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Derwent Valley Dental

Inspection Report

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Overall summary

We carried out this announced inspection on 19 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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Derwent Valley Dental is in the Chaddesden area of Derby and provides NHS dental treatment to adults and children.

The dental team includes one dentist, two dental nurses and four receptionists. The practice has one ground floor treatment room. There is level access into the practice and treatment room, which is of benefit to patients in wheelchairs, with restricted mobility and parents with pushchairs. On-site car parking is available.

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 15 CQC comment cards filled in by patients and spoke with two other patients. Comments from patients were all positive about the dental care and treatment they had received.

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

The practice is open:

Monday: from 8am to 6pm, Tuesday: from 8am to 8pm, Wednesday: from 8am to 12pm, Thursday: from 8am to 6pm, and Friday: from 8am to 5pm.

The practice is closed for lunch: from 12pm to 1.30pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- Improvements were needed in infection control procedures to ensure they reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, apart from medical oxygen which did not have sufficient amounts in the case of an emergency.
- The provider's systems to help them manage risk to patients and staff required improvement.
- The provider did not use a dental dam when carrying out root canal treatments. Alternative methods of protecting the patients' airway during the procedure were not recorded.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines. There was room for improvement in relation to the use of X-rays as a diagnostic tool.

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Systems and processes for stock control could be improved.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider's quality assurance systems could be improved.
- Staff felt involved and supported and worked 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 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.
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Full details of the regulations the provider is not meeting are at the end of this report.

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

- Review the practice protocols regarding audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Take action to ensure the clinicians carrying out patient assessments are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance. Particularly in relation to the use of X-rays as a diagnostic tool and taking into account guidance from the Faculty of General Dental Practice.

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)

Improvements were needed to the systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

The provider had an infection prevention and control policy and procedures. They followed 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. Staff completed infection prevention and control training and received updates as required.

The provider arrangements for transporting, cleaning, checking, sterilising and storing dental instruments was not in line with HTM 01-05. There were no centralised decontamination facilities, with decontamination taking place in the treatment room. We noted there were no clearly defined clean and dirty areas within the treatment room. The records showed equipment used by staff for cleaning and sterilising instruments was validated and maintained in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw that some single use items had been reused. These included a prophylaxis brush and a prophylaxis cup which were used for polishing teeth.

There was a mercury spillage kit for the staff to use. However, this had a use by date of 2004. The practice manager assured us this would be replaced.

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 in the assessment had been actioned and records of water testing and dental unit water line management were maintained. The risk assessment had been updated by an external company in February 2019.

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

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 annually. The national guidance HTM 01-05 says infection prevention and control audits should be completed twice a year. The latest audit dated June 2019 scored 98% but had not made reference to the issues identified during this inspection.

We noted the chair used by the dentist was damaged with exposed foam, and there was damage to the floor plate of the dental chair in the treatment room. These issues had not been highlighted in the infection prevention and control audit, and there was no action plan in place to address these issues.

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

The dentist told us they did not use a dental dam when providing root canal treatment. This was not in line with guidance from the British Endodontic Society. The dentist told us they did not use an alternative method of protecting the patients' airway and did not complete any related risk assessments.

Are services safe?

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at six staff recruitment records. These showed the provider followed their recruitment procedure.

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 appliances.

A fire risk assessment was carried out in line with the legal requirements and last updated in November 2019. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Records showed there were regular fire evacuation drills for staff.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The provider had registered with the Health and Safety Executive in line with changes to legislation relating to radiography. Local rules for the X-ray unit were available in line with the current regulations. The provider had rectangular collimation fitted to the X-ray unit to enhance patient safety.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation. The dentist routinely took radiographs on a two-yearly basis. Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had implemented 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 the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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.

Sepsis prompts for staff and patient information posters were displayed within the practice. This helped ensure staff made triage appointments effectively to manage patients who present with 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.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. However, we saw the medical oxygen which was available for emergency use was showing less than 100% full. There was a risk the supply of medical oxygen would be insufficient in an emergency situation. Steps had not been taken to replenish the medical oxygen. Following the inspection we were told the gauge was faulty and the cylinder was actually 95% full. The practice manager told us this would be attended to following this inspection, and this resulted in identifying the gauge was faulty.

A dental nurse worked with the dentist when they treated patients in line with General Dental Council Standards for the Dental Team.

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

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 dental care records with clinicians to confirm our findings and observed that individual records were typed

Are services safe?

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

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

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

There was no effective stock control system for medicines and dental materials which were held on site. As a result, there were medicines and materials which had passed their use by date. We noted that local anaesthetic cartridges had been removed from their protective blister packs to ensure they stay free from contamination.

We saw staff stored and kept records of NHS prescriptions. We identified one prescription pad which had been pre-stamped with the practice stamp, although this was shredded during the inspection. The log being used to track individual prescriptions did not account for each prescription sheet. The practice manager assured us the system would be reviewed, and an improved record would be implemented.

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

Antimicrobial prescribing audits were not carried out annually.

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. Staff monitored and reviewed incidents. This helped staff to understand risks which led to better risk management systems in the practice as well as safety improvements.

The practice had an accident reporting policy and in the 12 months leading up to this inspection there had been one accident recorded. There was a system for recording and analysing accidents to identify any learning when they occurred.

There was a system for recording significant events. The records showed four significant events had occurred in the year leading up to this inspection. The records identified that staff had taken appropriate action and learning points were identified.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and

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.

Helping patients to live healthier lives

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

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

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

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

The dentist described 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 policy

gave only brief details of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy did not include information about the Mental Capacity Act (2005) or best interest decisions for patients who lacked the capacity to consent. The practice manager told us the policy would be amended to include this information and expand on the information relating to Power of Attorney following this inspection. The policy referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. 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.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

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

Staff new to the practice had a structured induction programme. 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.

Are services effective?

(for example, treatment is effective)

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.

Patients commented positively that staff were pleasant, approachable and professional. We saw staff treated patients in a caring and compassionate way and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

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.

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, the practice would respond appropriately, and staff would take them into a private room near the reception desk. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

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

We saw:

- Interpreter services were available for patients who did not speak or understand English.

During the inspection a member of the public who did not speak English came into the practice and used an application on their mobile telephone to translate the conversation. Staff engaged with this person and gave them the information they required through their telephone translator.

- Staff communicated with patients in a way 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. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. The dentist told us there were some patients who were living with dementia and described how the staff worked together to meet the needs of those particular patients.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

15 cards were completed, giving a patient response rate of 30%

100% of views expressed by patients were positive.

Common themes within the positive feedback were the friendliness and approachability of staff, and easy access to dental appointments particularly in an emergency.

We shared this with the provider in our feedback.

We were able to talk to two patients on the day of inspection. Feedback they provided aligned with the views expressed in completed comment cards.

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, a hearing loop, and accessible toilet facilities.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. The audit had last been reviewed in April 2019.

Staff sent text message reminders to patients who had agreed to receive them.

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 the NHS111 out-of-hour's service and a Derby based out-of-hour's dental service and patients were directed to the appropriate out-of-hours service.

The practice's 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.

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.

The provider 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 provider had dealt with their concerns.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and complaints the practice received in the year leading up to this inspection. The practice had received no complaints in that time. The records showed the practice had followed their complaints policy when dealing with historic complaints.

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 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

We found the principal dentist had the capacity, values and skills to deliver high-quality, sustainable care.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

The practice had a culture of quality sustainable care.

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

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

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

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

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 systems of clinical governance in place which included policies, protocols and procedures. We identified areas within these where improvements could be made to ensure they remained up-to-date with guidance, Regulations and standards. For example:

- The mercury spillage kit had passed its use by date, but systems had failed to identify this to ensure a replacement had been purchased.
- Infection prevention and control audits had not been completed on a six-monthly basis and had failed to identify issues and concerns highlighted during this inspection, as identified in national guidance.
- The system for stock control to ensure medicines and materials were within their use by date had failed to identify many items which had passed their use by date. Medical oxygen had not been identified as containing insufficient amounts to use in an emergency situation.
- The system for ensuring the security of NHS prescription pads was not robust, as there was no system for accounting for each individual prescription.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS performance information, surveys, audits, external body reviews 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

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

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow

Are services well-led?

patients to provide feedback on NHS services they have used. The latest information collected between May 2019 and October 2019 showed 52 patients had responded and all 52 had provided positive feedback.

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.

Continuous improvement and innovation

The provider had quality assurance processes to encourage learning and continuous improvement. These included

audits of dental care records, radiographs and infection prevention and control. We identified that improvements were needed in the system, as audits had not identified issues highlighted during this inspection, and there was no system to make improvements based on the information recorded.

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

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 12</p> <p>Ensure care and treatment is provided in a safe way to patients</p> <p>The registered persons 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 had not ensured the security of NHS prescriptions in use within the practice.• There were single use items such as a prophylaxis cup and a prophylaxis brush which had been reused.• The registered person was not ensuring the safety of patients by the use of dental dam when completing root canal treatments. There were no alternative safety measures in place and risk assessments had not been completed. This was not in line with guidance issued by the British Endodontic Society.• The registered person had failed to identify that medical oxygen available for use in an emergency situation was at less than 100% capacity. There could be an inadequate amount of medical oxygen in the practice to respond to a medical emergency.• The most recent infection prevention and control audit had scored 98% and had failed to identify issues highlighted during this inspection. <p>Regulation 12 (1)</p>

Regulated activity	Regulation
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Requirement notices

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

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The registered person did not have an effective system for stock control to ensure that medicines and dental materials were within their use by date and fit for use.
- The registered person did not have an effective system for quality assurance within the practice. For example, infection prevention and control audits were being completed annually rather than on a six-monthly basis as identified in HTM 01-05.
- The registered person's systems and processes for ensuring effective infection prevention and control had failed to highlight damage to the floor plate of the chair used by the dentist.
- The registered person's system for checking medicines and equipment was ineffective.
- The registered person's systems and processes for ensuring NHS prescriptions in use within the practice were tracked and accounted for was ineffective.

Regulation 17 (1)