

## The Cottage Dental & Implant Clinic Limited

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### Inspection Report

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Date of inspection visit: 26 November 2019  
Date of publication: 16/03/2020

### Overall summary

We carried out this unannounced inspection on 26 November 2018 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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

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

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

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

##### **Background**

The Cottage Dental and Implant Clinic is in Swindon and provides NHS and private dental care and treatment for adults and children.

# Summary of findings

There is not level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes a dentist, at the time of our inspection the practice was using agency dental nurses, a dental hygienist, a practice manager and one receptionist. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist. 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.

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

The practice is open:

Monday to Thursday 8.30am to 5.30pm

Friday 8.30am to 1.30pm

Saturday and Sunday – closed

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.

- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.
- The provider had infection control procedures which did not reflect published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and some life-saving equipment were available.
- Staff did not feel involved and supported and the team was fragmented.

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/s the provider was/is not meeting are at the end of this report.

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

- Review the necessity of a second oxygen cylinder where appropriate for the practice's circumstances.
- 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.

<b>Are services safe?</b>	<b>Requirements notice</b>	<b>✗</b>
<b>Are services effective?</b>	<b>No action</b>	<b>✓</b>
<b>Are services caring?</b>	<b>No action</b>	<b>✓</b>
<b>Are services responsive to people's needs?</b>	<b>No action</b>	<b>✓</b>
<b>Are services well-led?</b>	<b>Requirements notice</b>	<b>✗</b>

# Are services safe?

## Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

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

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 had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

The provider did not have a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation. We were sent an updated safeguarding policy following our inspection that contained information about modern day slavery, what signs to look out for and how and who to report to.

The provider had an infection prevention and control policy, however, procedures had lapsed in certain areas. They did not follow guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training.

The provider had 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 was validated, but not sufficiently maintained in line with the manufacturers' guidance. We saw that logs for the maintenance and

checking of one of the two autoclaves and the ultrasonic bath were not always completed. We saw the logs had, in some instances, been completed up until June 2019 then not logged again until October 2019. One of the autoclaves had not been serviced or checked by an engineer since November 2018. We saw that there was no clear signage of dirty and clean areas in the decontamination area. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

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

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing had been completed until January 2019. Since then no water temperature monitoring had been carried out. We saw that dip slides had been conducted up until January 2018 to ensure that no biofilm had developed in the dental unit water lines. We saw that the dental unit water lines had been disinfected and flushed on a regular basis.

We saw cleaning schedules to ensure the practice was kept clean. We noted that some of the cleaning equipment did not reflect the national standard for effective environmental cleaning. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and in line with guidance. However, we noted that the waste awaiting collection had not been stored securely.

The provider had carried out infection prevention and control audits once a year for 2017 and 2018. These did not reflect the current practices for infection control. There were no action plans or information to lead to

# Are services safe?

improvements. We discussed this with the provider. We were sent a new infection prevention and control audit which had the gaps we identified recorded and an action plan to address these.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination. We noted that there was no information about organisations outside of the practice that staff could go to if they wished to speak up. We were sent a new policy containing the contact details of outside organisations that staff could contact.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where 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 documented in the dental care record and a risk assessment completed.

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

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff had not ensured facilities and equipment were safe, that equipment was maintained according to manufacturers' instructions and this included electrical appliances. There had been no electrical safety check and no portable appliance testing conducted. We were sent evidence that this had been carried out following our inspection. Gas appliances had been serviced regularly.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We noted that the local rules for the X-ray units in the practice were generic and did not give individual information for each unit. We were sent updated local rules following our inspection.

We saw evidence 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 in respect of dental radiography.

The practice had a cone beam computed tomography X-ray machine. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff.

## **Risks to patients**

The provider had implemented systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. We could not be assured staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had not been undertaken. The provider sent us a sharps risk assessment following our inspection. We witnessed a nurse handling sharps; which was not in line with current legislation.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Some of the clinical staff had knowledge of the recognition, diagnosis and early management of sepsis. However, this could be improved.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support, however this had lapsed and was last completed in 2018. The practice sent us evidence that they had booked this training for January 2020. We asked to see certification that Immediate Life Support training with airway management for staff providing treatment under sedation was also completed. Staff were unable to provide this on the day but we were sent a certificate following our inspection.

Some emergency equipment and medicines were available as described in recognised guidance. However we noted

# Are services safe?

that there was no Volumatic spacer, no oxygen mask with reservoir, no child self inflating bag no paediatric automated external defibrillator pads, and only one oxygen cylinder. We found staff had not kept up to date records of their checks of these to make sure they were available, within their expiry date, and in working order

A dental nurse worked with the dentist when they treated patients in line with General Dental Council Standards for the Dental Team. There was no risk assessment in place for when the dental hygienist worked without chairside support. We were sent a new risk assessment following our inspection.

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

The practice was using agency dental nurses at the time of our inspection. We observed that these staff received an induction to ensure they were familiar with the practice's procedures. However, we saw that this was not consistent with all agency staff.

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were written and typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

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

## **Safe and appropriate use of medicines**

The provider did not have sufficient systems for appropriate and safe handling of medicines.

There was an ineffective stock control system of medicines which were held on site. We found 44 boxes of antibiotics in a cupboard in an office and medicines used for sedation, which had not been logged or monitored to ensure they were safe to use and in date. Other medicines for sedation were stored, unsecured in a cupboard above the autoclave. We found there was no system to ensure these medicines were kept at the appropriate temperature and safe to use. We discussed this with the provider who moved them to a cooler and more secure location in the practice.

We saw staff stored appropriately, but did not keep records of, NHS prescriptions as described in current guidance.

The dentists were not aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits had not been carried out.

## **Track record on safety, and lessons learned and improvements**

The provider had implemented systems for reviewing and investigating when things went wrong. However, we were told about an incident which had not been recorded. There were some risk assessments in relation to safety issues. Staff did not monitor or review incidents. This did not help staff to understand risks which would lead to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been one safety incident. We saw this had not been investigated, documented or discussed to prevent such occurrences happening again.

The provider had 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 this practice was providing effective care in accordance with the relevant regulations.

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw the clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered conscious sedation for patients. This included patients who were very anxious about dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were not always in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, medicines management, sedation equipment checks. We found the practice did not hold a second oxygen cylinder, in accordance with current guidelines. We saw that a recent sedation appointment had been assisted by an untrained agency nurse. We told the provider that sedation must not be performed without a second sedation trained member of staff to assist. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the guidance.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen content of the blood.

The operator-sedationist was not always supported by a trained second individual.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

### **Helping patients to live healthier lives**

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

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

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

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

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

### **Consent to care and treatment**

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy 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

# Are services effective?

(for example, treatment is effective)

the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

## **Monitoring care and treatment**

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

The provider had some quality assurance processes to encourage learning and continuous improvement. However, they were not frequent or contained action plans or reports to facilitate learning.

## **Effective staffing**

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

Staff new to the practice including agency staff had an induction programme, although this was not always recorded. We could not confirm all clinical staff had completed the continuing professional development required for their registration with the General Dental Council. We were sent confirmation of training completed by the agency who supplied the staff.

## **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.



# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

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

We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Information folders, patient survey results and thank you cards were available for patients to read.

### **Privacy and dignity**

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. 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 although this needed some improvements. They were aware of the Accessible Information Standard and the requirements of the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given.

- The provider did not have interpreter services available for patients who did not speak or understand English. We spoke with staff about this. Staff told us that they would use an online translation service should this be required.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff gave patients clear information to help them make informed choices about their treatment. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models, videos, X-ray images and an intra-oral camera. The intra-oral cameras enabled photographs to be taken of the tooth being examined or treated and shown to the patient and or 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 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.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. However, due to the listed status of the building some adjustments were not possible.

Staff had not carried out a disability access audit to continually improve access for patients. We were sent a completed disability access audit following our inspection.

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 NHS 111 out of hour's service and patients were directed to the appropriate out of hours service.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### **Listening and learning from concerns and complaints**

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff told us they 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 over the last 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

### Leadership capacity and capability

We found the principal dentist had the capacity, values and skills to deliver high-quality, sustainable care. However, due to staff shortages many things had been missed and checks and records were inconsistent, this had put patient safety at risk at the time of the inspection due to ineffective oversight of medicines, safety incidents and emergency equipment.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them and where the gaps requiring attention were.

### Culture

The practice had a culture of sustainable care, although improvements could be made with regard to clinical governance.

The practice had a high staff turnover, at the time of our inspection there were two members of permanent staff although this was due to shortly change. The practice relied on agency staff to fill the gaps in recruitment. There had been no appraisals as staff had not been in post long enough and other staff were agency.

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. We were made aware of incidents that had occurred but had not been recorded. The provider was aware of the requirements of the Duty of Candour.

### Governance and management

Staff knew their responsibilities, roles and systems of accountability but this had not supported good governance.

The principal dentist had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. This was in its infancy and more work was required to ensure that all checks and audits were completed on a regular basis, action plans formulated and completed and learning documented.

We saw there were processes for managing risks, issues and performance.

### Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS BSA performance info, surveys, audits, external body reviews was used to ensure and improve performance. Performance information was combined with the views of patients.

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

### Engagement with patients, the public, staff and external partners

Staff had not involved patients, the public, staff and external partners to support the service. For example: staff and patients were not asked about their views of the service and therefore improvements could not be made.

The provider did not use patient surveys, comments or encourage verbal comments to obtain staff and patients' views about the service.

Patients had completed the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider did not gather feedback from staff through meetings, surveys, and informal discussions.

### Continuous improvement and innovation

## Are services well-led?

The provider had systems and processes for learning, continuous improvement and innovation, although these were not currently being used to their full potential.

The provider had quality assurance processes to encourage learning and continuous improvement, which needed more work. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits, we noted that the audits for infection control had been completed in

February 2017 and April 2018, neither audit had identified gaps in processes and that logs had not been completed, therefore no improvements could be made or learning achieved. Infection audits had not been completed on a six monthly basis, in accordance with current guidelines.

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

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12</b></p> <p><b>Safe care and treatment</b></p> <p>Care and treatment must be provided in a safe way for service users</p> <p><b>How the regulation was not being met:</b></p> <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none"><li>• On 25/11/2019 a patient received sedation. This was not supported by a second sedation trained member of staff.</li></ul> <p>There were insufficient quantities of equipment to ensure the safety of service users and to meet their needs. In particular:</p> <ul style="list-style-type: none"><li>• the practice did not have all the emergency equipment as recommended in current guidelines..</li><li>• maintenance and checking of one of the two autoclaves and the ultrasonic bath were not always completed. We saw the logs had in some instances been completed up until June 2019 then not logged again until October 2019. One of the autoclaves had not been serviced or checked by an engineer since November 2018</li></ul> <p>There was no proper and safe management of medicines. In particular:</p>

## Requirement notices

- medicines were not always monitored to ensure they were kept at the correct temperature and there was no system to monitor the stock of medicines to ensure they were safe to use and kept within date
- The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: incidents were not recorded and no risk reduction or learning had taken place.

### Regulated activity

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

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### **Regulation 17**

#### **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 operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- Audits for infection control were not being completed on a six monthly basis.
- Where infection control audits had been conducted they had failed to identify gaps in the infection control processes.

## Requirement notices

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 was no sharps risk assessment, and we witnessed the nurse handling sharps.
- There had been a legionella risk assessment conducted in 2017, we saw that actions from the risk assessment had been conducted up until early 2018. Following this date no water temperature monitoring or dip slides had been completed.
- The provider had not had a 5 year electrical installation safety check and portable appliance testing conducted.
- Staff did not monitor or review incidents. This did not help staff to understand risks which would lead to effective risk management systems in the practice as well as safety improvements.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

- The provider had not conducted and patient or staff surveys.
- Staff did not undergo induction