

Marston Green Dental

# Marston Green Dental

## Inspection Report

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### Overall summary

We carried out this announced inspection on 7 March 2017 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.

We told the NHS England area team that we were inspecting the practice. They did not provide any information.

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**

Marston Green Dental is in East Birmingham and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including for patients with disabled badges, are available near the practice.

The dental team includes three dentists, five dental nurses (three of whom are trainees), three dental hygienists and one receptionist. The practice has four treatment rooms.



# Summary of findings

The practice is owned by a partnership 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 Marston Green Dental was the practice manager.

On the day of inspection we collected 21 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice although some patients commented on high staff turnover at the practice.

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

The practice is open:

Monday-Friday 8:30am – 5:30pm and on Saturday 9am – 1pm.

## Our key findings were:

- The practice was visibly clean but some improvements were required with respect to the flooring and walls in clinical areas. Some drawers and cupboards required de-cluttering.
- The practice had infection control procedures which reflected published guidance. Some necessary improvements were required.
- The system to manage safety alerts was not effective.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. Some items were missing on the day but these were replaced promptly.
- The practice had systems to help them manage risk but improvements were required.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures but some documentation was missing.
- There was limited evidence relating to training and Continuing Professional Development (CPD) of staff.
- 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.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities. This includes ensuring the availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the British National Formulary, the Resuscitation Council (UK) and the General Dental Council (GDC) standards for the dental team.
- Ensure the practice's infection control procedures and protocols are suitable taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and giving due regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- 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.

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

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and



# Summary of findings

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 its audit protocols to document, where applicable the learning points, that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.
- Review their procedures for monitoring patients during sedation and consider the use of a pulse oximeter to monitor the patient's vital signs.



# 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 providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve. We identified some necessary improvements.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Some staff members had not completed recent training in safeguarding but this was completed the day after our visit.

Staff were qualified for their roles and the practice completed essential recruitment checks for most of the staff members. Their recruitment processes needed to be more robust.

Premises and equipment were clean and properly maintained although some of the maintenance checks were not in line with current guidance. The practice followed national guidance for cleaning, sterilising and storing dental instruments; however, some improvements were required with relation to the storage of some of the instruments.

We identified some necessary improvements in the practice's arrangements for dealing with medical and other emergencies. These were resolved promptly.

The registered manager assured us following our visit that these issues would be addressed immediately and procedures put in place to manage the risks. We have since been sent evidence to show that a number of improvements have been implemented. However, as various documents were not available for inspection we were not able to comment on their completeness and accuracy. We have though noted the information and it will be reflected once we carry out a follow up inspection at the practice.

No action



### 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. Patients described the treatment they received as professional and of good quality. 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





# Summary of findings

## 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 24 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, polite and professional. They said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



## 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 arrangements to help patients with sight or hearing loss. They did not have access to an interpreter service as they said that none of their patients had needed this service to date.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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 team kept complete patient dental care records which were typed and stored securely.

The practice monitored some clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff. Staff told us they felt appreciated and supported.

The practice had limited arrangements to ensure the smooth running of the service. Some governance arrangements were in place but many areas identified during our visit indicated a lack of oversight and effective leadership. We identified many areas of improvement, including areas such as infection control, the management of medical emergencies, recruitment procedures, staff training and the receipt of safety alerts.

Requirements notice





# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We saw evidence that relevant alerts had been received and stored but we did not see evidence of the receipt of relevant alerts after May 2016 or that information about the alerts had been disseminated to staff. The practice manager contacted us after the inspection to inform us that processes had been put in place to ensure future alerts would be logged and discussed with all staff.

### 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 safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that most staff had completed recent safeguarding training. One of the dentists had not completed this but we were sent evidence after our visit which showed that they carried out training the day after the inspection. Staff we spoke with knew about the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of retribution.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams mostly in line with guidance from the British Endodontic Society when providing root canal treatment. They described to us the precautions taken when rubber dam was not used.

The practice had a business continuity plan describing how the practice would deal with 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.

Emergency equipment and medicines were available but not all were present as described in recognised guidance. We found that two syringes had expired. We were shown evidence that these had been replaced promptly.

We noted that the practice kept oropharyngeal airways but these were only available in two sizes instead of the recommended five sizes. We saw evidence that replacements had been ordered immediately.

Self-inflating bags are used to provide ventilation to patients who are not breathing or are breathing inadequately. The practice held one for adults but not for children. Face masks to use with these bags are recommended in four different sizes but the practice only held these in one size.

The practice's arrangements for portable suction did not fully match the recommendations of the Resuscitation Council UK. Portable suction equipment was present but did not include an essential item to allow it to function correctly. Staff informed us that the equipment was checked by the trained person that carried out the emergency resuscitation training in November 2016 and that they were told that the equipment was fully functional. The additional item appeared to have been misplaced or disposed of inadvertently since then. Staff told us that new equipment would be ordered promptly following our visit.

Improvements were required to undertake regular checks to ensure the necessary equipment and medicines to manage a medical emergency were available and within the use by date.

### Staff recruitment

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

The practice had a recruitment policy for the safe recruitment of staff and it stated that two references would be sought prior to the successful recruitment of staff.



# Are services safe?

However, we reviewed three recruitment files and found that two members had been recruited with only one reference each. One staff member was recruited without any identity verification.

There were also Disclosure and Barring Service (DBS) checks present for two staff members but not for the third. The DBS 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 vulnerable adults. The staff member was recruited at the practice in October 2016 but unforeseen circumstances had caused a delay in the application process for a DBS check. The practice had not completed a risk assessment for staff that did not have a recent DBS check. The practice's recruitment policy did not have specific information about the acceptance of historical DBS checks.

Within two working days, the registered manager informed us that information about DBS checks would be included in their recruitment policy. However, we were not sent any information about the staff member whose DBS check was absent.

## Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. However, some required further information to reflect current practice (such as the risk assessment for handling sharp instruments).

Some improvements were required with regards to fire safety, for example, one of the fire exits did not have clear signage displayed. The practice had arranged for an external specialist company to carry out a fire risk assessment of the premises. Recommendations were made and we were informed that these had been actioned but we could not see documentary evidence that the outstanding work had been completed.

A dental nurse worked with the dentists but not consistently with the dental hygienists when they treated patients.

## Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed

guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. We identified some necessary improvements.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. However, not all of the instruments were stored appropriately as they were not packaged. There were no processes in place for identifying which instruments required reprocessing to ensure they were in line with HTM 01-05. The practice manager forwarded us a memo that was sent to all dental nurses and this reinforced HTM 01-05 guidance pertaining to the storage of instruments.

The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. The periodic tests for the ultrasonic cleaning bath were missing and one test had expired. An ultrasonic cleaning bath is a device that uses high frequency sound waves to clean instruments.

The practice carried out infection prevention and control audits twice a year.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The risk assessment was carried out shortly before our visit and recommended recording the water temperatures on a monthly basis to ensure that they remained within the recommended range. We saw evidence of a new log sheet that had not yet been activated.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual. However, some of the cupboards needed tidying. The practice manager forwarded us a memo that was sent to all dental nurses and this reinforced the importance of keeping the drawers and cupboards free from clutter.

We reviewed a selection of staff files and saw evidence that clinical staff were immunised against Hepatitis B to ensure the safety of patients and staff. At the time of our visit, further information was required from two staff members' occupational health physicians to ensure that they had adequately responded to the immunisation.



# Are services safe?

We observed the treatment rooms and the decontamination room to be visually clean. Clinical areas had sealed flooring which was in good condition; however, one treatment room required some improvements. The flooring required re-sealing in some areas and there were also some minor defects in the wall. The registered manager was aware of this and informed us these repairs were part of the practice's future refurbishment plans. Dental chairs were covered in non-porous material which aided effective cleaning.

Patient dental care records were computerised but the keyboards in the treatment rooms were not all water-proof, sealed and wipeable in line with HTM 01-05.

Sharps bins were appropriately located and out of the reach of children in all of the treatment rooms apart from one. We pointed this out and staff immediately moved it to a more suitable location.

## Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing medicines. An emergency medicine called glucagon was kept in the fridge but temperature checking of it was not recorded at the time of our visit. Staff told us that the temperature was checked daily but not recorded. Following our visit, the practice manager sent us information that

confirmed that staff had started to record the daily fridge temperatures. We were sent temperature readings that were logged between 23/03/17 and 19/04/17 and these confirmed that the fridge temperature remained within the recommended parameters for storing glucagon.

We were told that stock rotation of the dental materials was carried out on a regular basis but some of the materials, such as the composite filling material, were past their expiry date. The practice manager forwarded us a memo that was sent to all dental nurses and this reinforced the need for staff to check the expiry dates for all materials. This stated that the daily checklists will be updated.

## 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. However, we did not see any evidence of notification to the Health and Safety Executive (HSE). Employers planning to carry out work with ionising radiation are required to notify HSE and retain documentation of this.

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

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. These were detailed although some of the record keeping required some improvements. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

We noted that the oxygen cylinder was empty which is required during inhalation sedation (although emergency oxygen was available within the medical emergency equipment kit). Dental treatment under sedation had been booked for the following day and staff were unable to confirm whether the oxygen would be delivered in time. Staff told us they would have cancelled the appointment if the oxygen had not been delivered beforehand. Following our visit, we received evidence that the oxygen had been delivered the following day but it was unclear whether this was delivered before the allocated appointment.

The practice's systems included information such as consent and monitoring during treatment. They monitored the patient clinically but did not have a pulse oximeter. This equipment monitors a person's oxygen saturation. The practice did not hold certificates for additional sedation training for all staff involved in sedation. Some certificates were available for the dentist but the training was from many years ago and had not been updated since. Following our visit, the practice manager sent us evidence that one dentist and one dental nurse had booked on to a course which delivered training for sedation but this would not take place until November 2017.

### 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 all 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

We were told that staff new to the practice had a period of induction based on a structured induction programme; however, this was not always documented.

Staff told us they discussed training needs at regular appraisals every six months. We saw evidence of completed appraisals.

### 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 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. 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 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 were aware of the need to



# Are services effective?

(for example, treatment is effective)

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.

Patients commented positively that staff were helpful, supportive and polite. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were calming and caring. Patients had the choice of seeing different dentists and sedation was also offered at the practice.

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.

### **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 and discussed options for treatment with them. Some patients commented that they felt rushed by some of the dentists.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry.



# 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. Several patients expressed their dissatisfaction with the service previously but were happy with current staff.

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 the majority commented that they did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

### Promoting equality

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

The practice did not provide information in different formats and languages to meet individual patients' needs. They did not have access to interpreter services but told us that none of their patients to date had required this service. If they did identify any patients in the future, they would make arrangements to access a relevant service.

### Access to the service

The practice displayed its opening hours in the premises and on their information leaflet.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day. They utilised a 'sit and wait' policy for their patients requiring urgent treatment. The 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 too long for their appointment.

### Concerns & complaints

The practice had a complaints 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 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 and complaints the practice received within the last year. Some of these showed the practice responded to concerns appropriately and within the recommended timeframe. However, not all responses were available for us to review as they were not stored with the initial complaint. We were told that the complaints and associated outcomes were discussed with staff to share learning and improve the service; however, this was not documented.



# Are services well-led?

## Our findings

### Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. The senior receptionist and senior dental nurse were jointly responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. However, improvements were required within the practice's governance arrangements.

The practice had some policies, procedures and risk assessments to support the management of the service and to protect patients and staff; however, these needed to be more robust and consistent. These included arrangements to monitor the quality of the service and make improvements. Some of the policies also required dates on them to state how often they need to be reviewed.

The practice had information governance arrangements and staff were 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, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had limited quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. The analysis of these audits required improvements as the practice did not have clear records of the results of these audits and the resulting action plans and improvements.

The registered manager valued the contributions made to the team by individual members of staff. The dental nurses had appraisals every six months and the practice was due to carry out appraisals for the dentists in the near future. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders although some of these were undated.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so. Some of the staff had not completed training in training and sedation for many years and this required updating.

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

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on, for example, new signage outside the practice.

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>How the regulation was not being met:</b></p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Marston Green Dental were compliant with the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>This includes:</p> <ul style="list-style-type: none"><li>• the management of emergency medicines and equipment.</li><li>• suitable infection control procedures and protocols giving due regard to current guidance.</li><li>• effective recruitment policy and procedures.</li></ul> <p>Regulation 17(1)</p>