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Skintek Dental, Laser & Aesthetic Clinic

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 19 January 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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.

Background

Skintek Dental, Laser and Aesthetic Clinic is a general dental practice in Crawley, West Sussex offering private dental treatments to adult and children.

The practice has one dental treatment room, a decontamination room for the cleaning, sterilising and packing of dental instruments and a waiting/reception area. The practice is located on the first floor of the building and does not have full disabled access due to the stairs. A patient toilet is located on the second floor of the building.

The practice employs a principal dentist, a dental nurse who performs a dual role covering reception when required and one receptionist. The practice is open on Tuesdays to Thursdays from 9.30am to 8pm, Fridays from 9.30am to 4.30pm and Saturdays from 9am to 4.30pm. Out of hours is provided by the principal dentist.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

Summary of findings

We reviewed 10 completed Care Quality Commission (CQC) comment cards on the day of the inspection. Patients commented on the kind and helpful staff. Patients told us that they were treated with respect and that the treatment is gentle and professional.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- We found the dentist regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- Patients indicated that they found the team to be kind, professional and caring.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The practice had some processes in place for safeguarding adults and children living in vulnerable circumstances although not all staff had received safeguarding training.
- Governance arrangements were in place for the smooth running of the practice.
- We found that some of the recommendations to improve the practice since our previous inspection in January 2016 had not been made.
- Infection control procedures at the practice were not in line with national guidelines.
- Not all necessary tests for effectiveness of the steriliser and compressor were being carried out.
- The practice was not carrying out necessary employment checks in line with schedule 3 of the Health and Social Care Act 2008.

We identified regulations that were not being met and the principal must:

- Ensure staff training and availability of medicines and equipment to manage medical emergencies taking into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Introduce systems to ensure that medical emergency equipment and medicines are checked at regular intervals.
- Ensure that the risks to the health and safety of patients in relation to the prevention and control of infection are assessed and all that is reasonably practicable to mitigate any identified risks has been done.
- Ensure systems are in place to assess, monitor and improve the quality of the service such as by undertaking regular infection control audits and ensuring that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure that the risks to the health and safety of patients in relation to the prevention and control of legionella are assessed and all that is reasonably practicable to mitigate any identified risks has been done.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Ensure that there is an effective system in place to monitor and review the training, learning and development needs of individual staff members and have an effective process established for the on-going assessment and supervision of all staff.

You can see full details of the regulations not being met at the end of this report.

There were areas where the principal could make improvements and should:

- Review the training requirements of staff and consider arranging Mental Capacity Act 2005 training for relevant members of staff.

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?

Enforcement action

We found that this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action.

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

The practice had policies and procedures in place for essential areas such as fire safety, infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays), although there were shortfalls in the governance arrangements underpinning them. Infection control procedures were not being followed in line with national guidelines.

We found that essential equipment such as the practice steriliser, compressor and X-ray sets equipment used in the dental practice were maintained in accordance with current guidelines. However, not all necessary tests for effectiveness of the steriliser and compressor were being carried out.

The practice operated systems for recording and reporting significant events and accidents although staff lacked understanding of necessary policies and procedures to follow including the reporting of injuries diseases and dangerous occurrences regulations (RIDDOR) 2013.

The principal dentist acted as the safeguarding lead but not all staff understood their responsibilities for reporting any suspected abuse, neither had all staff received necessary training in safeguarding vulnerable adults and children.

Most equipment and all medicines were available in the event of an emergency. X-rays were taken in accordance with relevant regulations.

The practice was not carrying out necessary employment checks in line with schedule 3 of the Health and Social Care Act 2008.

Are services effective?

No action

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

The practice provided evidence-based care in accordance with relevant, published 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. Staff had not completed all continuing professional development to maintain their registration in line with requirements of the General Dental Council.

Summary of findings

Staff explained treatment options to patients to ensure they could make informed decisions about any treatment. The practice followed up on the outcomes of specialist referrals made within the practice.

Are services caring?

No action ✓

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

We reviewed 10 CQC comment cards from patients who had recently received treatment at the practice. They gave a positive view of the practice. Patients commented on the kind, caring, professional service they received.

We noted that patients were treated with respect and dignity during interactions at the reception desk and over the telephone. We observed that patient confidentiality was maintained.

Are services responsive to people's needs?

No action ✓

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

The practice had a well organised booking system to respond to patients' needs. There was an effective system for dealing with patients' emergency dental needs. In the event of a dental emergency outside of normal opening hours the principal was available so that patients could be seen on the same day.

There was a procedure for responding to patients' complaints and this information was clearly visible for patients attending the practice. Information on the fees was clearly displayed.

Are services well-led?

Requirements notice ✗

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 at the end of this report).

Although the dental care records appeared to show the dentists were providing care according to established principles, there were shortfalls in the clinical governance systems and processes underpinning the clinical care.

These shortfalls related to systems for mitigating the risk relating to checking that emergency medicines and lifesaving equipment were in date or functioning properly, validation of decontamination equipment, Legionella checks, clinical audit, recruitment processes and sharing learning amongst staff.

The practice sought feedback from patients through an automated text message survey. Staff commented that they felt listened to and supported in their roles.

Skintek Dental, Laser & Aesthetic Clinic

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 19 January 2017. This was undertaken by a CQC inspector who was supported by a specialist dental advisor. Prior to the inspection we reviewed information submitted by the principal. The practice was previously inspected by CQC in January 2016 following which the provider was asked to make improvements.

At this inspection we followed up on these requirements and noted improvements had not been made.

During the inspection, we spoke with the principal dentist, a dental nurse and a receptionist. We reviewed policies, procedures and other documents. We also reviewed 10 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice. We carried out a tour of the practice observing the decontamination procedures for dental instruments. We looked at the storage of emergency medicines and equipment. We were shown the systems which supported patients' dental care records.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had an incidents and accident reporting procedure which had been reviewed within the last 12 months. The policy described the process for managing and investigating incidents. Some staff we spoke with did not have a good understanding of the reporting of injuries diseases and dangerous occurrences regulations (RIDDOR) 2013 and were unclear of the actions they should take should a serious incident happen at the practice. We brought this to the attention of the principal. We saw the practice accident book. No accidents had occurred within the last year.

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Products Regulatory Agency (MHRA). We were informed that these would be shared with staff during informal discussions.

Reliable safety systems and processes (including safeguarding)

The practice had a policy for the prevention and management of blood-borne virus exposure but this was not dated. We spoke with the principal dentist about the prevention of sharps injuries. They told us that the practice resheathed needles in an appropriate manner and that needles were disposed of manually. They explained that the treatment of sharps and sharps waste was in accordance with the current EU directive with respect to safe sharp guidelines, thus helping to protect staff from blood borne diseases. Used sharps containers were collected by an appropriate waste disposal company. We noted that the practice did not have a blood spillage kit. We were sent evidence that one was purchased following the inspection.

We asked the principal dentist how they treated the use of instruments used during root canal treatment. They explained that these instruments were single patient use only. The practice followed guidance issued by the British Endodontic Society in relation to the use of a rubber dam where practically possible. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.).

The principal dentist acted as the safeguarding lead and as a point of referral should a safeguarding issue be encountered. A policy was in place for staff to refer to which contained the necessary contact details and protocol should a member of staff identify a person who may be the victim of abuse or neglect. The policy was not dated and we could not ascertain whether it had been reviewed within the last 12 months. Staff were aware of the safeguarding lead but not all staff had received training in safeguarding children and vulnerable adults. Not all staff were aware of their responsibilities in relation to safeguarding. We brought this to the attention of the principal who told us that staff would be booked on to the appropriate training.

Medical emergencies

There were shortfalls in the arrangements the practice had to deal with medical emergencies. The practice did not have a medical emergencies policy. Some staff had not received training in medical emergencies and were not confident in the procedures to follow. We brought this to the attention of the principal who told us that all staff would be booked onto a course.

The practice did not have an automated external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. The nearest access to an AED was a walk-in centre 4 minutes' walk away and there was no risk assessment detailing how an AED would be accessed in a timely manner. The Resuscitation Council UK guidelines recommend that dental practices have immediate access to an AED.

There were no syringes in place to deliver adrenaline in an emergency. There were no clear face masks suitable for children; the principal dentist had difficulty in locating the midazolam; there were no weekly checks of the oxygen cylinders and one oxygen cylinder had passed its use by date in October 2016. (Midazolam, usually available as

Are services safe?

buccal (oromucosal) midazolam is a medicine used to stop prolonged epileptic seizures and is given into the buccal cavity (the side of the mouth between the cheek and the gum).

We were sent evidence that the appropriate face masks suitable for children had been ordered following the inspection.

Staff Recruitment

The staff structure consisted of one dentist, one dental nurse who provided reception cover when needed and one receptionist. All clinical staff had current registration with the General Dental Council, the dental professionals' regulatory body.

The practice did not have a recruitment policy. We reviewed the recruitment records for all staff members. Records were incomplete and did not contain all of the evidence required to satisfy the requirements of relevant legislation. For example, one staff member did not have a Disclosure and Barring Service check (DBS). The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Information was sent to us following the inspection but this did not fulfil the necessary requirements of a DBS.

We asked to see evidence of the Hepatitis B status of all clinical staff in order to be assured that the practice was working in way to prevent the spread of infection between staff and patients. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks and transmission of blood borne infections. A new member of staff had yet to receive a full course of vaccination against Hepatitis B at the time of the inspection.

We were sent documents that this had been completed following the inspection. We were sent further evidence of the immunisation status of another member of staff.

References for one member of staff were missing from the recruitment records but were subsequently sent to us following the inspection.

Monitoring health & safety and responding to risks

The practice had some arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice had a system of policies and risk assessments which included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the practice. However, all policies seen were not dated and we could not ascertain whether they had been reviewed and updated.

The practice had a Control of Substances Hazardous to Health (COSHH) file. This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients. This was updated with new risk assessments as required.

The practice had considered the risk of fire and a fire risk assessment had been completed by an appropriate company. Information on fire evacuation procedures was visible in the patient reception and waiting area. Fire extinguishers were situated at appropriate locations and had been serviced within the last 12 months. Staff had not received fire safety training but were aware of the evacuation procedures to follow.

Infection control

There were systems to reduce the risk and spread of infection within the practice. The practice had an infection control policy in line with the Department of Health publication- Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01 05) but this was not dated and we could not ascertain whether it had been reviewed. An infection prevention audit had lapsed as one had not been carried out at the practice since February 2016. Guidance in HTM 01 05 recommends audit to be undertake twice yearly. We were sent evidence following the inspection but this demonstrated that an infection prevention audit had still not taken place. The infection prevention training for some staff had lapsed. We were sent evidence that appropriate training had been booked following the inspection.

We found that the treatment room, waiting and reception and toilet were clean, tidy and clutter free. Dirty to clean zones were clearly defined in the treatment room. There was appropriate personal protective equipment available for staff to use. This included protective gloves, masks, aprons and eye protection.

Are services safe?

A dental nurse showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments. We found that these procedures did not follow HTM 01 05 guidance. For example, dirty instruments were manually cleaned under running water. This is not advised due to the aerosol risk. Instruments were then placed in a washer/ disinfector and then sterilised in an autoclave before being packaged and date stamped until required. We also observed that during decontamination of dental instruments, personal protective equipment (PPE) such as face masks and eye protection were not being used which does not follow HTM 01 05 guidance.

We found that not all daily and weekly tests were performed to check that the steriliser was working efficiently.

The clinical staff completed the environmental cleaning of all clinical areas whilst the non-clinical member of staff completed all other environmental cleaning. Environmental cleaning followed national colour coding scheme on the cleaning of health care premises.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. Some consignment notices were missing. We saw the different types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

The practice had undertaken a Legionella risk assessment in October 2016 but there was no documentation to show an action plan and we could not ascertain whether there were outstanding actions. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

Equipment and medicines

We noted that most essential equipment had been maintained in accordance with current guidelines. For example, the X-ray equipment had been serviced in January 2016. However, some equipment was overdue to be serviced. For example, the autoclave and compressor had not been serviced since October 2015.

We were sent evidence that a service had been organised for February 2017.

The practice's X-ray machines had been serviced and calibrated as specified under current national regulations. The practice had portable appliances and had carried out portable appliance tests (PAT) in August 2016.

We saw that the practice had a suitable amount of instruments. All instruments labelled as single use were used once and discarded appropriately. The practice had plenty of personal protective equipment (PPE) available such as protective gloves, masks and eye protection as per its PPE policy.

Radiography (X-rays)

We were shown a radiation protection file in line with the Ionising Radiation Regulations 1999 (IRR 1999) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER 2000).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary records relating to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for each X-ray set along with the maintenance logs, and a copy of the local rules. (The local rules describe the operating procedures for the area where X-rays are taken and the amount of radiation required to achieve a good image. Each practice must compile their own local rules for each X-ray set on the premises. Applying the local rules to each X-ray taken means that X-rays are carried out safely.) The principal had upgraded the digital radiography system in July 2016. The X-ray units were contracted for safety and performance checks with an approved company.

We saw training records that showed that the principal dentist had completed the necessary radiography training to maintain their knowledge under IRMER 2000 and IRR 1999 regulations. The principal was required to complete radiographic audits every four months and we saw evidence of this. This demonstrated that the principal was justifying, reporting on and quality assuring X-rays as well as documenting the outcome for the patient.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with the principal dentist on the day of our inspection. They told us that their consultations, assessments and treatments were carried out in line with recognised professional guidance.

The dentist started the patient assessment by reviewing the patient's medical history. This included noting any medical conditions suffered, medicines being taken and any allergies the patient had. They then examined the patient's teeth, gums and soft tissues and signs of oral cancer were checked. The dentist carried out a periodontal examination which included using screening tools such as the Basic Periodontal Examination (BPE) and a caries risk assessment. (The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). These findings together with the findings of any X-rays taken would then be used to determine at what intervals patients would need to attend for further checks and screenings. Recall intervals were every six months unless patients' clinical needs recommended otherwise.

Under the principal's registration was the requirement to complete record keeping audits every six months. We saw evidence that these had been completed as required. We saw evidence that consent was gained and medical histories updated at each appointment. Records showed that treatment options and any treatment plans were discussed with patients.

Health promotion & prevention

The practice adopted the protocols of the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Appropriate information was given to patients for health promotion. Staff showed us the practice information relating to health promotion such as smoking cessation and interdental cleaning.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as dietary advice and smoking cessation. Dental care records we checked confirmed this; for example we saw that the dentists had discussions with patients about gum disease and smoking.

The practice had a range of information for patients to read in the waiting area on maintaining oral hygiene and the practice sold a range of oral health products.

Staffing

The practice employed a principal dentist, a dental nurse and a receptionist. There was no induction programme for new staff members.

Staff were encouraged to maintain their own records of continuing professional development (CPD), confirmation of General Dental Council (GDC) registration and current professional indemnity cover where applicable.

We reviewed the training records for all members of staff. We noted that all staff members were not up to date with CPD and training in safeguarding, medical emergencies, infection control and Mental Capacity Act 2005 was required.

The practice did not have a policy and procedure for staff appraisals and there were no systems in place to identify training and development needs.

Working with other services

The dentist explained to us how they would work with other services. We saw that there was a referral process to primary and secondary services in Sussex. The referral details were recorded in a pro- forma template which was adapted depending on the referral requirements; and evidence was seen of referral letters to specialists and copies given to patients. We saw evidence that the referrals were tracked and recall time frames followed those set out in National Institute for Care Excellence (NICE) guidelines.

Consent to care and treatment

The practice had a consent policy but this was not dated. We spoke to the principal dentist who told us that consent was gained verbally at each dental appointment and this was also documented in patients' dental care records. We also saw evidence that patients signed consent forms where appropriate. We saw evidence that the dentist explained individual treatment options, risks, benefits and costs.

At the previous inspection it was noted that some staff lacked an understanding of the principles of the Mental Capacity Act (MCA) 2005 and MCA training was recommended. We found that this recommendation had not been followed up.

Are services effective?

(for example, treatment is effective)

Similarly some staff were not familiar with the concept of Gillick competency with regards to gaining consent from children under the age of 16. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before our inspection, Care Quality Commission (CQC) comment cards were left at the practice to enable patients to tell us about their experience of the practice. We received feedback from 10 patients which provided a positive view of the service the practice provided. Patients told us that the care they received was very gentle but thorough. They described the staff as friendly, helpful and reported that they felt listened to. During the inspection we observed staff in the reception and waiting area. Staff were observed to be polite, friendly and provided a welcoming and relaxed greeting.

The practice had confidentiality and data protection policies although these were not dated. As the premises were small the reception area and waiting area were shared. This meant that overhearing conversations was unavoidable but always managed in professional manner. Treatment doors were kept closed so that patients' privacy was maintained. Computers were password protected and regularly backed up. The reception computer screen was not visible to patients. Paper records were stored in lockable cabinets.

Involvement in decisions about care and treatment

We saw evidence in the dental care records we looked at that dentists discussed the findings of their examinations and corresponding treatment plans thoroughly with patients. All treatment options available were discussed before the treatment started. We saw that clear information was given to patients on any fees applicable and was also visible in the patient waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection, we looked at examples of information available to patients. We saw that the practice waiting area displayed a variety of information including the practice patient information leaflet. This explained opening hours, emergency 'out of hours' contact details and arrangements and how to make a complaint.

At this inspection, we observed that the appointment diaries appeared not to be overbooked and that this provided capacity each day for patients with dental pain to be fitted into urgent slots for each dentist.

It appeared from looking at appointment diaries that the dentists decided how long a patient's appointment needed to be and considered any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment.

Tackling inequity and promoting equality

The practice did not have an equality and diversity policy; however, staff at the practice told us that they worked to ensure equality of the services they provided to their patients. The practice was not wheelchair accessible due to the staircase which had a hand rail to assist patients. The staff knew their patient population well and would escort patients who required further assistance with the stairs.

Access to the service

The practice was open on Tuesdays to Thursdays from 9.30am to 8pm, Fridays from 9.30am to 4.30pm and Saturdays from 9am to 4.30pm. Out of hours access was provided by the principal dentist. The practice told us that they would arrange to see a patient on the same day if they were in pain or if it was considered urgent.

Concerns & complaints

The practice had a clear complaints policy and procedure which had been reviewed within the last 12months. This set out how complaints would be addressed, who by and the time frames for responding. The contact details for external agencies were also provided. Information for patients about how to make a complaint was seen in the waiting area. The practice had received no complaints within the last 12 months.

Are services well-led?

Our findings

Governance arrangements

Although the patient treatment records appeared to show that dental care was being provided according to established principles, there were shortfalls in the clinical governance systems and processes underpinning the clinical care. The practice had a system of policies and procedures but these were not dated and most had not been reviewed within appropriate timescales, i.e. within 12 months.

There were shortfalls related to systems for mitigating the risk in respect of employing staff, infection prevention control, legionella checks and infection prevention audit. These shortfalls are detailed in the relevant sub headings of the report.

Leadership, openness and transparency

Leadership was provided by the principal dentist. The practice ethos focussed on understanding the needs of the practice patient population and providing patient centred care in a relaxed and friendly environment. Staff told us that Staff told us that communication between management and staff was very open and transparent. Staff we spoke with said that they felt listened to, supported in their roles and that they were made to feel valued members of the team.

The practice did not have necessary policies relating to duty of candour and whistleblowing; although staff reported feeling confident to raise any concerns with the principal dentist.

Learning and improvement

The practice did not have an induction programme for new staff members and there were no system in place to identify training and development needs. No appraisals had been carried out at the practice. This shortfall was previously identified at the inspection in January 2016.

The practice did not maintain a system of regular formal staff meetings including the recording of meeting minutes to ensure learning points were documented and monitored. This had been previously identified at the inspection in January 2016 and recommendations to maintain such a system had not been completed.

The practice had completed some audits such as record keeping and X-rays but had not completed an infection prevention audit which is a mandatory requirement of the General Dental Council.

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

There were no formal systems in place for staff to give their feedback, however, staff commented that they felt confident to provide feedback and that the principal dentist was open to feedback and suggestions.

The practice utilised an automatic feedback survey which sent patients a text message. We were unable to view results of these when asked. The practice had also carried out a patient satisfaction survey. This was not dated.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** **The registered person did not have effective systems in place to ensure that the regulated activities at Skintek Dental, Laser and Aesthetic Clinic were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** • The provider did not assess, monitor and mitigate the risks to the health and welfare of people who used the service. • The practice did not have a recruitment policy and recruitment procedures were not maintained in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** • The provider did not have systems in place to monitor and review the training, learning and development needs of individual staff members.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** **The provider had not assessed the risks to people's health and safety during care and treatment.** • The provider did not have access to an Automated External Defibrillator device (AED) in the practice. There was no risk assessment detailing how an AED would be accessed in a timely manner. • The provider had not ensured that the equipment and medicines available for use in a medical emergency met guidelines set out by the Resuscitation Council (UK) and British National Formulary. • The provider had not ensured that equipment for use in a medical emergency was in date and functioning; there were no checks being completed for the oxygen cylinders and one oxygen cylinder was past its use by date. • The provider had not ensured that persons providing care or treatment to service users had the competence and skills to do so safely in respect of cardiopulmonary resuscitation. • The provider had not carried out clinical audits in infection prevention control. • The provider had not assessed the risk of, and preventing, detecting and controlling the spread of, infections as staff did not follow guidance (HTM 01 05) in respect of the use of personal protective equipment during decontamination processes; the provider had not ensured that all necessary staff were immunised against Hepatitis B; • Legionella risk assessment actions had not been documented.