

Smileright Limited

# Ambience Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 14 February 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 CQC inspector who was supported by a specialist dental adviser.

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

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

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

#### Our findings were:

#### Are services safe?

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

#### Are services effective?

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

#### Are services caring?

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

#### Are services responsive?

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

#### Are services well-led?

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

# 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.

The practice did not have effective systems and processes to provide safe care and treatment and to use learning from incidents to help them improve.

The practice failed to assess the risk of, and prevent, detect and control the spread of infections. The number of instruments available did not provide assurance that effective sterilisation took place between patients. Appropriate validation checks had not been completed for two autoclaves (sterilisers) and ultrasonic baths. Staff did not comply with the practice sharps policy in order to reduce the risk of a sharps injury.

The practice had not completed essential recruitment checks. Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Staff were qualified for their roles. The practice had suitable arrangements for dealing with medical and other emergencies.

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

Requirements notice 

### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. The dentists assessed patients' needs and provided care and treatment in line with recognised guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), Department of Health (DH) and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice.

Patients described the treatment they received as gentle, caring and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

No action 

### 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 38 people. Patients were positive about all aspects of the service the practice provided. Patients commented they

No action 

# Summary of findings

felt fully involved in making decisions about their treatment, they were listened to, were made comfortable and reassured. Patients told us they were treated in a professional manner and staff were very helpful. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We noted that patients were treated with respect and dignity during interactions over the telephone and in the reception area. We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

## Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services.

The practice took patients views seriously. There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients. Improvements could be made to ensure the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

No action



## Are services well-led?

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

The practice did not have adequate governance arrangements in place. Policies and procedures were not effective to ensure the smooth running of the service. The practice did not have adequate arrangements for identifying, recording and managing risks through the use of risk assessments such as Legionella and fire safety.

Quality improvement measures such as audits on infection control had not been effective. Staff did not have annual appraisals

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

We have told the provider to take action (see full details of this action in the requirement section at the end of this report.)

Requirements notice



# Ambience Dental Practice

## Detailed findings

### Background to this inspection

#### Background

Ambience Dental Practice is situated in Swindon, Wiltshire in a converted commercial property and provides NHS and private treatment to patients of all ages. The practice is open Monday to Friday 8:15am - 4:45pm.

There is ramp access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

The dental team includes eight dentists, four dental nurses, five trainee dental nurses, a receptionist and a practice manager. The premises are on the ground and first floor and consist of eight treatment rooms, seven of which were operational at the time of the inspection. The practice has two decontamination rooms, reception areas and waiting rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Ambience Dental Practice was the practice manager.

On the day of inspection we collected 38 CQC comment cards filled in by patients. We also reviewed results of the NHS Friends and Family test. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, three dental nurses, and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

#### Our key findings were:

- The practice did not have effective infection control procedures which reflected published guidance.
- The practice had not undertaken appropriate validation checks on all equipment such as the autoclaves (steriliser) and ultrasonic baths.
- Training, learning and development needs of individual staff members were not reviewed at appropriate intervals and the practice did not have an effective process for the on-going assessment and supervision of all staff.
- Risks related to undertaking of regulated activities had not been suitably identified and mitigated.
- The practice did not have thorough staff recruitment procedures.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- 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.
- The appointment system met patients' needs.
- The practice asked patients for feedback about the services they provided.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure appropriate standards of hygiene for premises and equipment are maintained.
- Ensure effective systems and processes are developed to ensure good governance in accordance with the fundamental standards of care.

# Detailed findings

- Ensure CQC is sent a written report setting out what governance arrangements is in place and any plans to make improvements.
- 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.
- Ensure specified information is available regarding each person employed.
- Ensure the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Ensure stocks of medicines and equipment and the system for identifying and disposing of out-of-date stock is effective.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the current legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance
- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result.
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development.

## **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:

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report accidents, incidents and significant events. Staff knew about these and understood their role in the process. There were two reported incidents within the last 12 months. Records showed that these incidents were reported in line with current guidance. However, improvements could be made to ensure that the reported incidents were investigated and the learning shared with staff.

Staff told us the practice was not registered to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Staff were not aware of recent relevant alerts. Improvements could be made to ensure relevant alerts were discussed with staff, acted on and stored for future reference.

### Reliable safety systems and processes (including safeguarding)

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 practice had policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. There were no reported safeguarding concerns in the last 12 months.

We looked at the practice's arrangements for safe dental care and treatment. Staff told us a fire risk assessment had been undertaken. When asked staff could not provide records of this. Following our inspection the practice sent us evidence which showed the fire safety equipment such as fire extinguishers and the fire alarm had been serviced. A fire risk assessment had been booked for 19 February 2018.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had not followed relevant safety laws when using needles and other sharp dental items. Staff told us sharps were disposed of without the use of a safety device. We observed a sharps bin on the floor in one treatment room. The sharps bin contained sharps above the 'do not

fill' line. There were three used sharps on the floor beside the sharps bin. Safety devices should be used to reduce the risk of a sharps injury. We noted the practice did not have safety devices in each treatment room. This was not in line with the practice's infection control policy on the safe disposal of sharps.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Most of the required emergency equipment and medicines were available as described in recognised guidance. Child size and adult size oxygen masks were not available at the practice on the day of our inspection. Size one and three oropharyngeal airways had expired in 2014. Following our inspection staff confirmed these items had been ordered. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. However, these checks were not effective.

The practice did not have evidence of up-to-date training in medical emergencies for three clinical members of staff.

### Staff recruitment

The practice had a staff recruitment policy. However, we noted the practice did not follow its recruitment procedure. We looked at six staff recruitment files. The practice did not have evidence of references in the six staff files that we checked and evidence of Disclosure and Barring Service (DBS) checks for three staff. The practice did not have the complete immunisation records showing immunity to Hepatitis B for five staff.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

### Monitoring health & safety and responding to risks

The practice had a health and safety policy and a risk assessment had been undertaken in July 2018. The risk assessments had been reviewed to help manage potential risk. The practice had current employer's liability insurance.

# Are services safe?

The practice manager told us the practice checked each year that the clinicians' professional indemnity insurance was up to date. When asked these records could not be provided.

A dental nurse worked with the dentists when they treated patients.

## Infection control

The practice had an infection prevention and control policy and procedures. The practice had not followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

Treatment rooms two and three were observed to be visibly unclean. There was dental material and dust on the drawers and inside the cabinets and two bur stands contained corroded burs in treatment room three.

We checked the instruments in the seven treatment rooms that were operational at the time of the inspection. We found that there were not enough instruments to support the number of patients seen at the practice without compromising the effectiveness of infection control procedures. Following our inspection, the practice sent us confirmation additional instruments had been ordered.

The practice had four autoclaves (sterilisers). Staff told us one of the autoclaves was not in use. We checked the validation records for three autoclaves. We found that records for one steriliser were incomplete.

There were two ultrasonic baths in use. We found validation checks such as the protein residue test and foil test had not been carried out in line with current infection prevention control guidelines.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a decontamination room on the ground floor and another on the first floor. The first-floor decontamination room did not have handwashing facilities and the organisation of the room did not allow for an effective flow of instruments from dirty-to-clean.

Expired dental materials were present in the refrigerator and treatment rooms. For example, we found an antibiotic periodontal gel in the refrigerator which had expired in May 2017.

All staff had not completed infection prevention and control training every year. The practice did not have evidence to show that five of the six staff member's files we checked had completed training in infection prevention and control in the last 12 months. We were told this training had been completed. However, when asked these records could not be provided.

The infection control audit of 04 January 2018 had not been completed appropriately. For example, the audit states washer disinfectors were used to clean instruments. The practice had two washer disinfectors which staff member A told us were not in use.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. Staff told us a legionella risk assessment had been completed. These records could not be provided. Following our inspection the practice sent us confirmation a legionella risk assessment had been booked for 26th February 2018.

## Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. The practice had four autoclaves. There were service contracts in place for the maintenance of equipment such as the autoclave. However, we noted one autoclave had not been serviced in the last 12 months. Staff told us this autoclave had not been in use as it was faulty. Following our inspection the practice sent us confirmation the autoclave had been replaced.

The practice had suitable systems for prescribing, dispensing and storing medicines.

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

## Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

The practice had registered with the Health and Safety Executive in line with Ionising Radiation Regulations 2017 (IRR17). We found there were arrangements in place to

## Are services safe?

ensure the safety of the equipment including the local rules. We saw records which showed that the X-ray equipment had been serviced within the recommended timescales.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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 dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. During the course of our inspection we checked dental care records to confirm our findings. The practice kept detailed dental care records and we saw evidence of assessments to establish individual patient needs.

The dentists also checked patients' general oral health including monitoring for possible signs of oral cancer. The dentists recorded when oral health advice was given.

### Health promotion & prevention

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

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

The dentists told us they 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.

### Staffing

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

Staff told us they had not discussed training needs at annual appraisals. We discussed this with the practice manager who told us appraisals had not been completed in the last 12 months.

The practice had five trainee dental nurses. Staff told us the trainee dental nurses were registered on a course which would lead to registration with the General Dental Council. When asked staff could not provide records of this.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patient 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. The practice monitored urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice asked patients to sign treatment plans and a copy was kept in the patient's dental care records. We checked dental care records which showed treatment plans signed by the patient.

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 and the dentists and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

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

We gathered patients' views from 38 completed CQC comment cards. The practice sought patients' views through the NHS Friends and Family test. Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. Patients commented that they were listened to and treated with dignity and respect.

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

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

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. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave 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.

### **Involvement in decisions about care and treatment**

The practice gave patients clear information to help them make informed choices. 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.

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

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options. Staff also used photographs to explain treatment options to patients needing more complex treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

### Promoting equality

The practice had an equality and diversity policy. The demographics of the practice were mixed and we asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions.

They had access to translation services.

The practice made reasonable adjustments for patients with disabilities. These included step free access and an accessible toilet with hand rails and a call bell.

### Access to the service

The practice displayed its opening hours in the premises and on their website. We confirmed the practice kept waiting times and cancellations to a minimum.

We asked staff how patients were able to access care in an emergency. They told us that if patients called the practice in an emergency they were seen as soon as practicable. Emergency appointments were available in the morning and afternoon for patients who required urgent treatment. In the event of a dental emergency outside of normal opening hours details of the '111' out of hour's service were available for patients' reference. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle 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 told us they 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 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. Improvements could be made to ensure the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

# Are services well-led?

## Our findings

### Governance arrangements

Staff told us the practice had a management team which included a clinical director and HR manager. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice did not have an effective governance system. This included arrangements to monitor the quality of the service and make improvements. The practice did not have adequate arrangements for identifying, recording and managing risks through the use of risk assessment such as Legionella and fire safety.

The practice failed to assess the risk of, and prevent, detect and control the spread of infections. The number of instruments available did not provide assurance that effective sterilisation took place between patients. Appropriate validation checks had not been completed for two autoclaves and ultrasonic baths. Staff did not comply with the practice sharps policy in order to reduce the risk of a sharps injury.

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

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable and would listen to their concerns. However, staff told us their concerns were not always acted upon.

There were inconsistencies with the reports of the number of staff meetings held at the practice. Staff told us staff meetings were every two months or less frequently. Staff told us the practice would benefit from having more regular staff meetings. We saw records of agendas for monthly staff minutes. However, there were not minutes for these meetings.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits X-rays and infection prevention and control. We noted the infection control audit of 04 January 2018 had not been completed appropriately. For example, the audit states washer disinfectors were used to clean instruments. The practice had two washer disinfectors which staff told us were not in use.

Staff did not have annual appraisals. They had not discussed learning needs, general wellbeing and aims for future professional development. The practice could not provide evidence of completed appraisals.

Staff told us they completed mandatory training. The General Dental Council requires clinical staff to complete continuous professional development. The practice did not have evidence of up-to-date training in medical emergencies and infection control for each clinical staff member.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys to obtain patients' views about the service.

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

## 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 Regulations 4 to 20A Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• There were no systems or processes that enabled 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: effective infection control procedures, Legionella and fire risk assessment.</li><li>• There were no systems or processes that ensured the registered person maintained securely records that are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities and the management of the regulated activity or activities. In particular regarding DBS checks, identity checks, references and immunisation history.</li><li>• There were no systems or processes that ensured the registered person maintained an effective audit and governance systems. In particular, correctly completing the infection audit, completing appraisals and ensuring continuing professional development was monitored.</li></ul> <p>17 (1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p>

## Requirement notices

- The provider did not always ensure all staff members received appropriate support, training and supervision necessary for them to carry out their duties.
- The provider was unable to demonstrate that ongoing and regular appraisal of staff had been completed. Staff did not receive regular appraisal of their performance in their role from an appropriately skilled and experienced person and any training, learning and development needs should be identified, planned for and supported.

### Regulation 18 (2)

#### Regulated activity

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

#### Regulation

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

##### How the regulation was not being met:

- The provider did not have an effective recruitment procedure in place to assess the suitability of staff for their role. Not all the specified information (Schedule 3) relating to persons employed at the practice was obtained.

### Regulation 19 (1), (2), (3)

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

##### How the regulation was not being met:

- The provider did not ensure the equipment used for providing care or treatment to a service user was safe for such use and used in a safe way. In particular the validation checks on the autoclave and the ultrasonic bath.
- The provider had not assessed the risk of preventing, detecting and controlling the spread of infections. In particular ensuring effective decontamination procedures.

### Regulation 12(1)