

Mr Alan Shamosson

Rose Lane Dental Surgery

Inspection Report

129 Rose Lane
Romford
RM6 5NR
Tel: 020 85993074
Website:

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Overall summary

We carried out this announced inspection on 1 March 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection in response to concerns we received and 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 not 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

Rose Lane Dental Surgery is in Romford in the London Borough of Barking and Dagenham. The practice provides predominantly NHS and some private treatments to patients of all ages.

The practice is situated close to public transport bus services.

The dental team includes the principal dentist who owns the practice. At the time of our inspection the dentist was supported by one receptionist. The practice used an agency for temporary dental nurses.

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 received feedback from 15 patients including patients we spoke with during the inspection.

During the inspection we spoke with the principal and the receptionist. We also spoke with the temporary dental nurse who was working at the practice.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesdays and Friday from 9am to 5pm and Tuesdays between 9am and 12pm on Tuesdays (reception only).

Our key findings were:

- Staff treated patients with dignity and respect and took care to protect their privacy.
- The appointment system met patients' needs.
- The practice appeared clean and well maintained.
- The practice had arrangements to deal with complaints positively and efficiently.
- The practice asked patients for feedback about the services they provided
- The practice had infection control procedures which reflected published guidance.
- Infection control audits were not carried out in accordance with current guidelines.
- There was lack of effective arrangements for dealing with medical emergencies as equipment was not set up ready for use and staff had not completed training updates in basic life support.
- The practice safeguarding policies were not up to date, there was no information to assist staff on how to report concerns to the local safeguarding agencies and staff did not have up to date safeguarding training.
- The practice had limited systems to help them manage risk. There was limited information available in relation to minimising risks associated with hazardous substances. Health and safety risk assessments had not been carried out since 2016.

- The practice had arrangements for the safe use of medicines and equipment. Improvements were needed so that temperature sensitive medicines requiring refrigeration were stored appropriately.
- The practice staff recruitment procedures were not followed so that all of the essential checks were carried out. Improvements were needed to ensure that clinical staff completed the required continuing professional development training.
- The practice was not providing preventive care and supporting patients to ensure better oral health.
- There was ineffective leadership and a lack of clinical and managerial oversight for the day-to-day running of the service.
- The practice did not have suitable information governance arrangements.

We identified regulations the provider was not meeting. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure patients are protected from abuse and improper treatment
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development and supervision necessary to enable them to carry out the duties.
- Ensure specified information is available regarding each person employed

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

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health taking into account guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'

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. We are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

The practice had some systems and processes to provide safe care and treatment but the lack of robust risk assessment affected safe delivery of the service.

There were systems to use learning from incidents and complaints to help them improve. This included receiving and responding to patient safety alerts.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

There was lack of effective arrangements for dealing with medical emergencies as equipment was not set up ready for use and staff had not completed training updates in basic life support.

There were ineffective arrangements for safeguarding vulnerable adults and children. The practice safeguarding policies were out of date and there were no contact details available for the local safeguarding agencies. Staff had not completed training in safeguarding.

The practice did not follow legislation and its own procedures when recruiting new staff to ensure that all of the essential checks were undertaken. There were ineffective systems for checking to ensure that dental staff who work on a temporary basis at the practice were up to date with their mandatory training and their Continuing Professional Development (CPD).

The practice did not have robust systems to ensure that staff completed training in areas such as safeguarding and infection control and basic life support.

Improvements were also needed to ensure that risk assessments were carried out in relation to infection prevention and control, hazardous substances and health and safety.

Enforcement action



Are services effective?

We found that this practice was not providing effective 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).

Patients described the treatment they received as very good and excellent. Some patients told us that the dentist always explained their treatment in detail.

Requirements notice



Summary of findings

Improvements were needed to ensure that the dentist provided care and advice to promote good oral health taking into account guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.

Improvements were also needed so that patients' dental care records were complete, accurate and detailed and included information about the dental assessments carried out and information such as on cancer screening risks and basic periodontal examinations.

Improvements were needed to the arrangements so that staff were supported to complete training relevant to their roles and to the systems to monitor this.

Improvements were needed to the practice's protocols for referral of patients and ensure that routine and urgent referrals were made suitably and that referrals were followed up promptly.

Are services caring?

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

We received feedback about the practice from 15 people. Patients were positive about how they were treated. They told us staff were caring and friendly. They said that the dentist always helped to put them at ease if they were nervous.

Patients said that their dentist listened to them and helped them to understand the treatment provided including any options available.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. Patients commented that they received treatment in a timely manner.

Staff considered patients' different needs and had made arrangements to support them. There was step free access to the practice and accessible toilets facilities were available.

The practice had arrangements to help patients whose first language was not English and those with sight or hearing loss should these be required.

The practice had arrangements to respond to and deal with complaints.

No action



Summary of findings

Are services well-led?

We found that this practice was not providing well care in accordance with the relevant regulations. We are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

There was a lack of suitable oversight and management systems that affected the day to day management of the practice.

Improvements were required to ensure the smooth running of the service. There was a lack of clinical and managerial oversight by the practice owner to ensure that the policies and procedures were up to date and followed.

The practice had not effectively assessed and mitigated risks in relation to infection prevention and control, exposure to hazardous substances and health and safety issues

There was a lack of effective arrangements to review and improve the quality of services provided, Audits, where they were carried out, were not consistently accurate and they were not used to identify areas for improvement and there were limited systems to use the findings from reviews to make improvements.

Enforcement action



Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

Improvements were needed to a number of the practice systems to keep patients safe.

The principal dentist was the practice safeguarding lead who had responsibility for overseeing the practice safeguarding procedures. The practice had three safeguarding policy documents, which were out of date and had not been reviewed. There was a flow chart with instructions to assist staff should they witness or suspect abuse of children or vulnerable adults. However, there were no contact details for the local safeguarding team should staff need to raise concerns outside of the practice.

Improvements were needed to the arrangements for ensuring that staff undertook safeguarding training. Training records given to us showed that the principal dentist had last undertaken safeguarding training in 2016 which was within the recommended time frame to undertake three yearly training. The receptionist had not undertaken training and there were no arrangements in place to check that temporary staff had received training.

Improvements were needed so that the practice had a whistleblowing policy and that staff including the principal dentist understood the principles of whistleblowing.

The principal dentist told us that they used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We saw rubber dam kits were available. However, these were out of date. We checked the dental care records and found there were no notes as regard the non-use of rubber dams or the use of a suitable alternative.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. The practice did not follow the legislation or their recruitment procedure. There was no recruitment record available for the receptionist who had recently started work at the practice.

Improvements were needed to the arrangements to ensure that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. There were no arrangements to check these details for temporary staff who work at the practice.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including sterilising and X-Ray equipment, electrical and mechanical appliances. We saw records to show that the autoclaves and X-ray equipment were serviced in accordance with the manufacturer's instructions.

The practice had a fire safety procedure and a fire safety risk assessment. Records showed that fire extinguishers and the smoke alarm systems were regularly tested and serviced. There was a fire evacuation procedure in place and staff who we spoke with were aware of the fire safety and evacuation arrangements.

The practice had arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file and there were records available to show that X-ray equipment had been serviced and maintained regularly.

Improvements were needed to ensure that the principal dentist completed the required continuing professional development (CPD) in respect of dental radiography. The training records which we were shown were dated from 2016 and these did not include the number of hours of CPD undertaken or what areas in relation to radiography and radiation protection were covered in the training.

From discussions with the principal dentist and records which we viewed we noted that the principal dentist recorded the justification and reported on the dental radiographs they took. Improvements were needed so the quality grade for dental radiographs was recorded.

The principal dentist showed us one audit of dental radiographs which was carried out in May 2018. Improvements were needed so that these were completed in line with national guidance to assess and make improvements as needed to the quality of dental radiographs.

Risks to patients

The practice had current employer's liability insurance.

Are services safe?

The principal dentist told us that a dental nurse worked with them when they treated patients in line with GDC Standards for the Dental Team.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A Legionella risk assessment had been undertaken to assess risks. We saw records of water testing undertaken periodically and staff told us that they disinfected the dental unit waterlines.

The practice was clean when we inspected and patients confirmed that this was usual.

Healthcare and clinical waste was segregated and disposed of appropriately in line with current legislation and guidance.

The principal dentist had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. Improvements were needed so that these checks were also carried out for temporary staff working at the practice.

Improvements were needed to some of the systems to assess, monitor and manage risks to patient safety.

Records which we were given showed that the principal dentist had last undertaken training in basic life support (BLS) in 2016. There were no arrangements for checking that temporary staff working at the practice had up to date training.

Emergency medicines and equipment were available as described in recognised guidance. However the Automated External Defibrillator (AED) was not set up for use and the battery pack had not been inserted. The principal dentist could not demonstrate that they could set this equipment up quickly in the event of a medical emergency. Glucagon was stored at room temperature and the expiry date (July 2019) had not been revised in accordance with the manufacturer's instructions.

Improvements were needed to the arrangements to minimise the risks that can be caused from substances that

are hazardous to health. There were records available of a small number of hazardous materials used at the practice and there was no risk assessment in place. Staff did not have access to detailed information to guide them on how to act in the event of accidental exposure to hazardous substances.

The practice had an infection prevention and control policy. Records showed equipment used by staff for cleaning and sterilising instruments were tested daily and validated.

Improvements were needed to ensure that staff undertook training in infection control and understood and followed the practice procedures and guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

Improvements were needed so that the practice carried out infection prevention and control audits twice a year. One audit document was made available to us and this was dated May 2018.

Information to deliver safe care and treatment

Dental and other records were kept securely. Improvements were needed so that the information handling processes at the practice were in compliance with General Data Protection Regulations requirements (GDPR) (EU) 2016/679. The practice data protection policies and procedures had not been updated to reflect the GDPR requirements.

We looked at a sample of dental care records and noted that individual records were not written and managed in a way that kept patients safe. Dental care records we saw lacked detail and completeness.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

The principal dentist was aware of current guidance with regards to prescribing medicines.

The practice stored of NHS prescriptions as described in current guidance.

Track record on safety

Are services safe?

There were safety policies and systems in place for reporting and investigating accidents or other safety incidents. The principal dentist told us that there had been no safety incidents within the previous 12 months.

Lessons learned and improvements

The principal dentist described how they would investigate and review practices if things went wrong. They described how and to whom they would report any issues. They told us that there had been no safety incidents within the previous 12 months.

There were systems in place for receiving and acting on and sharing safety alerts such as those 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).

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The principal dentist told us that they kept up to date with current evidence-based practice. They described how they assessed patient needs and delivered care and treatment in line with current legislation, standards and guidelines such as that issued by The National Institute for Health and Care Excellence (NICE). The principal dentist was able to demonstrate that they understood and followed NICE guidelines in relation to areas such as patient recalls or extraction of wisdom teeth.

The dental care records which we viewed did not include details of all of the checks such as extra oral, soft tissue or oral cancer screening which the principal dentist told us were carried out as part of each patient's dental assessment.

Helping patients to live healthier lives

The principal dentist told us that they were not aware of the Delivering Better Oral Health toolkit. They described the discussions undertaken with patients around smoking, alcohol consumption and diet to help them maintain and improve their oral health. Records that we checked did not contain this information or the advice given to patients.

Consent to care and treatment

The principal dentist told us that they understood the importance of obtaining and recording patients' consent to treatment. They said they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

Patients said the dentist listened to them and gave them information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The principal dentist was able to demonstrate that they understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to the Gillick competence by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Monitoring care and treatment

The principal dentist told us that they obtained and reviewed information in relation to patients' medical history including any health related conditions.

The principal dentist told us about the conversations they had with patients about their care and treatment. The dental care records which we checked lacked detail and completeness. The practice did not maintain detailed dental care records containing information about the patients' current dental needs and past treatment.

A record keeping audit had been completed and the principal dentist told us that they were using this to improve the quality and content of patients dental care records.

Effective staffing

Staff new to the practice and the temporary dental nurse told us that they had an induction to help familiarise themselves with the practice policies, procedures and protocols. These were not recorded; however we saw completed induction checklist for staff who had previously worked at the practice.

Improvements were needed to the arrangements to ensure that staff completed the continuing professional development (CPD) required for their registration with the General Dental Council. The training records made available for the principal dentist did not include details of infection control training. Records indicated that the principal dentist last completed training in basic life support and safeguarding in 2016.

There were no arrangements in place to ensure that temporary dental nursing staff were up to date with their CPD training.

Co-ordinating care and treatment

The principal dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems and processes 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.

Improvements were also needed so that the practice monitored referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us that staff was caring, friendly and understanding.

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

Patients confirmed that staff were reassuring and helped them to relax. A number of patients also commented that their dentist was understanding of their needs, especially if they were experiencing dental pain or discomfort.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area was open plan in design and staff were mindful of this when assisting patients in person and on the telephone. Staff told us that if a patient asked for more privacy they

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 be involved in decisions about their care and were aware of the requirements under the Equality Act and the Accessible Information Standards (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services could be made available for patients who did not have English as a first language.
- Patients were also told about multi-lingual staff who might be able to support them.

The principal dentist told us that they had discussions and they used models to help patients understand treatment options discussed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice took account of patient needs help them plan routine appointments and to manage appointments for emergency dental treatments. Patients said that they were able to access appointments that were convenient to them.

Patients described high levels of satisfaction with the responsive service provided by the practice, with some saying that they were seen on the same day when needed.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. A Disability Access audit had been completed so that the practice could assess and provide support to patients as far as was practicable.

There was step free access to the practice and accessible toilets facilities were available which were fitted with a handrail.

Timely access to services

Patients told us that they were able to access care and treatment from the practice within an acceptable timescale for their needs. They confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. The practice displayed its opening hours in the practice.

Staff told us that patients who requested an urgent appointment were where possible seen on the same day. Patients told us they 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 practice answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle complaints. The principal dentist was responsible for dealing with complaints. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

Patients were provided with information about how to make a complaint and the organisations they could contact if they were dissatisfied with the way the practice dealt with their concerns.

The principal dentist told us that they had received no complaints Within the previous 12 months,

Are services well-led?

Our findings

Leadership capacity and capability

The dental team was small and the principal dentist had responsibility for the leadership and management arrangements within the practice. At the time of our inspection there were no permanently employed dental nursing staff and the practice was reliant only on temporary agency dental nurses. There was lack of assurance as regards their continuing professional development, training and supervision.

Vision and strategy

The principal dentist told us that they had a vision to deliver services to meet the needs of patients.

Culture

The principal dentist told us that the practice had a culture of openness, transparency and candour. There were policies and procedures in place to help the dentist achieve this.

The lack of permanent staff impacted on the ability of the principal dentist to ensure that the practice policies were reviewed and followed consistently.

This also impacted on the arrangements for ensuring that audits and reviews were carried out properly or that there was a system of sharing and learning from these.

Governance and management

The practice had policies, procedures and protocols, which were accessible to all members of staff. However some of these were not up to date or practice specific and did not reflect current legislation and guidelines.

There were limited processes for identifying and managing risks. This related to ensuring that risks associated with infection prevention and control, health and safety and the use of hazardous materials were properly assessed and mitigated.

Infection prevention and control audits were not carried out in accordance with current guidance; the last health and safety risk assessment was carried out in 2016 and risks associated with hazardous substances were not assessed.

Appropriate and accurate information

The practice information governance arrangements had not been updated to take into account the General Data Protection Regulation (GDPR) requirements.

Engagement with patients, the public, staff and external partners

The practice used reviews, comments and feedback to obtain patients' views about the service. Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We looked at the most recent reviews which showed that 100% of patients who participated in the FFT would recommend the dental practice to their family and friends.

The principal dentist told us that they gathered feedback from staff through regular meetings and informal discussions and we saw minutes from these meetings.

Continuous improvement and innovation

Improvements were needed so that there were systems and arrangements in place to continuously monitor and improve the quality and safety of the service. This related to ensuring that audits in relation to infection control were carried out in accordance with current guidelines.

There were procedures and policies to review and appraise staff performance. At the time of our inspection one receptionist was employed and they had recently started work at the practice.

Improvements were needed to ensure that the principal dentist and dental nurses were up to date with relevant training such as basic life support and safeguarding training and the continuing professional development that is required by the General Dental Council.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met</p> <p>The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users.</p> <p>In particular:</p> <ul style="list-style-type: none">• The practice safeguarding policies and procedures were not up to date and did not contain relevant information such as the contact details for the local safeguarding agencies.• There were no arrangements in place to ensure that staff completed safeguarding training relevant to their roles and the duties they performed within the practice.• There were no arrangements in place to carry out checks to ensure the suitability of temporary agency staff. <p>Regulation 13(1) (2)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Requirement notices

In particular:

- There was no permanent dental nurse employed at the practice since December 2018.
- There were no arrangements to ensure that temporary agency staff were up to date with their training and received adequate support.

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision as was necessary to enable them to carry out the duties they were employed to perform.

In particular:

- There were limited systems in place to ensure that staff undertook training and periodic training updates in areas relevant to their roles including training in basic life support, safeguarding children and vulnerable adults, and training in infection control and dental radiography.

Regulation 18 (1) (2)

Regulated activity

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

Requirement notices

In particular:

- There were ineffective processes established for ensuring that appropriate checks were carried out including determining for each person employed their identity, Disclosure and Barring Services checks, employment history and proof of conduct in previous employment.
- There were ineffective processes for ensuring that appropriate checks were in place when temporary agency staff worked at the practice, including their identity, Disclosure and Barring Services checks and registration with their appropriate professional body.

Regulation 19 (3)

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p>In particular:</p> <ul style="list-style-type: none">• There were ineffective arrangements for ensuring that sufficient number of suitably trained personnel were available and equipment to manage medical emergencies was ready for use taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.• Emergency care medicines, such as Glucagon requiring refrigeration were not stored in line with the manufacturer's guidance and the fridge temperature was not monitored and recorded.• There were ineffective arrangements for assessing and mitigating risks in relation products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations.• There were ineffective arrangements for ensuring that infection prevention and control risk assessments were carried out having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. <p>Regulation 12(1)</p>

Enforcement actions

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

How the regulation was not being met:

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk

In particular:

- There were ineffective arrangements to ensure that the practice policies and procedures were up to date and in accordance with current legislation and guidance.
- The practice information governance and data protection policies were out of date and were not in compliance with General Data Protection Regulations requirements (GDPR) (EU) 2016/679.
- There was lack of effective arrangements for ensuring referrals were monitored suitably.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

Enforcement actions

- The practice did not maintain detailed dental care records containing information about the patients' current dental needs and past treatment.
- There was lack of 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 ensuring compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017.
- Dental care records that we checked did not contain information or the advice given to patients regarding maintaining and improving oral health.

Regulation 17(1)