

Dr Christopher Paul Caldwell

Main Street Dental

Inspection Report

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Overall summary

We carried out this announced inspection on 21 August 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Main Street Dental is in Frodsham, Cheshire and provides mainly private treatment to adults and children. The practice also holds a small NHS children's contract.

There is level access for people who use wheelchairs and those with pushchairs. Fee paying car parking spaces are available near the practice on the main Frodsham road. Free parking can be found on local roads nearby.

The dental team includes a principal dentist and two associate dentists, five dental nurses, four dental hygienists a dedicated receptionist and a practice manager who is also a dental nurse. The practice has four treatment rooms.

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 collected 29 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, two dental nurses 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, Tuesday and Wednesday 8:30 am to 5:30pm

Thursday 12pm to 7:30pm

Friday 8:30am to 4:30pm

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance. We identified that improvements could be made within the decontamination room, these were discussed with the provider for further action to be taken.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. Improvement was required to align the checking process to recognised guidance.
- Improvements could be made to help them manage risk to patients and staff more effectively. With the exception of Legionella management systems, these were promptly acted upon.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Leadership and oversight could be improved.
- Improvements could be made to enhance the practice's culture of continuous improvement. In particular: Infection prevention and control audits and record keeping audits.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance. In particular: Take action to address the damaged material on the dental equipment and review the air flow and sinks in the decontamination room to bring them in line with guidance.

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

Are services safe?

Our findings

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

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

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training, one staff member had decided to undertake level three training to enhance their knowledge further, which was a level higher than required for their role. 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 also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of reprimand.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. 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, 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 four staff recruitment records. These showed the provider followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

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

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. The 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 provider had a system in place to ensure 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. We reviewed the records for all staff and noted two staff members had a low-level immunity. No risk assessment was in place to mitigate the risk associated with their role. The provider sent evidence immediately after the inspection to demonstrate that a risk assessment had been undertaken and measures had been taken to reduce any risks associated with their role.

Are services safe?

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. We highlighted to the provider that the medical emergency kit should be checked weekly not monthly as was the current situation. This was adjusted on the inspection day and evidence was seen to support this.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. We were told that not all dental hygienists worked with a dental nurse and this was the clinician's individual preference. At the time of inspection this had not been risk assessed. A risk assessment was implemented immediately after the inspection and evidence was sent to us to support this. Appropriate measures had been identified in the risk assessment which included, to offer patients a chaperone, action to take in the event of a medical emergency and decontamination standards monitoring.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

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

The provider had an infection prevention and control policy and procedures. They used a washer disinfectant to clean dental instruments prior to sterilising. In-house equipment validation was 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. We noted some additional points which were raised with the principal dentist during the inspection. In particular:

- The instrument decontamination room was not kept secure when it was unoccupied. Evidence was sent after the day after the inspection to show that the room was now secure.

- There was no air flow system in the room to circulate air from the clean to dirty areas as recommended in guidance.
- The two vanity sinks in place did not comply with recommended guidance, for example, the sinks had a plug and an overflow, and the taps were not sensor operated or lever operated. One of the taps in place was broken.
- The washer disinfectant which was used to clean the dental instruments was no longer supported by an external maintenance company. There was no system to replace the item if it became unserviceable and no manual cleaning process was in place to revert to if needed.
- We also noted there were areas on a headrest and an operating stool where the material was torn/damaged: this could hamper the cleaning process.

We discussed these areas with the principal dentist who assured us that these areas of concern would be addressed, and measures taken to update the decontamination room sinks. Supporting evidence sent to us the day after the inspection showed that these areas were now part of the practice's refurbishment plan.

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

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A risk assessment had been undertaken; we identified where improvements could be made to enhance the level of understanding in respect to Legionella management, and to bring the process in line with the risk assessment. For example:

- Hot water temperatures were recorded above the level recommended in the risk assessment. In some instances, hot water rose above 65°C: this was not raised as a concern for further investigation to prevent scalding and no hot water warning signage was visible.
- There was no written scheme of work in place to ensure hot and cold-water outlets were opened for the required amount of time to guarantee accurate results when testing the temperatures.

Are services safe?

- There was no nominated individual or deputy for Legionella management as recommended in the risk assessment.

We highlighted these areas of concern with the principal dentist who confirmed that they would be addressed.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit had not identified areas we found were of concern, the provider assured us that systems would be introduced to monitor this more closely and align the audit to accurately reflect areas for improvement.

Information to deliver safe care and treatment

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

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

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. We identified areas where improvement could be made. In particular:

- The prescribed medicine stock was not held securely.
- The practice details were not identified on the packaging when being dispensed.

We highlighted these areas of concern to the provider who sent evidence immediately after the inspection to show these had all been actioned. Medicines were now held securely, and new labels were in place showing the correct prescribing dose and practice details.

The practice held a selection of antibiotics, some of which were being prescribed using out of date guidance. This was discussed with the provider who assured us it would be addressed with all clinicians. The provider sent evidence immediately after the inspection to show this had been done.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice. For example, an incident had been raised when a piece of machinery had not been secured correctly prior to its use. The incident was recorded, discussed with the team and measures put in place to prevent a future occurrence.

The practice was not registered to receive patient safety alerts. We highlighted this to the provider and practice manager. The provider registered for this service during the inspection and evidence was sent the following day to confirm that a 12-month retrospective check had been undertaken. They confirmed in writing that no previous alert had impacted on the safety of the practice.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

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

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

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

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

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists

gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

We saw the practice audited patients' dental care records to check that the clinicians recorded the necessary information. We noted improvements could be made to record treatment options in patient care records more consistently.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, all staff had completed basic life support training, and this was updated annually. Several staff members had completed post registration qualifications including, oral health education and dental radiography.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

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

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

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

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

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Staff monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were wonderful, amazing and professional. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

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, staff would take them into another room. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

Accessible Information Standards (a requirement to make sure that patients and their carers can access and understand the information they are given) and the requirements under the Equality Act. We saw:

- Interpreter services were available for patients who did not speak or understand English.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models and X-ray images to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

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

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

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a ground floor treatment room, a hearing loop, a magnifying glass and accessible toilet with hand rails.

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

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 seen 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 dentists working there and the 111 out of hour's 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

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 on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

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

Leadership capacity and capability

We found the principal dentist had the experience and skills to deliver high-quality, sustainable care.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of services, but we identified procedures and risk awareness which had been overlooked.

Improvement was needed to put systems in place to embed processes and clinical oversight and the overall management of the practice.

The provider told us during the inspection that their once stable team had suffered an extended period of staff shortages and this had directly impacted on the practice manager who was having to cover the vacant posts. In response to the areas of concerns identified during the inspection, the provider wrote to us confirming that restructuring would be taking place immediately. This included: further recruitment of support staff, protected time for staff training and a clearer structure for lead roles. All of which would allow the practice manager to concentrate on managing the practice and scope to delegate tasks.

The principal dentist and practice manager were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The staff focused on the needs of patients. Staff shortages had meant the practice manager was frequently covering roles as dental nurse and receptionist to ensure clinics stayed open to provide continuity of care to their patients.

The provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

There were responsibilities, roles and systems of accountability to help support good governance and management, but these had been hampered by staffing issues and use of the practice manager in other areas to keep the practice operating on a clinical level. Governance and oversight of systems and processes in some areas were not effective.

We identified areas where improvements could be made to enhance the systems currently in place. The principal dentist and the team were open to feedback and took prompt action to rectify these areas and send evidence where possible. Many actions were addressed on the inspection day or within 24 hours after our visit; these areas were yet to be embedded into the practice's working systems.

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

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support high-quality sustainable services.

Are services well-led?

The provider used patient surveys and comment cards to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. Staff told us in response to patient feedback regarding the small reception hatch, the reception area was recently refurbished. Patients had also requested drinking water in the waiting room, water, tea and coffee were now available for patients to use.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. We identified areas where improvements could be made to ensure audit results accurately reflect the records being reviewed.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p data-bbox="815 658 1385 725">Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p data-bbox="815 748 1517 815">Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p data-bbox="815 837 1506 1025">Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p data-bbox="815 1106 1517 1285">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 data-bbox="815 1308 1517 1980" style="list-style-type: none"><li data-bbox="815 1308 1517 1420">• The system in place to ensure low responders to the Hepatitis B vaccination were appropriately risk assessed was not effective.<li data-bbox="815 1420 1517 1487">• The medical emergency kit was not checked in line with recognised guidance.<li data-bbox="815 1487 1517 1599">• There was no risk assessment process in place to mitigate the risks of dental hygienists working without clinical support.<li data-bbox="815 1599 1517 1666">• The Legionella management systems were not effective.<li data-bbox="815 1666 1517 1711">• The medicines management system was not effective.<li data-bbox="815 1711 1517 1778">• Antibiotics were being prescribed using out of date guidance.<li data-bbox="815 1778 1517 1890">• There was no system in place to ensure the dental instrument cleaning process was maintained if the equipment in use failed.<li data-bbox="815 1890 1517 1980">• The practice was not registered to receive patient safety alerts <p data-bbox="815 2002 1506 2069">The registered person had systems or processes in place that operating ineffectively in that they failed to enable</p>

This section is primarily information for the provider

Requirement notices

the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- The audit processes for record keeping and infection prevention and control were not effective and did not align to accurately to reflect areas for improvement.

Regulation 17 (1)