

SR Greenslade and IR Erbetta

Thistledene Dental Practice

Inspection Report

65 Parkstone Road
Poole
Dorset
BH15 2NZ
Tel: 01202 675370
Website:

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Overall summary

We carried out this announced inspection on 2 October 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 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

Thistledene Dental Practice is in Poole and provides NHS and private dental treatment to adults and children.

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

The dental team includes two dentists, two dental nurses, one trainee dental nurse, one dental hygienist, one practice manager and one receptionist. The practice has two treatment rooms.

Summary of findings

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Thistledene Dental Practice is the principal dentist. A registered manager is legally responsible for the delivery of services for which the practice is registered

On the day of inspection, we collected 44 CQC comment cards filled in by patients and spoke with four other patients.

During the inspection we spoke with two dentists, one dental nurses, one trainee dental nurse 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 8.00am – 5.00pm
- Friday 8.00am - 1.30pm

Our key findings were:

- The practice appeared clean and well maintained.
- The provider must ensure airway protection or that rubber dams are used in line with guidance.
- The provider must reflect guidance with a business continuity plan, recruitment policy, mains wiring safety certificate, compressor servicing, X-ray servicing.
- The provider must reflect guidance and ensure the correct emergency medical equipment and medicines are available.
- The provider must ensure the correct testing regime for ultrasonic devices and that single use items are not reused in line with guidance.
- The provider must reflect guidance and ensure product used are correctly assessed through HSE COSHH guidance.
- The provider must provide evidence of the correct disposal of X-ray waste chemicals.
- The provider must ensure that out of date materials cannot be used on patients.

- The provider must ensure that NHS prescriptions are accounted for.
- The provider should implement antibiotic audits.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew 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.
- 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.

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.

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

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

Requirements notice 

Are services effective?

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

No action 

Are services caring?

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

No action 

Are services responsive to people's needs?

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

No action 

Are services well-led?

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

Requirements notice 

Are services safe?

Our findings

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 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.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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

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

The dentists told us they did not use dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. Where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was not well documented in the dental care record and no risk assessment completed. We spoke with the provider who told us that they would order new rubber dam kits; and ensure that they used them in accordance with guidelines, and ensure that patient care records were in line with guidance.

The provider was unable to show us a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. The principal dentist told us that the practice would be reviewing how it manage regulatory compliance and would provide a business continuity plan.

The provider was unable to show us a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff, which reflected the relevant legislation. We looked at all staff recruitment records. These showed the provider did collect information according to guidance, even though there was no recruitment policy. The principal dentist told us that the practice would be reviewing how it manage regulatory compliance and would implement a recruitment policy.

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 most equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. However the provider was unable to show us a mains wiring five yearly safety check certificate as required by regulation. The provider told us that they would make arrangements to have the mains wiring checked.

The provider was unable to show us evidenced that the compressor had been tested and certified in accordance with regulations or serviced in accordance with manufacturers requirements. We could not be shown that treatment room suction equipment had been maintained in accordance with manufacturers requirements. The provider told us that they were uncertain of these requirements but would make immediate arrangements to have the equipment checked and service in line with regulations and guidance.

Records showed that fire detection and firefighting equipment were regularly tested and serviced.

We saw that the practice had some suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. We could not be shown evidence that the X-ray equipment received annual servicing. We were shown evidence of three yearly inspections which had last occurred in 2016. We saw that the X-ray units were not fitted with collimators which improve X-ray beam accuracy. The provider told us

Are services safe?

the radiation protection advisor was due to attend later in the week for the three yearly X-ray inspection and that they would clarify annual servicing arrangements and the fitment of collimators and implement the recommendations.

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. 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 ensured 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.

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 mostly available as described in recognised guidance. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order, however we found that the check lists used were incorrect and that the timescales for checking emergency medical equipment and medicines were not in line with guidance. The provider told us that they would acquire new checklists which reflected guidance on checking timescales.

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

We saw evidence of a Control of Substances Hazardous to Health (COSHH) Regulations 2002 file. We found that the material safety data sheets being used were not the most up to date versions and that the risk assessments of the material safety data sheets were very basic. The provider told us that up to date material safety data sheets would be obtained for all products the practiced used and risk assessed.

The provider had an infection prevention and control policy and procedures. They mostly 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.

We were shown decontamination procedures for instrument cleaning where the cleaning solution, water volume and temperature were not measured, prior to automated cleaning. We saw that instruments which had been pouched after sterilisation were not dated. The provider told us they would review decontamination procedures and ensure compliance with guidelines.

Staff completed infection prevention and control training and received updates as required.

The provider mostly had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments were mostly validated, maintained and used in line with the manufacturers' guidance. We could not be shown evidence of soil and protein testing as required by guidance of the ultrasonic cleaners used in the automated cleaning process. We found that the practice was not following guidance for one of it's autoclaves in that test strips, which confirm effectiveness were being used on every cycle, as required in guidance. The practice was only testing operation on the first and last autoclave cycles. The provider told us that check lists would be amended and the correct testing regimes for decontamination equipment implemented immediately.

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.

We found a number of single use matrix bands still in their reusable holders in treatment rooms unpouched. The

Are services safe?

provider told us that single use items were disposed of after use. The provider told us that practice would review the practices procedures to ensure that single use items were immediately disposed of after use, in line with 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, dated 2016. We saw that the practice had been carrying out its own annual legionella updates since 2016. The provider told us that they would be obtaining a new legionella risk assessment, by a qualified and competent person, to confirm that record keeping and water testing was in line with guidance. All recommendations had been actioned and dental unit water line management were in place. There were no records available to demonstrate water temperature testing was being undertaken. The provider told us that, whilst water testing was occurring, records were not being kept.

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. However, we observed the clinical waste bin lids were secured but the actual bins were not secured to stop them being removed from the premises without authorisation. We looked at the storage of waste X-ray developer chemical. The provider could not produce evidence of the correct waste disposal of the liquids as outlined in guidance. The provider told us that they would secure the clinical waste bins to the adjacent wall and that arrangements would be made with their clinical waste contractor to evidence disposal of the waste x-ray developer in line with regulation.

The infection control lead professional 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 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 (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 systems for appropriate and safe handling of medicines.

We found out of date materials in treatment rooms which were immediately removed by the provider. We spoke with the provider who told us that they would implement a new stock control system of materials to ensure this did not happen again and ensure that medicines did not pass their expiry date.

We saw staff stored and kept records of NHS prescriptions. Records seen were not in line with guidance and it was not possible to account for the use of individual prescriptions as required by guidance. The provider told us that they would review arrangements for NHS prescriptions to ensure they were tracked as described in current guidance.

The practice staff had no documentary evidence to demonstrate antimicrobial and prescribing audits were being carried. The provider told us that an audit would be completed to confirm the dentists were following current guidelines.

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 one safety incident. We saw this was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

Are services safe?

There were adequate systems for reviewing and investigating when things went wrong.

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.

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 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.

We saw the practice had a comprehensive display of educational dental materials, which included a community support event. This leaflet display was comprehensive and commendable.

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 recorded the necessary information.

Effective staffing

Staff new to the practice had a period of induction based on a structured programme. We saw check lists were used for the induction but they were not backed up by a practice policy. The provider told us that they would be reviewing policing and would be obtaining assistance to ensure that policies were fully in place. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at an annual appraisal. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

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 polite, helpful and professional. We saw that staff treated patients effectively, respectfully and appropriately; 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 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, 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.

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

- Patients were told about multi-lingual staff that might be able to support them.
- 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 information leaflets provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed, these included X-rays; which enabled images to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(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.

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

The practice had made reasonable adjustments for patients with disabilities, this included step free access.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

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 the NHS111 out of hour's 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 closed. 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 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 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 none in the previous year.

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 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.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

Leadership capacity and capability

The partners were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

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

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.

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 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 provider had identified that a new system of clinical governance needed to be implemented which included

policies, protocols and procedures that were accessible to all members of staff and were reviewed regularly to ensure adherence and appropriately manage the regulated activities.

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.

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 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. They had clear records of the results of these audits and the resulting action plans and improvements.

The dental nurses had an annual appraisal. 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 stated by the 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 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that were ineffectively operated 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:</p> <ul style="list-style-type: none">• The provider was unable to provide evidence that the dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. Where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was not well documented in the dental care record and no risk assessment completed.• The provider was unable to show us a mains wiring five yearly safety check certificate as required by regulation.• The provider was unable to show us evidenced that the compressor had been tested and certified in accordance with regulations or serviced in accordance with manufacturers requirements. The provider had no evidence the treatment room suction equipment had been maintained in accordance with manufacturers requirements.• The provider was unable to provide evidence that the X-ray equipment received annual servicing. We were shown evidence of three yearly inspections which had last occurred in 2016. We saw that the X-ray units were not fitted with collimators to improve X-ray beam accuracy.

Requirement notices

- The provider was unable to provide evidence that emergency equipment and medicines were checked in line with guidance. We found staff kept records of checks of these to make sure these were available, within their expiry date, and in working order, however we found that the check lists used were incorrect and that the timescales for checking emergency medical equipment and medicines were not in line with guidance.
- The provider was unable to provide evidence of soil and protein testing of the ultrasonic cleaners used in the automated cleaning process as required by guidance. We found that the practice was not following guidance for one of its autoclaves in that test strips, which confirm effectiveness, were not being used on every cycle, as required in guidance. The practice was only testing operation on the first and last autoclave cycles.
- The provider was unable to provide evidence as to why single use matrix bands were observed still in their reusable holders in treatment rooms and not disposed of after use.

Regulation 12

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Requirement notices

- The provider was unable to provide evidence of a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.
- The provider was unable to provide evidence of a recruitment policy and procedure to help them employ suitable staff including checks in place for agency and locum staff, which reflected the relevant legislation.
- The provider was unable to provide evidence of a complete Control of Substances Hazardous to Health (COSHH) Regulations 2002 file with products risk assessed for safe handling and storage requirements.
- The provider was unable to provide evidence water testing was in line with guidance as there were no records available of water testing.
- The provider must ensure that clinical waste bins are secured to stop them being removed without authorisation.
- The provider was unable to provide evidence of the safe disposal of waste X-ray developer chemicals in line with regulation.
- The provider must ensure that out of date materials in treatment rooms are removed and disposed of.
- The provider was unable to provide evidence NHS prescriptions are accounted for in line with guidance.

Regulation 17