the receptionist with no mention of stairs to treatment rooms.
- We were told that a Disability Access audit was not carried out.

Helping patients to live healthier lives

The dentist provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. They prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentist where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale.

Consent to care and treatment

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

The dentist understood the importance of obtaining and recording patients' consent to treatment. They were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after.

The dentist 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.

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

The provider did not have effective assurance processes to encourage learning and continuous improvement. Patient dental care record audits were not carried out.

We were told FP17 forms were not scanned to patient notes for two months while the receptionist post was vacant; we were told these were shredded before being scanned onto notes and were not now available.

Are services effective?

(for example, treatment is effective)

The shredder was broken on the day of our visit. We observed piles of FP17 forms in the decontamination room and in reception.

Effective staffing

Staff did not have the skills, knowledge and experience to carry out their roles:

- Training was not monitored.
- We saw evidence that two staff had received Basic Life Support training in the previous 12 months.
- There was no evidence available to confirm staff received fire safety training.
- We saw evidence that two staff had received the appropriate level of safeguarding children and vulnerable adults training.
- Trainee dental nurses had no clinical support or supervision.
- We saw evidence that one staff had received infection control training in the previous 12 months and a second had received training in 2017.
- Appraisals were not carried out.

Records were not available to confirm staff new to the practice including locum and agency staff had a structured induction programme.

Co-ordinating care and treatment

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

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

Referrals to secondary care providers were not centrally monitored by staff at the practice to ensure they were received and actioned in a timely manner.

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.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered. We were told they had left the practice a number of months before our visit.

Leadership capacity and capability

We found improvements were needed to ensure the management and oversight of procedures that supported the delivery of care was effective.

The practice was part of a corporate group which had a management team to support the effective running of the business, but their management oversight of the practice was not effective.

Culture

The practice did not have a culture of high-quality sustainable care.

Staff stated they did not feel respected, supported or valued.
Staff did not have annual appraisals or one to one meetings.

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

Governance and management

Staff did not have clear responsibilities, roles and systems of accountability to support good governance and management. There was no:

- Legionella lead.
- Safeguarding lead.
- Clinical lead.
- Infection control lead.
- Day-to-day management lead as the practice manager post was vacant.

The provider had a system of clinical governance in place which included policies, protocols and procedures but systems were not followed. Policies and procedures were not accessible to all members of staff.

The management of radiography. fire safety, health and safety, recruitment, COSHH, infection control, training, medical emergencies, equipment and premises required immediate improvement.

Appropriate and accurate information

The provider had information governance arrangements but not all staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The provider told us they used patient surveys to obtain patients' views about the service.

Staff were not encouraged to offer suggestions for improvements to the service and said their concerns were not listened to or addressed.

Are services well-led?

Continuous improvement and innovation

The provider had quality assurance processes to encourage learning and continuous improvement, but these were not operated effectively.

Audits were not carried out for any part of the business.

Training was not monitored effectively. Evidence was not available to confirm that relevant staff had completed the 'highly recommended' training as per General Dental Council professional standards.

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	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose 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: **There were no arrangements to take appropriate action if there was a sharps injury:** • A practice specific sharps risk assessment was not available. • Needle stick injury information was not available in treatment rooms. • Needlestick injury information in decontamination room referenced a disused service that was not relevant to the practice. • A sharps bin was in use which should have been replaced three months earlier. **Assessments of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated we not carried out:** • Patient seating had material covers. There was no cleaning schedule available. • An infection control annual statement was not available • We were told the autoclave validation tests had not been reviewed for over two months. • The manual cleaning validation log (water temperature) was last updated in '20/12'. We were unable to determine the year as this was missing from the log. • Visors and safety glasses were not used by staff performing instrument decontamination processes. • The instrument inspection magnifying light was damaged (an audit identified this in Summer 2021). • Legionella water temperature testing was not carried out.

This section is primarily information for the provider

Requirement notices

- Not all local anaesthetic ampules in treatment rooms were stored in their original packaging (blister packs).
- We saw contaminated instruments pouched and ready to use in drawers in surgery two.
- We saw open pouches of instruments in drawers in surgery two.
- Pouched instrument dating protocol was confusing. Some pouches had one date whereas some had two. Hand written dates were also hard to read.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 15 CQC (Registration) Regulations 2009 Notifications – notice of changes The registered person did not ensure that the premises and equipment used by the service were clean, secure, properly used and maintained. In particular: • Boxes of clinical materials (e.g. PPE) were stacked on the floor in the patient waiting area (blocking seating). • A sash was broken on the window of surgery two. • The windowsill was rotten in surgery two. • The health and safety risk assessment was not site-specific. • Lights on the ceiling were missing covers. • The lock on the kitchen cupboard was broken (the lock had been forced). • The carpet was ripped on one step of the stairs. • Water pressure noise excessively loud in surgery one which made hearing the dentist difficult • An electrical plug socket above the door in the decontamination room was away from wall. • The dentists stool covering was ripped in both treatment rooms. • The patient treatment chair was dirty in both treatment rooms. • Floors were dirty in both treatment rooms. • All the floors on the ground floor were dirty. • The carpet was dirty and stained with dental impression material (alginate). • The banister was dirty and sticky to the touch. • Cleaning schedules were not available.

This section is primarily information for the provider

Requirement notices

- Infection control colour coded mop buckets were stacked up in the garden and full of rainwater.
- Only one mop was available in the practice Guidance says different areas of the practice are cleaned with specific coloured mops in order to reduce risk of infection.
- There were no adequate facilities for staff to store their clothes and personal belongings. The cupboard they used was full of stock and debris.
- Floors were not sealed to skirting in the toilet.
- Flooring from ground floor hall to kitchen area was incomplete and damaged.
- New PPE in the shed was water damaged.
- New NHS FP17 forms in the shed were water damaged.
- General debris filled the shed to the door (which was missing).
- There was no shed door. We were told this blew off in a storm.
- The door fastener was missing in surgery two.
- A plastic storage box in the garden containing PPE was covered in brambles.
- A keyboard in surgery two was not covered or washable and was full of debris. This presented an infection risk.
- A wall in surgery two was damp.
- The heater was visibly dirty in surgery two.
- The rubbish bin in the kitchen was full and overflowing.
- The yellow mop and bucket in the kitchen doorway was full of fluid, the mop was wet and dirty.

Domestic, clinical and hazardous waste and materials were not managed in line with current legislation and guidance:

- There was a lack of evidence of regular clinical waste collection. There was only one waste collection note available for 27/09/2021; we were told by the clinical director that others were not available.
- There were open clinical waste bags on the floor. We were told the two clinical waste bins in the garden were full.
- Two clinical waste bins in the garden were not locked, both were full and one was overflowing and accessible to neighbour via a low wall.
- The clinical waste bin in surgery one was not foot operated.

This section is primarily information for the provider

Requirement notices

Reasonable adjustments were not made when providing equipment to meet the needs of disabled people in line with requirements of the Equality Act 2010.

- A hearing loop was not available.
- Vision aids (magnifying glass/reading glasses) were not available.
- A new patient was offered an appointment by the receptionist who made no mention of stairs to treatment rooms.
- A Disability Access audit was not carried out.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The registered person did not ensure persons employed in the provision of the regulated activity received the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties. In particular: • Appraisals were not carried out. • Training was not monitored. • A trainee dental nurse and receptionist questioned had no knowledge of the management of sepsis. • We saw evidence that only two staff had received Basic Life Support training in the previous 12 months. • There was no evidence available to confirm staff received fire safety training. • We saw evidence that only two staff had received the appropriate level of safeguarding children and vulnerable adults training. • There was no day-to-day management lead as there was no practice manager in post. • Trainee nurses had no clinical supervision. • We saw evidence that only one staff had received infection control training in the previous 12 months and a second had received training in 2017.

This section is primarily information for the provider

Requirement notices

- The person carrying out the instrument decontamination process was new and unaware of the required actions and could not answer any questions about what she should do.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person did not ensure that recruitment procedures were operated effectively to ensure only fit and proper persons are employed and specified information is available regarding each person employed. In particular: • Recruitment checks were not monitored to ensure they were completed or stored appropriately. • We looked at six staff recruitment records: • Only one had a full employment history. • Only two had proof of identity. • Only four had a DBS check. However, one of these was unreadable. • Only two had conduct in previous employment (references). • Only one had eligibility to work in the UK. • None had a health assessment. Only one had evidence of Hepatitis B immunity. Three staff had received vaccinations, but titre level evidence was not available

This section is primarily information for the provider

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 Treatment of disease, disorder or injury Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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. 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. In particular: **Fire Safety** • A fire risk assessment was not available. • Evidence of weekly fire alarm testing was not available. • Evidence of monthly emergency light testing was not available • Evidence that fire drills took place was not available • Portable appliance testing (PAT) evidence was not available • There was no apparent emergency lighting on staircase. • The smoke detector in the reception was missing; only the ceiling mount was in place. **Radiography** • A Health and Safety Executive (HSE) notification of the routine use of dental X-ray equipment at the practice was not available. **Emergency Medicines** • The glucagon fridge's temperature checking log was not available, **Information**

This section is primarily information for the provider

Enforcement actions

- Incoming patient safety alerts were not monitored.
- Not all staff had access to the provider's online portal for policy and procedure information.

Audits

- Audits were not carried out for radiographs, antibiotic prescribing or patient treatment record.

Data Protection

- Patient records were stored in unlocked filing cabinets in a shed that was not secure and was accessible to neighbouring property via a low wall.

Patient Care Records

- NHS FP17 forms not scanned to patient notes for two months while the receptionist post was vacant. We were told these were shredded before being uploaded to records.

Equipment:

- There were no servicing records available for the air conditioning unit.
- A replacement autoclave was in use but there were no servicing records available.
- There were no servicing records available for the two X-ray units.
- Three-yearly quality assurance test records were not available for the two X-ray units.
- There were no servicing records available for the compressor.
- Annual discharge and servicing records were unavailable for the emergency lights.

NHS Prescriptions

- Seven prescription pads in the reception were not stored securely or logged.
- Prescription pads in treatment rooms were not stored securely or logged.

Accidents and Significant Events

This section is primarily information for the provider

Enforcement actions

- An accident book was not available which prevented staff from recording accidents that occurred in the practice.
- No records were available to confirm the management of significant events, accidents, complaints or patient safety alerts such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) was effective.