

Freedom Dental Mayfield Dental Care

Inspection Report

3 Mayfield Street
Atherton
Manchester
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Website: none

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Overall summary

We carried out this announced inspection on 5 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. We did not receive any information of concern from them.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Mayfield Dental Care is in Atherton and provides NHS and private treatment to adults and children.

There is access via a small step for people who use wheelchairs and pushchairs. Car parking spaces, including for patients with disabled badges, are available near the practice.

The dental team includes five dentists, four dental nurses (two of whom are trainees), two dental hygiene therapists, a receptionist and a practice manager. The practice has three treatment rooms.

Summary of findings

The practice is owned by a partnership 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 Mayfield Dental Care was the practice manager.

On the day of inspection we collected 37 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, three dental nurses, the receptionist 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 to Friday 08.45 to 13.00 and 14.00 to 17.00

Our key findings were:

- The practice was clean but some areas of the premises were cluttered.
- Minor improvements were needed to the infection control procedures.
- Staff knew how to deal with emergencies. Appropriate medicines were available but improvements were needed to the management of life-saving equipment and frequency of checking.
- The practice had systems in place to help them manage risk but not all risks had been assessed and mitigated.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- Staff shortages had impacted on the leadership of the practice. Servicing was not up to date for some equipment.

- Staff told us they felt supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

We identified regulations that were not being met and the provider must:

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

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

There were areas where the provider could make improvements and should:

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the storage of emergency drugs requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the practice's waste handling and infection control procedures and protocols giving due regard to guidelines issued by the Department of Health.
- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review its responsibilities to the needs of people with a disability and the requirements of the equality Act 2010 and ensure a Disability Discrimination Act audit is undertaken for the premises.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. Improvements were needed to record, investigate and learn from incidents and complaints.

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

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean but some areas of the practice were cluttered which limited access.

The practice had systems in place to manage risks. Improvements were needed to manage the risks associated with occupational health and sharps, the servicing and maintenance of equipment, fire and radiological safety.

Improvements were needed to the processes for cleaning, sterilising and storing dental instruments, waste segregation and arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

They displayed oral health education information throughout the practice and supported national oral health campaigns. Patient's comments confirmed that the dentists were very informative and gave them information to improve their oral health.

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

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 37 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and compassionate. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

The practice had installed CCTV around the premises. Improvements were needed to the signage to advise people they were being recorded and the ICO had not been informed of the use of CCTV.

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. In addition, the practice was part of a local scheme to provide urgent dental care to unregistered patients.

The practice could improve access for patients with disabilities by assessing the premises and making reasonable adjustments.

The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

The practice had a range of policies and procedures but not all these were up to date.

Some risk assessments were in place to support the management of the service but there were risks that had not been acted upon. For example, ensuring incidents were appropriately recorded and investigated, fire and radiological safety, maintaining the emergency equipment, staff immunity, waste segregation and some items of equipment had not been serviced.

The practice had experienced a significant number of staff changes and this had impacted on their capacity to effectively govern the practice.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

Requirements notice



Summary of findings

The practice had not carried out audits of X-rays. Improvements were needed to the process to audit infection prevention and control.

They were proactive at asking for and listening to the views of patients and staff.



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood the need to report incidents but the process was not consistently followed. For example, a sharps injury in January 2017 had not been recorded correctly or investigated. Staff told us they discussed incidents to reduce risk and support future learning.

The practice had a system to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We saw evidence that some recent alerts had been received, discussed with staff, acted on and stored for future reference. We noted recent relevant alerts had not been received. The inspector alerted the practice manager on the day of the inspection and three devices were checked to confirm that they were not affected by the alerts. The registered manager gave assurance that they would ensure all future alerts are received, acted upon and retained for reference.

Reliable safety systems and processes (including safeguarding)

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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. A sharps risk assessment was in place but not all clinicians were following safe re-sheathing techniques. We discussed this with the registered manager who gave assurance that this would be reviewed and risk assessed more thoroughly. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency medicines were available as described in recognised guidance but improvements were needed to the equipment and the process to check these were available, within their expiry date, and in working order. The oropharyngeal airways, oxygen face mask with reservoir, tubing and self-inflating bag and mask had expired, a child sized bag and mask were not available. Glucagon, which is required in the event of severe hypoglycaemia, was stored unrefrigerated but the expiry date had not been adjusted in line with the manufacturer's instructions. The practice took immediate action to order the expired and missing items. Staff told us they carried out and kept records of monthly checks of the emergency kit but up to date records of this were not available. The available records showed the last documented check was 2015. The emergency kit was located in a public area which could not be seen by the staff. Expired training vials and syringes were located in a yellow bag with the emergency kit, which was incorrectly labelled. We discussed our concerns with the practice manager who gave assurance they would review the Glucagon expiry date, reconsider the location of the emergency kit and told us they would carry out and document daily checks of the automated external defibrillator, weekly checks of the emergency equipment and relocate the items retained for training.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at staff recruitment files including for the most recently recruited members of staff. These showed the practice followed their recruitment procedures. They used employment agencies to support the process and liaised with local education providers where trainee dental nurses were recruited and placed with the practice.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had appropriate, up-to-date professional indemnity cover.

Monitoring health & safety and responding to risks



Are services safe?

The practice had health and safety policies and had carried out some risk assessments to help manage potential risk. These covered general workplace and specific dental topics. The practice had carried out a self-assessment for fire safety. Staff had received fire safety training and regularly checked that fire exits were clear. Firefighting equipment was available and serviced but there were no fire detection systems in the practice and professional advice had not been sought in relation to this. We asked the practice to obtain professional advice relating to this, they sent evidence to the inspector that they had engaged an external specialist company.

Information relating to the Control of Substances Hazardous to Health (COSHH) and a number of product risk assessments were in place but product safety data sheets had not been obtained. The practice manager told us that they would take action to obtain the product safety data sheets and update the risk assessments. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental therapists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for checking and sterilising instruments in line with HTM01-05. Minor improvements were needed to the process for cleaning and storing instruments. Staff were not monitoring the temperature of the water for manual cleaning to ensure it was below the recommended 45°C. Some stored instruments were not appropriately bagged and instruments were not always reprocessed at the end of the day.

The records showed equipment staff used for cleaning and sterilising instruments was validated and serviced in line with the manufacturers' guidance. The pressure vessel

tests were due in July 2017 and were overdue. The practice had evidence that these were booked in October 2017. Staff did not ensure there was evidence of all validation procedures.

We noted that the practice used black domestic waste bags in the household and clinical waste bins. Staff told us these were tied and transported to the cellar where the clinical waste was then placed in approved clinical waste bags for disposal. We discussed the risk that they could be disposed of incorrectly. The provider confirmed these areas would be addressed.

The practice had carried out annual infection prevention and control audits. The most recent documented audit was January 2016 and staff had completed a checklist using a dental governance tool in January and October 2017 but this had not highlighted the issues described including water temperature monitoring, instrument storage, correct waste disposal and validation of equipment. This was discussed with the registered manager who gave assurance that six monthly audits would be carried out.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Staff had received legionella awareness training; They carried out and documented monthly water temperature testing and had systems to ensure the water quality in the dental unit waterlines.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual. Several areas of the practice were used to store old equipment, supplies and other items which required disposal. Improvements could be made to the storage of cleaning equipment mops which were not inverted to enable them to dry.

The staff records we reviewed with the practice manager provided evidence to support the relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. Systems were in place to check staff immunity but checks had not been done for five of the clinical staff, two of which were identified as low responders. The provider did not have a risk assessment in place in relation to staff working in a



Are services safe?

clinical environment where the effectiveness of their Hepatitis B vaccination was unknown or where it was ineffective. The provider assured us that immunity would be checked for these staff.

Equipment and medicines

We saw some servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. Records of every sterilisation cycle to demonstrate the steriliser was working within the validated parameters at all times were not kept.

The practice had purchased and self-installed an air compressor in February 2017. An air compressor is a device that converts power into pressurised air to power dental equipment. Evidence was not available to support that this was suitable for dental use or that it had been fitted and tested by a competent person. Pressure testing was carried out on 3 October 2017. Immediately after the inspection the practice made a decision to replace the compressor and evidence was sent to support this.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice did not have suitable arrangements to ensure the safety of the X-ray equipment. Three yearly testing had not been carried out on two of the X-ray machines and the third machine was overdue by 10 months. The registered manager was aware that these tests were overdue but advice had not been sought to ensure the equipment was safe to use. Critical examination reports on one of the machines had recommendations for operators which were not reflected in the local rules. The practice told us they would cease use of the equipment, discuss the risks with the Radiation Protection Adviser (RPA) and arrange for the servicing to be carried out. They later provided evidence that this had been completed.

A radiation protection file was in place but was not up to date with the relevant information such as the Health and Safety executive notification, details of the correct radiation protection supervisor, approved operators and the local rules.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice did not carry out X-ray audits every year following current guidance and legislation.

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



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit. They displayed oral health education information throughout the practice and supported national oral health campaigns. Patient's comments confirmed that the dentists were very informative and gave them information to improve their oral health.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children as appropriate.

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

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and the practice supported them to complete their training by offering in-house training, lunch

and learn sessions and online training. The practice monitored the progress of trainee dental nurses and met regularly with assessors from the education provider to support their learning.

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, a dental therapist and dental nurses, to deliver care in the best possible way for patients.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. 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 may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were friendly, caring and compassionate. We saw that staff treated patients respectfully, appropriately and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

The layout of reception and waiting areas did not provide privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients and if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave 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.

Music was played in the treatment rooms and there were magazines and practice information in the waiting areas.

The practice had installed CCTV in the reception and waiting areas. Signs were displayed to advise people that CCTV was in use but information was not available to advise that images were recorded and how to access the images. The Information Commissioner's Office had not been informed of the use of CCTV.

Involvement in decisions about care and treatment

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

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they were unable to access the first floor surgery or if they required a translator.

Patients were sent text message and email reminders for upcoming appointments. Staff told us that they telephoned some patients on the morning of their appointment to make sure they could get to the practice. Staff also telephoned patients after complex treatment to check on their well-being and recovery.

Tackling inequity and promoting equality

The practice could improve access for patients with disabilities by assessing the premises and making reasonable adjustments. There was a step at the front entrance but staff told us that wheelchair users did not experience difficulty in accessing the premises and there was a ground floor surgery and toilet facilities. The practice had not explored reasonable adjustments.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to telephone interpreter and translation services which included British Sign Language.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and patients confirmed it was easy to arrange same day appointments. In addition, the practice was part of a local scheme to provide urgent dental care to unregistered patients. Staff told us they had a good working relationship with the central appointment office that were responsible for booking patients and providing information to the practice. Signs at the practice and the answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

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

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

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

Governance arrangements

The principal dentist had overall responsibility for the management and 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 practice had a range of policies and procedures but not all were up to date and included information relating to external organisations that no longer existed. Some risk assessments were in place to support the management of the service but there were risks that had not been acted upon. For example, ensuring incidents were appropriately recorded and investigated, fire and radiological safety, maintaining the emergency equipment, staff immunity, waste segregation and some items of equipment had not been serviced. There were no fire detection systems in the practice and professional advice had not been sought in relation to this. Several areas of the premises were heavily cluttered with stored and discarded items. The provider took action to clear these and later provided evidence.

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

Leadership, openness and transparency

On the day of the inspection, the registered manager told us that they were aware of deficiencies in governance prior to the inspection. The practice had experienced a significant number of staff changes and this had impacted on their capacity to effectively govern the practice. We found staff were open to feedback and took immediate action to address the concerns raised during the inspection. They provided action plans and evidence to confirm that action had been taken in relation to equipment servicing, the compressor, radiological safety and fire safety.

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the

practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held regular informal discussions and occasional meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. A plan was in place to introduce a more regular meeting structure.

Learning and improvement

During the inspection the registered manager was responsive to feedback and actions were taken quickly to address our concerns. The practice had recently introduced some quality assurance processes to encourage learning and continuous improvement. These included an audit of record keeping but clinician's own reflections and action plans were not recorded. The practice had not carried out audits of X-rays. Improvements were needed to the process to audit infection prevention and control.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed highly recommended training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. They had acted on suggestions from patients to redecorate areas of the practice.

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

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>Regulation 17 HSCA 2008 Regulations 2014 Good governance</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Mayfield Dental Care were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider did not ensure an effective system was established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities relating to and there were risks that had not been acted upon. For example:<ul style="list-style-type: none">▪ ensuring incidents were appropriately recorded and investigated▪ maintaining the emergency equipment▪ staff immunisation status▪ waste segregation▪ ensuring practice policies contained up to date information• The practice had not carried out audits of X-rays. Improvements were needed to the process to audit infection prevention and control and ensure staff carried out and documented validation processes.