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Windlesham Dental Centre

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 28 April 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 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.

Summary of findings

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

Windlesham Dental Centre is in Windlesham and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes a dentist and a trainee dental nurse. The practice has one treatment room.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

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

The practice is open:

- Monday, Tuesday, Wednesday and Friday 8am to 2pm
- Saturday 9am to 1pm

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which did not reflect published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were not available.
- The provider had some 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 did not have staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines, but patient dental care records must be improved to reflect this.
- 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.

Summary of findings

- Staff felt involved and supported and worked as a team.
- The provider asked staff but not patients for feedback about the services they provided.
- The provider had information governance arrangements.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Take action to ensure the availability of an interpreter service for patients who do not speak English as their first language.
- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.
- Take action to ensure the service takes into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

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?	**Requirements notice** ✖

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.

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.

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 and procedures. Staff completed infection prevention and control training.

We looked at the process to decontaminate dental equipment in the decontamination room. The provider had not carried out an action plan to address the issue of the lack of availability of a hand washing sink within the room. The treatment room was adjacent to the decontamination room where a hand washing sink was available. The decontamination room was not clearly marked with an instrument flow of dirty to clean, although instruments were processed from dirty to clean by staff. Thereby the providers arrangements for transporting, cleaning, checking, sterilising and storing instruments were not fully in line with HTM 01-05.

There were no measurement methods used for water and detergent dilution ratios, or water temperatures. A wire brush was in use, which is not recommended. The provider told us that they would get an experienced nurse in to review decontamination process flows and signage, that new external check lists would be obtained, and the wire brush discarded.

We saw that the staff in the practice used an exercise logbook to record information for autoclave sterilising operations. The autoclave was relatively new, and the operating cycles for the device were electronically recorded. The logbook did not demonstrate that the autoclave was maintained as it did not record testing strips in line with the manufacturers' guidance.

There were no written logbooks to record treatment room start up, operations or shut down procedures. There was no written evidence of, decontamination room checks, and operations were not consistently carried out in line with guidance.

The provider did not fully 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

The staff carried out manual cleaning of dental instruments prior to them being sterilised.

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 found staff did not keep monitoring records of water testing and dental unit water line management in line with the practice policy and risk assessment to reduce the possibility of Legionella or other bacteria developing in the water systems.

We were shown cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

Are services safe?

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

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

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists 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, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider did not have a recruitment policy and procedure to help them employ suitable staff and keep suitable records. We did see records of DBS (Disclosure and Barring Service) checks and vaccination histories for staff. There were no records of employment history including an explanation for gaps of employment; and satisfactory evidence of conduct during previous employment. There were no staff records for clinicians visiting the practice in order to provide dental implants in line with guidance.

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

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We saw certificates which indicated that portable appliance electrical safety testing had taken place during April 2021. We were shown a certificate which indicated that the five yearly electrical safety mains testing had taken place in 2017. We were shown a certificate which showed that the gas boiler safety checks had taken place in February 2021.

During the inspection we saw evidence that the dental chair and suction units had been serviced during April 2021. We also saw evidence that a new autoclave and compressor had been installed during 2021.

A fire risk assessment was carried out in April 2021 in line with the legal requirements. We saw there were fire extinguishers and fire exits were kept clear. During the inspection we were shown a certificate which indicated that the fire extinguishers had been serviced in March 2021. We were also shown an external fire safety risk assessment for the practice which indicated that emergency lights and smoke alarms were operational. The assessment indicated a number of remedial actions were necessary, these actions included policies, site plans, a record of fire safety checks, signs and training to be undertaken. We saw evidence that most of these actions had been completed, except for the introduction of door smoke seals and introduction of regular checks. The provider told us these outstanding actions were planned to be implemented as soon as building contractors could carry out remedial work and a fire safety logbook arrived from the external consultant.

During the inspection the provider was unable to show us a maintained radiation file with collated paperwork for the practice digital X ray equipment. There were relevant certificates for the installation and servicing of equipment. Local rules were displayed by the X ray equipment. An external company was providing X ray support and the provision of a radiation protection advisor. There was no evidence that the relevant notification concerning the X ray equipment had been made to the Health and Safety Executive. The provider told us that the notification was being carried out, in conjunction with the radiation protection advisor.

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

Risks to patients

The provider had not fully implemented systems to assess, monitor and manage risks to patient safety. In particular implementing infection prevention control guidance, fallow time, fire and legionella monitoring records.

Are services safe?

We saw evidence that Fit testing for masks had been carried out during April 2021, there was no evidence of Fit testing before this date. Where respiratory protective equipment is used, it must be able to provide adequate protection for individual wearers. Fit testing ensures that the equipment selected is suitable for the wearer. The provider told us that Fit testing had confirmed that the respiratory protective equipment was correctly fitted and operating correctly for staff.

The provider had calculated fallow time as 15 minutes, supported by ventilation equipment and windows, between patients when aerosol generating procedures were undertaken but had not formalised this into a written risk assessment. Staff told us that they commenced cleaning before fallow time had taken place. Fallow period is the time necessary for clearance of infectious aerosols after a procedure before decontamination of the surgery can begin (Faculty of General Dental Practice (FGDP) guidelines). The provider told us they would change procedures in line with guidance with immediate effect.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk although actions needed to be completed, for example to fire, legionella and fallow time justification. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken in March 2021 and had been updated annually previously.

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

Staff had completed sepsis awareness training. This helped ensure staff made triage appointments effectively to manage patients who presented with a dental infection and where necessary refer patients for specialist care.

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

We found the medical emergency equipment and medicines held was not in accordance with current guidelines. We found the adrenaline available was only sufficient for one dose and the aspirin held was not dispersible. There were no oropharyngeal airways, portable suction and no self-inflating bags with reservoir for child or adult available. The provider told us that they would make arrangements to rectify these issues and obtain a new external check list to avoid this occurring in the future.

We found that check lists for checking the emergency medical equipment were not in line with resuscitation council guidance and did not include checking the medical oxygen and automated external defibrillator. The provider told us they would implement effective checklists.

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 told us that the practice opened during the morning only, or by special arrangement. The reduced opening hours ensured that chairside support was always available, and that the provider would not work without chairside support. This was confirmed to us by staff.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

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.

Are services safe?

We looked at dental care records to confirm our findings and observed that individual records were handwritten. We looked at five handwritten patient dental care records. We found that the records were not in line with Faculty of General Dental Practice (FGDP) guidelines. The provider explained to us how they examined a patient and if nothing was found, for example, no signs of oral health issues, then this was not recorded. FGDP guidelines suggest that in this eventuality a record should be made in patient dental care records to record the fact that no issues were found in key areas.

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

During the inspection the inspector saw a certificate from the Information Commissioner's Office which indicated that the provider was registered with them from 2017.

The provider told us that if a patient required specialist oral health treatment they were referred to a private specialist. We were told there was no central monitoring of referrals due to the low numbers of referrals, except for records recorded in patient dental care records. The provider told us that they would review care pathways for oral health issues, including NHS treatment, which required specialist support and track them accordingly.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

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

The provider had not completed an antimicrobial prescribing audit. The provider told us that they would be carrying out such an audit through the adoption of an external governance system. The provider told us that they rarely wrote out private prescription and did not use NHS prescriptions.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were risk assessments in relation to safety issues although actions needed to be completed, for example to fire, legionella and fallow time justification. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

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 the visiting clinician and dental nurse. The provider did not have an effective system to ensure the visiting staff were recruited in line with the practice policy.

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

The dentist 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. This 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 staff 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 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.

There was no practice consent policy or policy concerning the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. Staff were aware of Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstance and the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

The practice kept 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.

Are services effective?

(for example, treatment is effective)

The provider had recently undertaken quality assurance processes to encourage learning and continuous improvement, the audits included radiography, patient dental care records and infection prevention and control. Staff kept records of the results of these audits, the resulting action plans and improvements. There was no evidence of the quality assurance processes being undertaken previously.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

There was no structured induction programme recorded for staff new to the practice. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Information folders, patient survey results and thank you cards 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. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy had also been completed.

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

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:

- There were no translation services available for patients. The provider was bilingual and stated that if translation services were required for patients, however we were told they would be obtained in advance of patient attendance at the practice if required.
- Staff communicated with patients in a way they could understand.

Staff helped patients and their carers to ask questions about their care and treatment.

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

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included X-ray images taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

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. The provider shared examples of how they met the needs of more vulnerable members of society such as patients with dental phobia. The provider told us that they did not carry out treatment at patients' homes.

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

The practice had made reasonable adjustments for patients with disabilities. This included step free access and accessible toilet with handrails and a call bell.

There was no disability access audit or an action plan to continually improve access for patients available. We did see that building alterations had been made for disabled patients. There was level ramped access and assistance handles in patient toilet facilities.

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

Timely access to services

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

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. The number of patients attending the practice was four to six per session, which the provider told us ensured that patients had enough time during their appointment and did not feel rushed.

The staff took part in an emergency on-call arrangement with some other local practices and patients were directed to the appropriate out of hours service.

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. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care, although they had not received any complaints for many years.

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

Information was available about organisations patients could contact if not satisfied with the provider. The provider aimed to settle complaints in-house and would invite patients to speak with them in person to discuss these.

Are services well-led?

Our findings

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

Leadership capacity and capability

The provider was concerned about the issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. Examples of this included the adoption of a new external provider for governance, new first aid check lists and new checklists for infection prevention and control in the decontamination and treatment rooms.

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

Culture

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

The provider was not able to show any records of appraisals having taken place. The provider told us that this was because staff had not been in post for a year at the time of the inspection, but these would take place at the end of their first year in employment. We saw improvements needed to be made to how staff were recruited to ensure it meet legislative requirements, including visiting clinicians.

The provider needed to ensure that risk assessments actions arising from the risk assessments were completed, for example to fire, legionella and fallow time justification. The provider needed to ensure that audits drove improvements for example dental care records, radiographs and infection prevention and control. The provider needed to ensure that a full range of policies were in place, including for example recruitment, prescriptions, consent, referrals or lone working and underpinned practice activities. The provider needed to ensure that protocols, for example infection prevention control, were correctly carried out. The provider told us that they would engage an external company to provide this support.

We saw records of staff meetings taking place on a monthly basis.

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

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

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

Governance and management

The provider had overall responsibility for the management and clinical leadership of the practice.

The provider was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

We saw there were some policies for managing risks, issues and performance.

Are services well-led?

We found that there were no polices to cover recruitment, prescriptions, consent, referrals or lone working. The provider told us that they would be engaging an external provider to assist with the provision of policies, risk assessments, check lists and audits.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

The provider told us they had not carried out any formal patient surveys. The provider told us they listened to comments from patient about treatment and the practice and would act on them if necessary, although such actions were not recorded. The provider told us that they would implement a patient survey with the introduction of an external governance provider.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on, for example the introduction of external check lists.

Continuous improvement and innovation

The provider had introduced systems and processes for learning, continuous improvement and innovation.

The provider had recently commenced quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control.

We saw evidence that the provider had carried out audits during April 2021 for infection prevention and control and in March 2021 for dental care records and radiographs. The audits we looked at had not identified issues in relation to the dental care records nor infection prevention and control. However, we noted the dental care records required improvement and this had not been highlighted within the audit. The radiograph audit examined justification for taking the radiograph but did not examine the quality of radiographs. We did see that radiographs were assessed for quality in the five patient dental care records we randomly examined.

We were not shown evidence of any other quality assurance audits carried out previously to 2021.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The trainee dental nurse was encouraged to complete additional training in addition to their course. We discussed with the provider about supporting the dental nurse with an experienced individual to ensure that systems and processes were understood and correctly implemented. The provider agreed with this additional support for the dental nurse.

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

We looked at staff records, and whilst there was no centralised list due to the small nature of the staff team, we saw a number of training certificates to confirm that all staff members had undertaken a variety of topics for recorded training including safeguarding, fire safety and infection prevention control. There was no information recorded for visiting clinicians.

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 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 17** **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 establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular: • Quality assurance processes were not in place to encourage learning and continuous improvement. Audits of dental care records, radiographs and infection prevention and control had not been carried out. • A system to ensure patient referrals to other dental or health care professionals was not centrally monitored to ensure they are received in a timely manner and not lost. • Protocols and procedures were not in place for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into

This section is primarily information for the provider

Requirement notices

account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment in particular the Health and Safety Executive notification had not been completed.

- Risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities were not in place in particular i infection prevention control, fallow time, fire and legionella monitoring records; and the practice did not have a full range of policies.

- Processes and systems were not in place for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.

Regulation 17 (1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 12** **Safe care and Treatment** 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 ineffectively operated in that they failed to enable the registered person to ensure care and treatment is provided in a safe way to patients. In particular: • Infection control procedures and protocols were not carried out in accordance with the guidelines issued by the Department of Health in the Health Technical

This section is primarily information for the provider

Requirement notices

Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

- Emergency equipment and medicines were not available as described in the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

- Effective system of checks of medical emergency equipment and medicines were not carried out in accordance with the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

Regulation 12 (1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 19** **Fit and proper persons employed** 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 ensure persons employed for the purposes of carrying out a regulated activity must ensure specified information is available regarding each person employed. In particular:

This section is primarily information for the provider

Requirement notices

- Appropriate recruitment checks were not completed, were not, accurate, and did not contain detailed for all staff and visiting clinicians.

Regulation 19 (1)