

Mr Mohammed Abdul Kareem Siddiqui

Leven Vale Dental Practice

Inspection Report

Low Lane
High Leven
Yarm
Cleveland
TS15 9JT
Tel:01642308764
Website:www.levenvaledental.co.uk

Date of inspection visit: 12 November 2019
Date of publication: 19/12/2019

Overall summary

We carried out this announced inspection on 12 November 2019 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.

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

Leven Vale Dental Practice is in Yarm and provides NHS and private dental treatment to adults and children.

The practice is in a purpose-built ground floor premises. There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes a principal dentist, four associate dentists, a visiting dentist, seven dental nurses, a dental hygiene therapist and a receptionist. A practice manager has recently been appointed to support the dental team. The practice has four treatment rooms.

Summary of findings

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.

On the day of inspection, we collected 38 CQC comment cards filled in by patients. These provided a positive view of the dental team and care provided by 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 Thursday 9am to 5pm

Friday 9am to 4pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance; improvements could be made to the practice's manual scrubbing procedures for dental instruments.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available apart from a child sized resuscitation bag. This was ordered on the inspection day. Medical emergency drugs and equipment were not easily accessible to staff.
- The provider had systems to help them manage risk to patients and staff. Risk management systems could be improved in recording of prescriptions and checking of staff' immunity to Hepatitis B.

- The provider did not have suitable protocols in place for the safeguarding of vulnerable adults and children. Staff had not received training to the appropriate level and were not confident of their responsibilities for safeguarding vulnerable adults and children.
- The provider 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider should review the leadership, governance and management of the dental practice to promote a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.
- The practice has been a training practice for newly qualified dentists since 2014.

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






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

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

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?	No action	
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 that this practice was providing safe care in accordance with the relevant regulations.

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

Staff had clear systems to keep patients safe.

Staff were aware of their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances, but they were not confident in addressing safeguarding issues. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Flowcharts were displayed with safeguarding contact information. We discussed a recent referral to the local safeguarding team. The provider was the safeguarding lead in the dental practice and explained they were unsure whether the incident required referral to the relevant safeguarding authorities. They sought advice from a safeguarding lead of a medical practice and once referred, safeguarding staff agreed there was a delay in the referral process. We saw evidence that staff received safeguarding training however two dentists had received training of a lower level than recommended, and one of the dentists' certificates was from over three years ago. We received evidence the two dentists completed the correct level of safeguarding training on the inspection day.

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

The provider also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation (FGM).

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

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

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

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in line with the Regulatory Reform (Fire Safety) Order 2005 requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Records showed that fire detection and firefighting equipment were regularly tested and serviced.

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

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

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

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety

Are services safe?

regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. There was a policy for the management of sharp's injury.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. The provider had not recognised that a recently employed clinical member of staff had provided evidence of their Hepatitis B vaccinations, but not of the booster vaccination or of evidence of their seroconversion. A risk assessment was not in place to support this staff member whilst working in a clinical environment without evidence of immunisation. The provider requested the member of staff to obtain their immunity status from their medical doctor and evidence of seroconversion was shown to us on the inspection day.

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

Emergency equipment and medicines were available as described in recognised guidance apart from a child sized resuscitation bag. We saw evidence this was ordered on the inspection day. Medical emergency drugs and equipment were not easily accessible to staff on the inspection day. For example, we noted the glucagon medicine (used for a diabetic emergency) was stored in a room which was locked, with the key located elsewhere. When we asked for syringes for administering adrenaline (used for an anaphylactic emergency), staff could not find these easily and this could result in a delay during an emergency. The provider took action on the inspection day to address all these issues. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygiene therapist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

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

The provider had an infection prevention and control policy; some procedures were not in line with guidance in

the Health Technical Memorandum 01-05:

Decontamination in primary care dental practices (HTM 01-05). We saw a dental nurse scrubbing instruments above water, rather than submerged under water, and there was no clear process in place to ensure the heavy duty gloves used for this were replaced weekly. Staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately. Records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

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 to confirm our findings and noted that individual records were written and

Are services safe?

managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and stored in line with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines. Local anaesthetic cartridges were not stored in their original packaging in accordance with manufacturer's instruction and national guidance. The provider was unaware of this and assured us they would discuss this issue with staff. There was a suitable 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.

We saw staff stored and kept records of NHS prescriptions as described in current guidance. The records of prescriptions would not identify a missing or stolen prescription, as recommended by national guidance.

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

Track record on safety, and lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

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

There were adequate systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice.

There was 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 that 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 practitioners up to date with current evidence-based practice. We saw that 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 staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. They were also a member of a 'good practice' certification scheme.

Staff had access to a digital scanner to enhance the delivery of general dental care.

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

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

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

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

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

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Dental nurses were further trained in extended skills, such as oral health education.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals and one to one meetings. We saw evidence of completed appraisals and how the practice addressed the training

Are services effective?

(for example, treatment is effective)

requirements of staff. The practice was involved in training programmes for newly qualified dentists. Evidence of the support and supervision provided to trainees was apparent on the inspection day.

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 if they needed treatment the practice did not provide.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems for 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.

Staff monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were caring, professional and excellent. Comments from patients conveyed how they experienced dental care at the practice; they said they were very happy there and they would recommend the practice to others. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders, patient survey results and thank you cards were available for patients to read. The notice board in the reception area had a "you said, we did" poster. Examples of suggestions from patients that were put into practice include improved parking space provision for patients, pictures of staff on the website to allow easier identification for booking appointments and staff to work staggered lunch breaks to enable phone calls to be answered.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

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

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

A closed-circuit television system (CCTV) was in operation and appropriate signs were displayed to notify people of this. A CCTV policy and impact assessment had been completed in line with General Data Protection Regulation (GDPR) requirements.

Involving people in decisions about care and treatment

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

The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. We were told there was little need for these services in this area.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

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

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

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, dental study models, X-ray images and digital images. The digital scanner enabled photographs to be taken of the tooth being examined or treated and shown to the patient to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that 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 on the importance of emotional support needed by patients when delivering care.

The practice met the needs of more vulnerable patients, for example, those with learning difficulties, autism, dementia or other long-term health conditions. For those with anxiety or dental phobia, the practice would arrange appointments at times convenient to the patient and ensuring a sufficient appointment length was provided. Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The provider told us of the support offered to these patients, including a recent example where a patient's mother felt unhappy with the care provided to their child. The provider discussed this with the mother, reassured them, reflected upon this and ensured practice staff were trained to provide further support. The patient and mother have since been regular attenders.

The practice had made reasonable adjustments for patients with disabilities. This includes ground floor treatment rooms, an accessible toilet with hand rails, lowered reception desk height and large print leaflets / information sheets if requested. A disability access audit had been completed and an action plan formulated to continually improve access for patients.

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

Timely access to services

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

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

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

The staff took part in an emergency on-call arrangement with 111 (out of hour's 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

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

The provider had a policy providing guidance to staff 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 would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

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

We looked at comments, compliments and complaints the practice received. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

We found 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 Notice 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 and practice manager were leaders within the dental practice. The practice manager was appointed recently, and was undergoing induction. Prior to this, a dental nurse assisted in the management and governance of the practice. The provider did not have complete oversight of all issues and priorities relating to the quality and future of services.

The provider understood the issues identified on the inspection day and took prompt measures to address them. We received evidence that all outstanding actions were arranged for completion or had been completed following our inspection. The practice manager assured us they would assume responsibility to ensure these issues would not recur.

Culture

The practice had a culture of high-quality sustainable care. Staff stated they felt respected, supported and valued. They were proud to work in the practice. The staff focused on the needs of patients.

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

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

The practice's systems to support good governance and management could be improved.

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

manager was now responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. Each member of staff was assigned a different lead role to help support the governance of the practice.

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

The processes for managing risks, issues and performance were not effective. For example, issues identified during inspection include:

- a risk assessment was not carried out for a clinical staff member whose immune status to Hepatitis B could not be confirmed,
- the practice's safeguarding policy and protocols were not followed,
- infection prevention and control measures were not in line with HTM01-05,
- medical emergency equipment was not in place, as recommended by national guidance, and there could be a delay in administering emergency drugs due to items being stored in different areas.
- there was no method of identifying if a prescription was missing or stolen.

The provider and practice manager assured us they would review their management systems and implement change.

We saw there were clear and effective processes for managing risks and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support high-quality sustainable services.

Are services well-led?

The provider used patient survey, comment cards and verbal comments to obtain staff and patients' views about the service.

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. The most recent practice survey results and FFT results were 90% of patients would recommend the dental practice to others.

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

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, antibiotic usage, waiting times and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The dental team showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The dental team 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 completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.

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>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The registered person did not have systems in place to ensure that emergency equipment and medicines were available as described in guidance from the Resuscitation Council (UK), British National Formulary and General Dental Council standards. In addition, medical emergency equipment was not easily accessible.• The registered person's systems to monitor staff training were ineffective in that staff did not receive safeguarding training to the recommended level or within the recommended time frame.• The registered person's systems to identify and immediately investigate a safeguarding incident were not robust, in particular referral to the significant safeguarding authorities was not timely. <p>The registered person's risk management systems did not assess, reduce and monitor all the risks on-site. In particular:</p> <ul style="list-style-type: none">• Decontamination of dental instruments did not follow guidance from HTM 01-05.• There were ineffective protocols to record and track prescriptions.• Risk assessments were not completed for staff who could not demonstrate immunity to the Hepatitis B virus. <p>Regulation 17 (1)</p>