

# Mr Rajesh Mayor

# Dental Surgery

## Inspection Report

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### Overall summary

We carried out this announced inspection on 9 May 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

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

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

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

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

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

We found 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 not 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**

Dental Surgery is in Erith, within in the Greater London Borough of Bexley. The practice providers NHS and private treatment to adults and children.

The practice is open from 9am to 5pm Monday to Friday and is closed from 1pm to 2pm for lunch.

The practice has one treatment room.

# Summary of findings

There is no level step-free access for people who use wheelchairs or those with pushchairs. Car parking spaces, including those for blue badge holders, are available on the roads near the practice.

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.

The dental team includes two dentists, two qualified dental nurses, three trainee dental nurses, and a receptionist. All of the dental nurses also undertake receptionist duties.

During the inspection we spoke with the principal dentist, one of the qualified dental nurses, and the receptionist. We checked practice policies and procedures and other records about how the service is managed.

On the day of the inspection we collected feedback from seven CQC comment cards filled in by patients.

## **Our key findings were:**

- The practice appeared clean.
- The appointment system took account of patients' needs.
- The provider had procedures to help them deal with complaints.
- Staff felt supported.
- The provider had not established thorough staff recruitment procedures.
- The provider's infection control procedures did not reflect published guidance in some areas.
- The provider had not established processes to ensure medical emergency equipment was available and date

- Some equipment had not been suitably maintained.
- The practice had not established effective systems to help them manage risk to patients and staff.
- The provider did not have suitable safeguarding guidance.
- The clinical staff did not record patients' care and treatment in line with current guidelines.
- The clinical staff did not use dental dam when carrying out root canal treatments.
- The provider had not implemented an effective system for managing and tracking outgoing referrals.

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.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

## **Full details of the regulations the provider was not meeting are at the end of this report.**

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

- Review the practice's systems in place for environmental cleaning, taking into account current national guidelines.
- Review the practice's protocols for the use of dental dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.

# 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 have told the provider to take action (see full details of this action in the Requirement Notices and Enforcement Actions sections at the end of this report).

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

Staff knew how to recognise the signs of abuse. However, not all staff had received training in safeguarding children and vulnerable adults.

Staff were registered with the relevant professional bodies. However, the provider had not completed essential recruitment checks for some staff.

The provider did not use dental dam when carrying out root canal treatments.

Some life-saving equipment was not available, and some was out of date. Shortly after the inspection they told us they had begun to address this. Some equipment had not been properly maintained. Fire safety and electrical safety checks had not been suitably undertaken.

The provider had suitable systems for storing dental instruments but staff did not follow national guidance when cleaning instruments. They had not carried out infection control audits every six months and had not established suitable systems for preventing Legionella infection.

The provider had not established suitable systems and processes to provide safe care and treatment. They were not assessing or mitigating risks effectively.

The provider did not have suitable arrangements for managing incidents, or for receiving, acting on and sharing with relevant staff national safety alerts relating to medicines and equipment.

### 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 and Enforcement Actions sections at the end of this report).

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

Patients described the treatment they received as being very good, professional and brilliant.

### Enforcement action



# Summary of findings

The dentist told us they discussed treatment with patients so they could give informed consent but this was not recorded in the dental care records we checked. Dental care records lacked key information about the patients' care and treatment.

The practice had not established clear arrangements for the referral of patients to other dental or health care professionals.

There was a lack of evidence of key training for several staff members. The provider did not have a system to help them monitor staff training.

The provider had not established suitable systems for carrying out staff appraisals.

## 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 seven people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, nice, caring and polite.

Staff protected patients' privacy and were aware of the importance of confidentiality.

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

We received feedback about the practice from seven people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, nice, caring and polite.

Staff protected patients' privacy and were aware of the importance of confidentiality.

No action



## Are services responsive to people's needs?

We found that this practice was not providing responsive 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 sections at the end of this report).

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if they were experiencing dental pain.

The provider had systems to help them manage complaints.

The practice had not made reasonable adjustments for patients with enhanced needs and did not provide facilities for patients who used wheelchairs or those who had difficulties with their sight or hearing. They had not carried out a Disability Access audit to identify how they could improve access for patients with a disability.

Requirements notice



# Summary of findings

Staff told us they did not have facilities to arrange or provide interpretation services for patients who could not speak or understand English.

## Are services well-led?

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).

Staff felt listened to, supported and appreciated. They told us the practice's principal was approachable.

The provider had not suitably assessed, monitored or improved the quality and safety of the services being provided.

The provider failed to have sufficient information available to staff regarding the practice's safeguarding lead, making notifications to the Care Quality Commission, the Equality Act, the Accessible Information Standards, making reports under the Reporting of Injuries, Diseases and Dangerous Occurrences regulations.

The provider had not sought assurance that three members of staff had achieved suitable immunity to the Hepatitis B virus. They had also not sought assurance that a staff member was suitably immunised.

The provider had not implemented suitable policies for staff. Several were not practice-specific and some contained outdated information.

The provider did not have suitable systems for monitoring clinical and non-clinical areas of their work to help them improve and learn, such as radiography, record keeping and Disability Access.

Requirements notice 

# Are services safe?

## Our findings

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

Staff knew how to identify abuse and neglect of children, young people and adults who were vulnerable due to their circumstances. Staff knew where to find contact details for local safeguarding teams in case they needed to escalate concerns about patients.

The practice had safeguarding policies about identifying, reporting and dealing with suspected abuse, though some were not practice-specific, and some contained outdated information. The policies did not state who the practice's safeguarding lead was, and staff were unsure whether there was a safeguarding lead for the practice.

The practice had a system to highlight vulnerable patients on their dental care records.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns within the practice without fear of recrimination, but they were not sure whether they were able to report concerns externally without first informing the practice's principal. The whistleblowing policy did not provide clear guidance on this.

The principal dentist did not use dental dams (equipment used in dentistry to prevent accidental injury to the patient) in line with guidance from the British Endodontic Society when providing root canal treatments. In instances 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, this was not documented in the dental care record and a risk assessment was not completed.

The provider had a recruitment policy and procedure to help them employ suitable staff. We checked recruitment records for all eight of the practice's staff. These showed the practice followed their recruitment procedure for most staff, but they had not carried out some essential checks as required by current legislation.

- There was no evidence available of employment histories for two members of recently employed staff. There was a lack of assurances regarding the satisfactory conduct in previous employment for these members of staff.

- There was no photographic identification available for one member of staff.

Clinical staff were registered with the General Dental Council and had professional indemnity cover.

The practice had arrangements to ensure the safety of the radiography equipment and had the required information in their radiation protection file.

We did not see any evidence that the dentists justified, graded and reported on the radiographs they took. The principal dentist told us he had begun to carry out the first cycle of a radiography audit a few days before the inspection. We checked the audit and could not verify when it had been undertaken as it was not dated, and it was not clear which radiographs had been audited, or for whom.

There was a lack of evidence to show that clinical staff completed continuing professional development in respect of dental radiography.

### **Risks to patients**

The practice had employer's liability insurance.

There was a lack of suitable systems to assess, monitor and manage risks to patient safety.

The provider had not carried out any health and safety risk assessments, including those to minimise the risk that can be caused from substances that are hazardous to health.

The provider ensured that fire extinguishers and the boiler were regularly inspected to ensure they were safe and fit for use. Records indicated that staff carried out fire evacuation drills periodically.

The provider had not implemented other suitable processes to prevent the spread of a fire. They told us they had recently undertaken a fire risk assessment by themselves. However, they were not aware of requirements including those relating to fire doors, fire and smoke detectors, emergency lighting, firefighting equipment, fire exists, fire compartmentalisation, arrangements for evacuating vulnerable people, and fire safety training. No member of staff had completed fire safety training.

The provider told us staff did not regularly test the smoke detectors to ensure they remained in good working order, or check fire exits to ensure they remained clear of obstructions.

# Are services safe?

The electrical installation safety check and portable appliance testing (PAT) of the premises was overdue; the provider told us the electrical safety check had not been undertaken since 2012. Records showed the PAT was due in 2016 but had not been undertaken. The provider told us they were not carrying out visual checks of the electrical equipment to ensure there were no visible faults.

The staff did not follow relevant safety regulation by using safer sharps techniques. The provider told us they had not carried out a sharps risk assessment. They had a sharps risk assessment template available but it had not been completed.

The provider had ensured that most 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. They had, however, not ensured that a member of clinical staff had received the full course of vaccinations against Hepatitis B, and they had not checked the effectiveness of the vaccination for three other members of staff.

The provider had not ensured that there were safe and effective processes for managing medical emergencies.

All but two staff members had completed training in emergency resuscitation and basic life support. When asked to, however, some staff were not able to operate the oxygen cylinder. The provider told us the practice's two oxygen cylinders had not been regularly serviced or checked. One cylinder, which the provider told us was a back-up, was past its use-by date of 2003; it was stored alongside the other oxygen cylinder which was in date.

The provider did not have all equipment as described in national guidance to manage a medical emergency.

- There were no sterile syringes or needles for drawing up adrenaline (a medicine used in emergencies to treat serious allergic reactions).
- Three oropharyngeal airways (equipment used to prevent obstructed breathing in an emergency) were past their use-by dates of 2010.
- The adult and child-sized chest pads for use with the Automated External Defibrillator (AED, a device used to deliver electric shock to victims of sudden cardiac arrest) were past their use-by dates of September 2018 and July 2015 respectively.
- There was no razor available to remove chest hair prior to using the AED.

Shortly after the inspection the provider told us they had ordered the equipment above.

Staff kept records of their checks of the emergency medicines and equipment but they had not identified the equipment that was past its use by date.

Staff were not monitoring the temperature of the fridge used to store Glucagon (a medicine used to treat low blood sugar in diabetic people) to ensure it was stored at the optimum temperature.

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

The provider had not implemented effective Infection control processes.

The practice had an infection prevention and control policy. They stored cleaned instruments appropriately and ensured that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw cleaning schedules for the premises which appeared visibly clean when we carried out the inspection.

Clinical waste was segregated and stored appropriately in line with guidance.

Some processes were not in line with 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.

One of the autoclaves (equipment used by staff for sterilising instruments) was maintained and used in line with the manufacturers' guidance. A second autoclave the provider told us was a back-up had not been serviced since 2003 according to the records we checked.

A helix test strip (equipment used to validate the efficacy of the sterilisation process) indicated that the autoclave cycle had not processed effectively on a recent date, but there was no evidence the provider had investigated this or mitigated the associated risk.

There was a lack of evidence of infection prevention and control training for seven staff members. This training for another member of staff had not been updated since 2010.

The process for cleaning instruments was not in line with HTM01-05 guidance. We observed that staff did not wear



# Are services safe?

suitable personal protective equipment, such as eye goggles, an apron, a face mask and domestic gloves, when cleaning contaminated instruments. The brush used to clean the instruments was heavily used and had not been changed regularly. Paper towels were used to dry the cleaned instruments instead of lint-free disposable cloths. The tray used to place the cleaned instruments into the autoclave was rusted.

The process for checking the quality of the instrument cleaning process was not effective. We observed that a member of staff did not inspect the cleaned instruments thoroughly. The light on the illuminated magnifying light was dim and did not allow for effective inspection of the cleaned instruments.

There was no evidence to demonstrate that toys in the waiting area were being regularly disinfected.

Staff were not aware of the need to use a spillage kit to clean spillages of bodily fluids.

The provider had not carried out six-monthly infection prevention and control (IPC) audits as per current national guidance. The last three IPC audits had been carried out every 12 to 17 months.

The provider had not established effective processes to prevent Legionella infection. They had not carried out Legionella a risk assessment. Staff told us they did not monitor the temperatures of the cold and hot water outlets to ensure they reached the recommended temperatures.

## Information to deliver safe care and treatment

We discussed with the principal dentist how information to deliver safe care and treatment was handled and recorded. We checked a sample of dental care records to confirm our findings and noted that individual records were legible.

### Safe and appropriate use of medicines

There was a stock control system of medicines which were held on site.

The provider stored and kept records of NHS prescriptions as described in current guidance.

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

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

The provider had incident recording templates available. Staff told us they had not experienced any serious incidents or significant events.

There was no policy available to provide guidance to staff on how to report, record and manage incidents. Staff were not clear on the types of incidents that should be recorded.

The provider had not established a system for receiving, acting on and disseminating to relevant staff, safety alerts relating to medicines and equipment.

The provider was not clear on the types of incidents reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The principal dentist kept up to date with current evidence-based practice.

### Helping patients to live healthier lives

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The principal dentist told us they were providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit, but we did not see evidence of this (for example discussions about smoking cessation, alcohol consumption and diet advice) in dental care records we checked.

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

The principal dentist described to us the procedures they used to improve the outcomes for patients with gum disease; however, there was a lack of evidence of oral hygiene advice, plaque and bleeding scores, and periodontal index measurements in the dental care records we checked.

### Consent to care and treatment

The principal dentist understood the importance of obtaining consent, but consent was not clearly recorded in any of the dental care records we checked.

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 may 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. The staff were aware of the need to consider this when treating young people under 16 years of age.

### Monitoring care and treatment

The dentist told us they had begun the first cycle of an audit of dental care records a few days before the inspection to check that the dentists recorded the necessary information.

We checked dental care records to confirm our findings. We found the provider did not keep detailed dental care records regarding who had examined and treated the patient, the patients' consent obtained, current dental needs, disease risks, treatment options, past treatment and medical histories.

### Effective staffing

The provider had carried out inductions for long-standing staff based on a structured programme, but there was a lack of evidence of inductions for three recently recruited staff members.

The provider did not provide assurance that clinical staff had completed the continuing professional development required for their registration with the General Dental Council. There was a lack of evidence of the following:

- Infection prevention and control (IPC) training for seven out of eight staff. IPC training for one member of staff had not been updated since 2010.
- Fire safety training for eight staff.
- Radiography training for the dentists.
- Medical emergencies training for two staff.
- Safeguarding children and vulnerable adults training for six staff.

The provider had not established effective systems to ensure staff received regular appraisals to discuss their performance, training and development needs. Staff told us they completed self-appraisal forms and gave them to the dentist to review, but that the dentist did not always discuss the feedback with them. The dentist told us they discussed feedback on appraisal forms informally with the staff. There was no appraisal for a member of employed staff. There were two appraisal forms dated 2013 and 2017 for two other members of staff who had been working in the practice for over 20 years.

### Co-ordinating care and treatment

The practice had not established suitable systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections. They told us they gave patients their referral letters to post for themselves and said they did not follow up on referrals unless patients contacted them with any issues. They had not implemented any system to monitor the progress of outgoing referrals.

# Are services effective?

(for example, treatment is effective)

The practice had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist.

# Are services caring?

## Our findings

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

Staff were aware of their responsibility to respect people's diversity and human rights. They were polite and friendly towards patients over the telephone.

We received feedback from seven patients. They commented positively that staff were kind, caring, polite and professional. They told us the service was good and brilliant.

Information leaflets were available for patients to read in the waiting area.

### **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 the reception and waiting areas provided privacy when reception staff were dealing

with patients. If a patient asked for more privacy, staff told us they would take them into another room. The computer screens at the reception desk were not visible to patients, and staff did not leave patients' personal information where other patients might see it.

### **Involving people in decisions about care and treatment**

The principal dentist told us patients arranged their own interpreter with the local authority if needed. They were not aware of the Equality Act or the Accessible Information Standards. 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 principal dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. They could make improvements by ensuring these discussions were clearly recorded in the dental care records. They told us they could use models and radiograph images to help patients understand their diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice organised and delivered appointments to meet patients' needs.

Staff were clear on the importance of emotional support needed by patients when delivering care.

The practice had not made reasonable adjustments for patients with enhanced needs. They did not have step-free level access for wheelchair users, a hearing loop, a magnifying glass or an accessible toilet with hand rails and a call bell. They had not carried out a suitable Disability Access audit to identify how they could improve access for patients with a disability.

### Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The provider displayed their opening hours in the premises, and their information leaflet.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day.

The practice information leaflet 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 provider had a policy providing guidance to staff on how to handle a complaint. There was information available to patients about how to make a complaint.

The principal dentist was responsible for dealing with complaints. They told us they had not received any complaints and that they aimed to settle complaints in-house and quickly. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They were also responsible for the day to day running of the service.

### Culture

The provider and staff described a culture that was focused on team working, well-being, communication and customer service. They had processes in place to manage behaviour that was not in line with their culture.

Staff stated they felt respected, supported and valued. They appeared proud of the work they were carrying out in the practice.

The principal dentist was aware of, and had systems to ensure compliance with, the requirements of the Duty of Candour.

### Governance and management

The provider had not established clear and effective processes for managing risks, issues and performance. In particular they had not assessed or mitigated risks relating to the following:

- Staff were unclear on various management arrangements and their roles and responsibilities such as safeguarding, incidents and making notifications to the relevant bodies.
- There was a lack of suitable policies for staff. Some policies had not been suitably updated. The whistleblowing policy did not provide clear guidance to staff on reporting concerns externally. There was no incident policy.
- There was a lack of suitable employment checks for some staff.

- There was a lack of assurance of suitable vaccination and immunity against communicable diseases for four members of staff.
- Dental care records did not contain key details of patients' care and treatment.

### Appropriate and accurate information

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

The provider did not demonstrate registration with the Information Commissioner's Office, a requirement under the data protection legislation.

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

The provider told us they gathered feedback from staff through informal discussions. The provider told us they held irregular meetings; we saw evidence of meetings dated 2008 and 2018.

Staff told us they encouraged patients to complete the NHS Friends and Family Test (FFT) but that there had been a poor uptake of this and that they did not have any completed forms available for us to check. The FFT is a national programme to allow patients to provide feedback on NHS services they have used. Staff said they obtained feedback from patients via verbal comments.

### Continuous improvement and innovation

The provider had not implemented effective quality assurance systems and processes for learning and continuous improvement. They had carried out infection prevention and control audits but they had not been undertaken regularly. They had not carried out regular radiography audits.

## 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>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.</b></p> <p><b>How the regulation was not being met</b></p> <p>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:</p> <ul style="list-style-type: none"><li>• The registered person had not identified or mitigated risks relating to the lack of suitable employment checks for staff. There was a lack of evidence of employment histories, evidence of suitable conduct in previous employment, and photographic identification for some recently employed staff.</li><li>• The registered person had failed to obtain assurances that three members of staff had achieved suitable immunity to the Hepatitis B virus, and that a member of staff had been suitably immunised.</li></ul> <p>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 improve the quality and safety of the services being provided. In particular:</p>

## Requirement notices

- The registered person had not carried out suitable audits relating to Disability Access.
- They had not established a system for carrying out regular radiography audits.

**There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained in respect of each service user. In particular:**

- Dental care records were not suitably maintained to provide information reflecting the treating clinician's details, patient consent, current dental needs, disease risks, treatment options, past treatment and medical histories.

**There were no systems or processes that ensured the registered person maintained such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular:**

- The registered person had not implemented suitable policies for staff. Some policies had not been suitably updated. The whistleblowing policy did not provide clear guidance to staff on reporting concerns externally. There was no incident policy.

**There was further evidence of poor governance. In particular:**

- The registered person had failed to ensure sufficient information was available to staff regarding the Accessible Information Standards, the Equality Act, Care Quality Commission notification requirements and safeguarding lead responsibilities.
- The practice had not made reasonable adjustments for patients with enhanced needs. They did not have step-free level access for wheelchair users, a hearing loop, a magnifying glass or an accessible toilet with hand rails and a call bell.



This section is primarily information for the provider

## Requirement notices

### Regulation 17 (1)

## 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><b>How the regulation was breached</b></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. In particular:</p> <ul style="list-style-type: none"><li>• The registered person had not ensured there were safe and effective processes for managing medical emergencies. Some staff were not able to set up the oxygen cylinder for use. There were no syringes or needles available for drawing up adrenaline. There was no razor available for shaving patients' chests prior to using the Automated Electronic Defibrillator (AED). Staff were not monitoring the temperature of the fridge used to store Glucagon to ensure it was stored at the optimum temperature.</li><li>• The registered person had not implemented effective Infection control processes. They had not carried out infection prevention and control audits every six months. There were ineffective processes for cleaning dental instruments and checking the quality of the cleaning and sterilising of used dental instruments. Toys in the waiting area were not being regularly disinfected.</li><li>• The registered person had not established a suitable system for managing incidents. There was no incident policy available to provide guidance to staff on how to</li></ul>

## Enforcement actions

manage incidents. Staff were not clear on what types of incidents were reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

- The registered person had not established a system for receiving, acting on and disseminating to relevant staff safety alerts relating to medicines and equipment.
- The registered person had not ensured that materials and equipment were suitably maintained. The adult and paediatric pads for the Automated External Defibrillator were out of date. Oropharyngeal airways and an oxygen cylinder were past their use-by dates. The oxygen cylinders had not been serviced. The back-up autoclave had not been serviced regularly.
- The registered person had not implemented processes to prevent the spread of Legionella bacteria on the premises. They had not carried out a Legionella risk assessment. Staff were not carrying out any checks of the temperatures of the cold and hot water outlets.
- The registered person had not carried out risk assessments related to health and safety, the control of substances on the premises that may be hazardous to health, and the use of sharp instruments.
- The registered person had not implemented effective processes to manage fire safety on the premises. A fire risk assessment had not been carried out by a competent person. Staff were not carrying out fire safety checks.
- The registered person had not implemented effective processes to manage electrical safety on the premises. The electrical installation safety check and portable appliance testing of the premises was overdue. Staff were not carrying out visual checks of electrical equipment.

### Regulation 12 (1)

## Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

## Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

### How the regulation was breached

## Enforcement actions

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

In particular:

- There was no evidence of:
  - radiography training for both of the practice's dentists.
  - fire safety training for any of the practice's staff.
  - infection control training for seven of the practice's staff members.
  - updated infection control training since 2010 for one staff member.
  - safeguarding children and vulnerable adults training for six staff members.
  - medical emergencies training for two of the practice's trainee dental nurses.
- There was a lack of effective systems for induction, professional development, supervision and appraisal of staff.

### **Regulation 18 (2)**