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Kings Cross Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 25 July 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 Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

We found that this practice was 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

Kings Cross Dental Practice is in Kings Cross, which is in the London Borough of Camden. It provides private treatment to patients of all ages.

The practice is based on the first and second floors of a leased modified building. There are two treatment rooms, a reception area, waiting room and toilet on the first floor. Restricted car parking spaces are available near the practice.

The dental team includes five dentists, two dental nurses, two dental hygienists, a receptionist, a practice manager and a domestic staff member.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected eight CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with a dentist, a dental nurse, the receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open from 8.45am to 5.45pm Monday to Friday. It is open on occasional Saturdays according to patient demand.

The practice provided dental care services under conscious sedation. However we noted various shortcomings associated with it. We brought these to the attention of the provider who took immediate action to mitigate the risks. This included voluntary cessation of the provision of dental care using conscious sedation until necessary improvements had been made.

Our key findings were:

- The practice was clean and well maintained.
- Staff felt involved and worked well as a team.
- 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 staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- There was no protocol for reporting, documenting and sharing learning from incidents.
- There was no system in place for receiving and sharing safety alerts.
- Medicines and life-saving equipment were available, though an emergency medicine was out of date and all necessary emergency equipment was not available in line with current recommendations.
- Clinical staff provided patients' care and treatment, though improvements were required to ensure dental care records were maintained in line with current guidelines.

- Practice staff knew their responsibilities for safeguarding adults and children, though improvements could be made to ensure appropriate safeguarding policies were available.
- The practice had not established thorough staff recruitment procedures.
- Not all staff were up to date with mandatory training.
- Suitable governance systems had not been established with regard to effective quality assurance processes, or to assess, monitor and mitigate risks.

Shortly after the inspection the provider took steps to being to address the issues we identified.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed, and ensure specified information is available regarding each person employed.

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 protocols and procedures for the use of X-ray equipment, taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.
- Review systems to ensure safety alerts are discussed with staff, acted on and stored for future reference.
- Review the practice's system for 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 practice's documentation of processes, records relating to people employed, and the management of regulated activities taking into account current guidance.

Summary of findings

- Review the practice's protocols for medicines management and ensure all medicines are stored and dispensed safely and securely.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.
- Review the practice's protocols for the completion of dental care records, taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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 impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

There was no protocol for reporting, formally documenting and sharing learning from incidents, or receiving and disseminating safety alerts.

The practice had some systems and processes to provide safe care and treatment.

All staff we spoke with knew how to recognise the signs of abuse and how to report concerns. Not all staff had received training in safeguarding children and vulnerable adults.

The provider had not completed essential recruitment checks for all members of staff.

We verified that some staff were qualified for their roles; improvements could be made to ensure this evidence was available for all staff.

The practice had arrangements for dealing with medical and other emergencies, though we found their stock of emergency equipment and medicines was not in line with current recommendations.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

Shortly after the inspection the provider took steps to start addressing the issues we identified.

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.

Patients described the treatment they received as caring and professional.

The practice had arrangements when patients needed to be referred to other dental or health care professionals. Improvements could be made to ensure there was a system in place for monitoring referrals made by the practice.

We verified that some staff had completed key training, though evidence of training was not available for several staff.

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 eight people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring and professional. They said that they were given helpful explanations about dental treatments, and 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.

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.

The practice had not formally considered patients' different needs; they did not have access to interpreter services and had no arrangements to help patients with sight or hearing loss.

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 had some arrangements to ensure the smooth running of the service. There was lack of effective risk monitoring and management, and improvements were required to ensure quality assurance systems were implemented and embedded.

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept patient dental care records; improvements could be made to ensure the necessary information was documented in patients' dental care records.

We verified that some staff had completed key training, though evidence of training was not available for several staff. There were no systems in place to help the practice monitor training needs.

The practice listened to the views of patients and staff.

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had an accident book. Improvements could be made to ensure all accidents, such as a recent fall, were recorded in the book.

Improvements could also be made to implement policies or procedures to report, investigate, respond and learn from incidents and significant events. There was no evidence to show that the practice recorded, responded to or discussed any incidents, such as a recent flood of the premises, to reduce risk and support future learning.

The dentist told us the practice did not receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). There was no evidence to demonstrate that alerts were received, discussed with staff, acted on or stored for future reference. Shortly after the inspection the practice sent us evidence that they had registered with the MHRA to receive safety alerts.

Reliable safety systems and processes (including safeguarding)

Staff knew how to recognise signs of abuse and neglect in children and adults. They understood their responsibilities to report any concerns about the safety of children, young people and adults who were vulnerable due to their circumstances.

Improvements could be made to ensure all staff were clear on who the practice's safeguarding lead was. Improvements could also be made to implement safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse.

We saw evidence that only two out of 11 staff had completed safeguarding children and adults training to the appropriate level in the two weeks before the inspection.

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

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, though improvements could be made to ensure they completed a sharps risk assessment.

The practice told us they used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

The majority of staff knew what to do in a medical emergency. There was evidence to show that only four out of nine clinical staff, and two non-clinical staff, had completed training in emergency resuscitation and basic life support (BLS) in the month prior to the inspection. There was no evidence of prior regular BLS training.

Emergency equipment and medicines were available, though improvements could be made to ensure items such as a portable adult-sized oxygen mask and oropharyngeal airways in two recommended sizes were stocked as described in recognised guidance. A medicine Midazolam (used to manage epileptic seizures) was past its use by date of December 2016.

Shortly after the inspection the practice sent us evidence to show they had ordered the equipment, an in-date pack of Midazolam was in place and the expired Midazolam had been safely disposed of.

Staff kept records of checks of emergency medicines and equipment to make sure these were available, within their expiry date, and in good working order.

Staff recruitment

The practice did not have a staff recruitment policy or procedure to help them employ suitable staff.

We looked at nine staff recruitment records. These showed the practice had not followed an effective or thorough recruitment procedure. For example, the principal dentist had not sought references for any of the dentists and there were no references or proofs of identification for any member of staff. Disclosure and Barring Service (DBS) checks were not in place for four clinical staff. Employment

Are services safe?

histories were not available for seven staff members. Immunisation records, evidence of professional qualifications, indemnity insurance and inductions were not available for all staff.

No DBS or other relevant checks had been undertaken to assess the suitability, qualifications, training and past employment history of the visiting sedationist. Shortly after the inspection the practice told us they would immediately cease the provision of conscious sedation until the necessary protocols were in place.

Staff we spoke with told us they had received inductions, though the practice manager informed us inductions were not documented to confirm they had been completed.

We verified through our own enquiries that all clinical staff were qualified and registered with the General Dental Council (GDC); improvements could be made to ensure evidence of this was available at the practice.

Monitoring health & safety and responding to risks

The practice's health and safety risk assessment was a generic document covering general workplace topics. It was up to date and reviewed to help manage potential risk. It covered general workplace and specific dental topics. Improvements could be made to ensure the health and safety risk assessment was practice-specific and covered specific dental topics.

Improvements could also be made to ensure actions were addressed promptly and documented. For example, several actions from the October 2016 risk assessment which required completion within a three month time frame had not been addressed. Although the practice had acted on some risks, they told us the remaining risks were the responsibility of the landlord; they had liaised with the landlord and another leaseholder in an attempt to address the risks.

The practice had employer's liability insurance. Improvements could be made to ensure all clinicians' professional indemnity insurance was up to date.

Dental nurses worked with the dentists. The practice manager told us the dental nurses did not provide chair-side assistance for the dental hygienists when they treated patients. Improvements could be made to ensure the practice completed a lone worker risk assessment to determine how the hygienists could be adequately supported.

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.

A member of staff had completed infection prevention and control training in the two weeks prior to the inspection. Records we reviewed showed that two other members of staff completed this training in 2009 and 2013.

There was no other evidence of this training for any other member of staff.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. Improvements could be made to ensure recorded key data from the autoclave sterilisation cycles in line with HTM01-05.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

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, dispensing and storing medicines.

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

Radiography (X-rays)

The practice had arrangements to ensure the safety of the X-ray equipment. Improvements could be made to ensure

Are services safe?

required information including maintenance logs for an X-ray machine, and maintenance contracts for all X-ray machines were available in accordance with current radiation regulations.

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

out an X-ray audit; though it was not clear when the audit had been conducted. Improvements could be made to ensure the practice carried out yearly X-ray audits in line with current guidance and legislation.

Records we reviewed showed three out of nine clinical staff had completed continuous professional development in respect of dental radiography; two of these were completed in the two weeks prior to the inspection.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of the inspection we checked a sample of dental care records to confirm our findings. We noted that key information such as diagnoses, periodontal pocket charting, treatment plans, justification of radiographs taken, and assessments of the risk of tooth decay had not been recorded on all of the dental care records we checked.

At the time of the inspection 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 was not able to demonstrate it had established and implemented systems to provide conscious sedation in accordance with national guidelines. For example, there was no evidence to show that staff providing, and assisting with, sedation had received the appropriate training. We checked the dental care record of a patient who had received conscious sedation and found some necessary information, such as physical assessment using the American Society of Anaesthesiologists (ASA) grade, peri-operative monitoring, and written consent had not been recorded.

On the day after the inspection the practice voluntarily opted to immediately cease the provision of dental treatments under conscious sedation, until such time as they are able to demonstrate the appropriate protocols are in place.

Health promotion & prevention

The practice told us they delivered preventative care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The practice had a selection of dental products for sale and could provide health promotion leaflets for patients.

The principal dentist 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 principal dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments; improvements could be made to ensure this was always recorded in dental care records.

Staffing

The practice had an induction programme. Staff we spoke with told us they had a period of induction when they commenced employment at the practice, though improvements could be made to ensure these inductions were documented to show they had been completed.

There were no records available to show that clinical staff completed the continuous professional development required for their registration with the General Dental Council (GDC).

Staff told us they received annual appraisals. We saw evidence of a completed appraisal for the practice manager, and appraisals for a dental nurse and the receptionist. Improvements could be made to ensure these were dated to indicate when the appraisals had been conducted and signed by the appraisee and appraiser.

Working with other services

The principal dentist 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, although the practice had not needed to make any urgent referrals at the time of the inspection. This was initiated by the National Institute for health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist.

Consent to care and treatment

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

The team understood their responsibilities under the Mental Capacity Act 2005 when treating adults who may

Are services effective?

(for example, treatment is effective)

not be able to make informed decisions. The principal dentist did not demonstrate a clear understanding of Gillick competence in relation to the treatment of young people under 16.

The practice had a consent policy; improvements were needed to ensure it included information about the Act Gillick competence.

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 caring, helpful and professional. Nervous patients said staff were compassionate and understanding. We observed that staff treated patients in a courteous and friendly manner at the reception desk and over the telephone.

Patients could choose whether they saw a male or female dentist.

Staff we spoke with were aware of the importance of privacy and confidentiality. They told us that they could take patients into another room if they required more privacy. The computer screens in the reception area 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.

The practice provided patients with drinking water.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients commented on Care Quality Commission (CQC) comment cards that staff listened to them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as dental implants and orthodontic treatment.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff used visual aids 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

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. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they did not currently have any patients for whom they needed to make adjustments to enable them to receive treatment.

Promoting equality

Staff said they could provide information in different formats to meet individual patients' needs.

The practice told us staff members spoke German and French and could occasionally assist patients who did not speak or understand English. They did not have access to interpreter/translation services or a hearing loop. Improvements could be made to ensure the practice conducted a formal risk assessment in relation to needs of patients with hearing loss, problems with their sight, and language barriers.

Access to the service

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

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

The practice was committed to seeing patients experiencing dental pain on the same day. Their website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

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 in the last 12 months. These showed the practice responded to concerns appropriately. Staff told us they discussed outcomes of investigations into complaints to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities, with the exception of the protocol for dealing with significant events, and an understanding of Gillick competence.

The practice had policies to support the management of the service. Some policies contained outdated information and information that was not relevant to the practice. Improvements could be made to ensure safeguarding and recruitment policies were available.

Risks associated with the lack of suitable recruitment and training processes, fire, and the non-availability of a recommended emergency medicine and equipment had not been suitably assessed and mitigated. Shortly after the inspection the practice ensured the emergency medicine was in place and they ordered the emergency equipment.

Staff were aware of the importance of 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 worked as a team and dealt with issues professionally.

Staff told us they attended monthly practice meetings. Records showed the practice had held two formal meetings in the previous year, where staff raised concerns and discussed clinical and non-clinical updates. Immediate informal discussions were arranged to share urgent information.

Improvements could be made to ensure meeting minutes were dated and attendees documented.

Learning and improvement

At the time of the inspection the provider had limited quality assurance processes in place to monitor the quality of the service and encourage learning and continuous improvement. These processes included audits of X-rays and infection prevention and control. There were clear records of the results of the X-ray audit, though improvements were needed to ensure the audit was dated and conducted on a regular basis. There was no resulting action plan from the infection control audit.

The provider had not taken steps to assess the quality of dental care record keeping.

The principal dentist told us they valued the contributions made to the team by individual members of staff. Files we reviewed showed a dental nurse, the practice manager and receptionist had received appraisals, though improvements could be made to ensure these were dated and signed. Staff discussed general wellbeing and aims for future professional development during their appraisals.

Staff told us they had completed some key training, including basic life support. We reviewed personnel records and found there was very limited evidence of basic life support, safeguarding, infection control, radiation protection, fire safety, and information governance training for all staff.

Improvements could also be made to ensure key training was received as part of staff inductions, and to ensure there was an effective system in place to monitor when training updates were due.

The General Dental Council (GDC) requires clinical staff to complete continuous professional development (CPD); we found there were no records of CPD for the clinicians working at the practice.

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

The practice used patient surveys to obtain staff and patients' views about the service. They had created an action plan which was in progress.

They told us they sought feedback from staff during formal meetings and informal discussions.

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>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met</p> <p>The provider had systems or processes in place that operated ineffectively, in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• There was no protocol or system in place for managing significant events.• Several recommendations from risk assessments had not been addressed.• Risks from the lack of suitable recruitment processes and training had not been identified and mitigated. <p>The provider had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Radiography audits had not been conducted annually in line with recognised national guidance.• The practice had not audited their facilities to ensure they complied with the Equality Act 2010. <p>Regulation 17(1)</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

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 had failed to ensure that persons employed in the provision of a regulated activities received such appropriate support, training, professional development, and supervision as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- Continuous professional development records were not available for any staff.
- There was no evidence to show that all staff had completed key training.

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 had not established or operated effective recruitment processes, and had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- Evidence of recruitment checks such as employment histories, DBS checks, references, immunisation records, identification, qualifications, dental indemnity insurance, and registration with the appropriate bodies were not in place for all staff working at the practice.

Regulation 19 (2)(3)