The Smile Centre (UK) Limited

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 22 September 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this practice was not 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

The Smile Centre (UK) Limited is situated in the Whitefield area of Manchester, Lancashire. The practice offers private dental treatments including preventative advice and treatment and routine restorative dental care.

The practice has one surgery, a decontamination room, a waiting area and a reception area. All of these facilities are on the first floor of the premises. There are accessible toilet facilities on the ground floor of the premises.

There is one dentist, one clinical dental technician, two trainee dental nurses (one of whom covers administrative procedures), one trainee dental technician and a practice manager.

The opening hours are Monday to Thursday from 9-00am to 7-00pm and Friday from 9-00am to 1-00pm.

The trainee dental nurse/administrator is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons 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 received feedback from seven patients. The patients were positive about the care and treatment they received at the practice. Comments included the staff were lovely, polite and helpful. They also commented that the premises were immaculate.

Our key findings were:

- The practice was visibly clean and uncluttered.
- The practice had some systems in place to assess and manage risks to patients and staff.
- We observed that patients were treated with kindness and respect by staff.
- Staff were appropriately recruited.
- Patients were involved in making decisions about their treatment and were given explanations about their proposed treatment.
- Patients were able to make routine and emergency appointments when needed. There was no obvious process for patients requiring emergency care out of hours.
- The risks associated with the use of dental sharps were not appropriately managed.
- There were some gaps within the validation of the equipment used to sterilise instruments.
- The practice did not have access to an automated external defibrillator
- A legionella risk assessment had not been carried out and staff were unsure how to manage the dental unit water lines effectively.
- Staff were unsure about the most appropriate method of referring patients with a suspected malignancy.
- The practice did not audit the quality and safety of the service being provided.
- There was no clear competent leader within the practice to mentor other members of staff.

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

- Ensure the availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK) and the General Dental Council (GDC) standards for the dental team.
- Ensure the practice's infection control procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Ensure all documentation relating to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 is available and staff understand how to minimise risks associated with the use of and handling of these substances.
- Ensure the practice undertakes a Legionella risk assessment and implements the required actions giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Ensure the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Ensure audits of the service such as radiography and infection prevention and control are undertaken at regular intervals to help improve the quality of service. Practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.

You can see full details of the regulations not being met at the end of this report.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

Summary of findings

- Review the practice's recruitment policy and procedures to ensure staff immunisation records are sought and recorded suitably.
- Review the practice's procedure for patients to be seen out of hours in the event of a dental emergency.

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?

Enforcement action 

We found that 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 Enforcement section at the end of this report).

The practice had a policy and process in place for reporting of significant events. The registered manager felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice did not have a system to receive MHRA alerts.

Staff had received training in safeguarding and knew the signs of abuse and who to report them to.

Risks were not always appropriately managed. For, example there was no risk assessment in place for the use of sharps and no Legionella risk assessment had been carried out.

Patients' medical histories were obtained before any treatment took place. The dentist was aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. Emergency equipment and medicines were in date. We noted that some emergency equipment was not in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. For example, there was no portable suction device and no Advisory External Defibrillator (AED).

The recruitment process was generally robust. We saw there was limited evidence that staff were immune to Hepatitis B.

The decontamination and sterilisation procedures appeared effective. We noted there were no heavy duty gloves available, no illuminated magnifying glass and no thermometer for checking the temperature of the solution for manual scrubbing. There was limited evidence that the autoclave was validated appropriately on a daily basis.

There was a limited amount of COSHH risk assessment forms and no safety data sheets available in the practice.

We saw that X-rays were not graded or justified.

Are services effective?

No action 

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

Patients' dental care records provided some information about their current dental needs and past treatment. For example, an extra-oral and intra-oral examination was recorded. We saw limited evidence that a basic periodontal examination was routinely carried out.

Summary of findings

The dentist was aware of the importance of prevention and followed the guidance from the 'Delivering Better Oral Health' toolkit (DBOH) with regards to oral hygiene advice and smoking cessation advice.

Staff were encouraged to complete training relevant to their roles. The practice had subscribed to an online learning resource which all staff had access to.

Staff at the practice were not familiar with the process for the referral of a patient with a suspected malignancy.

Are services caring?

No action ✓

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

During the inspection received feedback from seven patients. The patients were positive about the care and treatment they received at the practice. Comments included the staff were lovely, polite and helpful.

We observed the staff to be welcoming and caring towards the patients.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which they understood.

Are services responsive to people's needs?

No action ✓

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. There were no clear instructions available for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. There had not been any complaints received in the past 12 months.

The surgery was not accessible for those in a wheelchair or with mobility issues. We were told these patients would be signposted to another local dental surgery which offered full wheelchair access. We were told that staff would offer to take these patients to the local practice themselves if required.

Are services well-led?

Requirements notice ✗

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 Notices at the end of this report).

There was a management structure in place. There was a lack of a qualified knowledgeable leader within the practice.

Summary of findings

Effective arrangements were in place to share information with staff by means of monthly practice meetings which were minuted for those staff unable to attend.

The practice did not have a process to regularly audit clinical areas (infection control and X-rays) as part of a system of continuous improvement and learning.

The practice sought feedback from patients about the quality of the service provided. A questionnaire was sent out to all patients after a course of treatment.

The Smile Centre (UK) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We informed local NHS England area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we received feedback from seven patients. We also spoke with the dentist, the trainee dental nurse and the registered manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had guidance for staff about how to report incidents and accidents. Staff were familiar with the importance of reporting significant events. There had not been any significant events in the last 12 months. The registered manager was familiar with what would constitute a significant event and the process for analysing it, determining any measure to prevent reoccurrence and dissemination to other staff.

The registered manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and there was reference to it within the significant event policy.

The practice did not receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The absence of these alerts could potentially mean the practice would not be aware when products had been recalled for safety reasons.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child and adult safeguarding teams. The registered manager was the safeguarding lead for the practice and had completed level two safeguarding training. The registered manager was familiar with the signs and symptoms of abuse and the need to refer when appropriate.

The practice did not have a process for the safe use of sharps (needles). There was no risk assessment, the dentist did not use a safe needle device or a re-sheathing device and we were told the nurse was responsible for dismantling contaminated syringes. This could potentially leave the dental nurse vulnerable to a needle stick injury.

The dentist told us they would routinely use a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We saw patients' clinical records were computerised and password protected to keep personal details safe.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. Staff were knowledgeable about what to do in a medical emergency and had completed training in medical emergencies and basic life support within the last 12 months.

The practice kept an emergency resuscitation kit, medical emergency oxygen and emergency medicines. When we asked staff where the emergency kits was kept they gave us conflicting answers. We checked the emergency equipment and medicines and found some items to be missing, including a portable suction device. When we asked some staff to show us how the emergency oxygen cylinder worked they were unable to do so. We were assured on the day of inspection that staff would be shown how to use the emergency oxygen and the location of the emergency medicines.

The practice did not have access an Advisory External Defibrillator (AED) and had not undertaken a risk assessment as regards its absence. An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

We were told that regular checks were carried out on the emergency medicines and the oxygen cylinder. These checks ensured that the oxygen cylinder was full and the emergency medicines were in date. There was no evidence that documented logs of these checks had taken place.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed. The registered manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed

staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We reviewed records of staff recruitment and these showed that all checks were in place.

The dentist was qualified and registered with the General Dental Council (GDC). There were copies of their current registration certificate and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessments were in place at the practice. This identified the risks to patients and staff who attended the practice. There were risk assessments in place to manage risks at the practice. These included the use of the autoclave, the coffee machine and the use of computers.

The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations. This file was very limited and only contained a small amount of the substances which were in use at the practice. There were also no safety data sheets included in the COSHH folder which would inform staff of how to respond to an accident involving a substance.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance.

Some staff had received training in infection prevention and control. We were told that staff had received the inoculations against blood borne viruses (Hepatitis B). We did not see evidence of the results of staffs' blood test results to Hepatitis B.

We observed the treatment room and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was not a cleaning schedule available to identify different areas to be cleaned. Colour coded equipment was not available to highlight which equipment should be used in the different areas of the practice. For example, yellow for clinical, red for bathrooms and blue for non-clinical.

There were hand washing facilities in the treatment room and. The sharps bins was safely located and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice had recently acquired a washer disinfector machine but this was not yet functional. Contaminated instruments were manually cleaned and then sterilised in an autoclave (a device for sterilising dental and medical instruments). Instruments were appropriately bagged but were not stamped with a use by date as detailed in HTM 01-05. We noted that there were no heavy duty gloves to use when manually cleaning contaminated instruments. There was no thermometer to test the temperature of the solution used to manually clean the instruments. There was no illuminated magnifying glass to examine instruments to ensure they were free of debris prior to sterilisation.

Staff were unsure about the requirements relating to the quality testing the autoclave. We saw a print out of each cycle of the autoclave were available but these were not checked to ensure the automatic control test had been passed. Staff did not carry out the daily steam penetration test which is required on all vacuum autoclaves. We felt that as the autoclave was a new and advanced model that the risk of any cycles not being completed without the machine recording a fault was very low.

The practice had not carried out an Infection Prevention Society (IPS) self- assessment audit in relating to the Department of Health's guidance on decontamination in dental services (HTM 01-05).This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

A Legionella risk assessment had not been carried out at the practice (Legionella is a term for particular bacteria

which can contaminate water systems in buildings). Staff were unsure about their responsibilities to reduce the likelihood of Legionella developing the dental unit water lines.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves and the compressor. The registered manager did not have a process to ensure equipment was serviced in line with manufacturer's guidance. We saw the autoclave was last serviced on 12 September 2015. This was due again on 12 September 2016; on the day of inspection this was overdue. This was highlighted to the registered manager and we were told they relied on the company who they had a contract with to contact them to organise for it to be serviced. The compressor had been serviced in December 2015. Portable appliance testing (PAT) had been completed in March 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment which was in use at the practice. The X-ray equipment had been installed less than a year ago. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed. When we looked at the radiation protection folder there was no evidence of an acceptance test or a critical examination of the OPT machine or the intraoral machine. Local rules were not available. When we reviewed dental care records we saw limited evidence that X-rays were justified, graded or reported on.

X-ray audits had not yet been carried out to check the quality of X-rays taken.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date electronic dental care records. They contained some information about the patient's current dental needs and past treatments. The practice did not offer recall appointments as they only carried out treatment required at the time in order to get the patient dentally fit.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth and any signs of mouth cancer. We noted that a basic periodontal examination (BPE) was not routinely carried out.

Medical history checks were updated every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The dentist used current guidelines and research in order to improve outcomes for patients. For example, following clinical assessment, the dentist followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. For example, prior to an extraction.

Health promotion & prevention

The dentist was aware of the importance of preventative care and supporting patients to ensure better oral health. For example, that high fluoride toothpastes or mouthwashes could be prescribed for patients at a high risk of dental decay.

We were told by the dentist and saw in dental care records that smoking cessation advice and alcohol awareness advice was given to patients where appropriate. Patients were made aware of the ill effects of smoking on their gum health and the synergistic effects of smoking and alcohol with regards to oral cancer.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included a walk round the practice and information about the fire evacuation procedures. There was no documented evidence that induction or what topics had been covered had taken place.

Staff had access to on-going training to support their skill level. The practice had subscribed to an on-line continuous professional development (CPD) scheme which all staff had access to.

We felt that there was no clear leader within the practice who was able to mentor the dentist or trainee nurses.

Working with other services

The practice did not have an effective process for referring patients to secondary care when required. We were told on a few occasions patients had been referred to the local dental walk in centre for difficult extractions.

When we asked about the urgent referral of a suspected malignancy we were told that the patient would either be sent to their own GP or to another dentist who they worked with. On the day of inspection we advised that these cases require urgent referral to the local dental hospital.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. The dentist described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given a written treatment plan which outlined the treatments which had been proposed and the associated costs. The practice also obtained signed consent forms for extractions, complex treatments and the use of local anaesthetics. These outlined the risks associated with each procedure.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented they were treated with care, respect and dignity. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. This included ensuring dental care records were not visible to patients, keeping surgery doors shut during consultations and treatment and ensuring no confidential details were disclosed at the reception desk. We were told when financial matters were discussed outside of the surgery these were done in the office.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. There were price lists available in the waiting area and the surgery.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book that there were dedicated emergency slots available each day. Routine appointments were available within one week. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. The surgery was on the first floor of the premises. We were told that patients who could not use the stairs would be signposted to a local practice which was fully accessible. We were told that on several occasions if a patient could not attend the surgery then a member of staff would offer to take the patients to another local surgery in their own car.

Access to the service

The practice displayed its opening hours on the premises, in the practice information leaflet and on the practice website. The opening hours are Monday to Thursday from 9-00am to 7-00pm and Friday from 9-00am to 1-00pm.

Patients could access care and treatment in a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen the same day. The practice did not have an effective system in place for patients requiring urgent dental care when the practice was closed. We were told that patients would be told to attend the local emergency dental centre. There were no details about this service within the practice, on the website or in any information leaflets.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how a patient could make a complaint on the practice website and on all correspondence which the practice used. The registered manager was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us that they aimed to resolve complaints in-house initially. There had not been any complaints received at the practice within the previous 12 months.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within three working days and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this.

Are services well-led?

Our findings

Governance arrangements

The registered manager was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We felt that even though the policies and procedures were robust they had not been embedded into clinical practice.

There was not an effective management structure in place. We felt the service lacked a competent knowledgeable leader.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These would be discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly staff meetings. These meetings were minuted for those who were unable to attend. During these staff meetings topics such as opening hours and staff performance. It was clear staff were happy to raise any issues which they had and arrangements were made to improve staff performance.

Learning and improvement

Quality assurance processes were not used at the practice. For example audits of infection control or X-rays had not been carried out.

Staff had access to training and the practice had subscribed to an online learning forum to allow staff to access training. We saw that staff at the practice had completed training in medical emergencies, CPR and infection prevention and control.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service. All patients who had completed a course of treatment were sent a feedback form which asked questions about how happy they were with the service provided. We were told as a result of feedback from patients a private room was made available in order to discuss financial arrangements.

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 • The registered provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. • The registered provider did not undertake audits of X-rays or infection prevention and control. **Regulation 17(1)**

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The registered provider failed to assess the risks to the health and safety of service users of receiving the care or treatment; doing all that is reasonably practicable to mitigate any such risks; where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs; • The registered provider had not undertaken a Legionella risk assessment. • The registered provider had not carried out a sharps risk assessment and untrained staff were handling sharps. • The registered provider did not have an Advisory External Defibrillator as detailed in the resuscitation guidelines for dental settings nor a risk assessment to mitigate its absence. • The registered provider did not have a system in place to ensure the appropriate validation of equipment used for sterilising contaminated instruments. • The registered provider did not keep COSHH risk assessments for all substances in use at the practice. **Regulation 12(1)**