Swede Tooth Limited

Belsize Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 6 November 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a 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 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

Belsize Dental Care is in the London Borough of Camden. The practice provides private treatment to patients of all ages.

The practice is situated close to public transport bus and train services.

The dental team includes the two principal dentists who own the practice, one associate dentist, two dental hygienists and three dental nurses. The clinical team are supported by a receptionist and a treatment coordinator.

The practice is owned by an organisation 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

Summary of findings

practice is run. At the time of the inspection the practice did not have a registered manager in post. One of the principal dentists had submitted an application to be the registered manager.

On the day of inspection we received feedback from six patients.

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

The practice is open:

Mondays, Tuesdays and Fridays from 9am to 7pm.

Wednesdays and Thursdays from 9am to 8pm

Saturday from 9am to 2pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk. Improvements were needed so that the dentists used a rectangular collimator in accordance with taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment
- The practice had safeguarding processes and staff knew their responsibilities for safeguarding adults and children. Improvements were needed so that staff undertook safeguarding training appropriate to their roles within the practice.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team. Improvements were needed so that staff undertook training at appropriate intervals in relation to their roles and responsibilities.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

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 sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment

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 storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the practice's protocols for medicines management and ensure all medicines are stored and dispensed safely and securely.
- Review the protocols and procedures for use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment. This relates specifically to the use of rectangular collimation.
- Review the practice's protocols for referral of patients and ensure all referrals are monitored suitably.
- 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 considering the guidance issued by the General Dental Council.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

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

There were systems to use learning from incidents and complaints to help them improve.

The practice completed essential recruitment checks.

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

The practice had suitable arrangements for dealing with medical and other emergencies.

Staff and knew how to recognise the signs of abuse and how to report concerns. Improvements were needed so that staff received training in safeguarding children and vulnerable adults.

Improvements were needed to the some of the practice arrangements for assessing and mitigating risks. This relates specifically to the risks associated with the use of dental sharps, monitoring medication stocks to minimise misuse, and assessing risk when clinical staff worked without chairside support.

Are services effective?

No action

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 excellent and thorough.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Patients told us that their dentist always explained their treatment in detail.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. Improvements were needed to the practice's protocols for referral of patients and ensure that routine and urgent referrals were monitored suitably.

Improvements were needed to the practice arrangements to appraise staff performance and to support staff to complete training relevant to their roles and the systems to monitor this.

Summary of findings

Are services caring?

No action

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

We received feedback about the practice from six people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, friendly, reassuring and patient.

Patients said that their dentist and dental hygienist listened to them and helped them to understand the treatment provided including any options available.

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

Are services responsive to people's needs?

No action

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. Patients commented that they received treatment in a timely manner.

Staff considered patients' different needs and had made arrangements to support. Staff considered patients' different needs. This included providing facilities for disabled patients and families with children.

The practice had arrangements to help patients whose first language was not English and those with sight or hearing loss should these be required.

The practice had arrangements to ensure that patients' views were taken seriously. They valued compliments from patients and had systems to respond to concerns and complaints quickly and constructively.

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 section at the end of this report).

There was a defined management structure, but the lack of suitable oversight and management of systems affected some of the day to day management of the practice.

The practice had a range of protocols, policies and procedures in place. However some of these did not effectively reflect current guidance or relevant legislation.

There were ineffective arrangements for monitoring and appraising staff performance and monitoring staff training and development.

Summary of findings

The practice did not have systems to effectively assess and mitigate some risks in relation to infection control. This relates specifically to assessing and mitigating risks associated with the use of dental sharps and the arrangements to ensure that clinical staff had adequate immunity for vaccine preventable infectious diseases.

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

The practice had systems to keep patients safe. Improvements in some areas were needed.

Staff knew their responsibilities if they had concerns about the safety of young people and adults who were vulnerable due to their circumstances. They knew about the signs and symptoms of abuse and neglect and how to report concerns to the local safeguarding team and the police as appropriate and notification to the CQC.

Staff demonstrated an understanding and awareness of issues which may render some people more vulnerable such as people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The principal dentist was the practice safeguarding lead who had responsibility for overseeing the practice procedures.

Improvements were needed to ensure that all staff working at the practice undertook training in safeguarding children and vulnerable adults to an appropriate level. The staff records which we were provided with showed that only the dental hygienist had undertaken safeguarding training.

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

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

The practice had a business continuity plan and emergency procedures which described how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a suitable staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at the recruitment records for four members of staff. These showed the practice followed their recruitment procedure. Appropriate procedures and checks including employment references and Disclosure and Barring Services (DBS) checks and evidence of each candidate's skills and experience were carried out for relevant staff.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. There were systems in place to monitor this.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including sterilising and electrical and mechanical appliances.

The practice had a fire safety procedure, which was reviewed regularly and a fire safety risk assessment was carried out and kept under review. Records showed that fire detection and firefighting equipment such as fire extinguishers, emergency lighting and the smoke alarm systems were regularly tested and serviced. There was a fire evacuation procedure in place and fire safety drills were carried out on a regular basis. Staff who we spoke with were aware of the fire safety and evacuation arrangements.

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. Improvements were needed so that rectangular collimators were used taking into account the Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice monitored the quality of the dental radiographs through audits which were carried out and reviewed on a regular basis. The results of audits were used to maintain and improve safety and quality in relation to dental radiography.

Improvements were needed to the practice systems to ensure that clinical staff completed continuing professional development (CPD) in respect of dental radiography. Records were only available for one of the principal dentists.

Risks to patients

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

Are services safe?

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly as part of an annual plan to help manage potential risk. A number of assessments and reviews were carried out periodically to ensure that risks to patients and staff were assessed, monitored and actions taken to mitigate these risks.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The practice had some arrangements to manage risks associated with dental sharps. Improvements were needed so that a sharps risk assessment was in place to identify and mitigate risks associated with the use of needles and other sharp dental items.

Improvements were needed to the systems to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. There were no arrangements in place to ensure that staff received immunisation boosters as required or that checks as to the effectiveness of vaccinations were carried out.

Staff knew how to respond to a medical emergency. They completed training in emergency resuscitation and basic life support (BLS) and periodic in-house training and practice sessions. The practice had policies and procedures in place to assist staff to respond promptly and appropriately to medical emergencies and staff who we spoke with demonstrated that they understood and followed these procedures.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Improvements were needed so that medicines requiring refrigeration were stored in line with the manufacturer's instructions and that the temperature at which these medicines are stored and monitored and recorded.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. Improvements were needed so that a risk assessment was in place for when the dental hygienist worked without chairside support.

The provider had arrangements to minimise the risk that can be caused from substances that are hazardous to health. There were records maintained of all hazardous materials used at the practice and there was a risk assessment in place. Staff had access to detailed information to guide them on how to act in the event of accidental exposure to hazardous substances.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff were aware of and followed these procedures. Improvements were needed to ensure that staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were tested daily, validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems in line with a risk assessment which was kept under regular review. We saw records of water testing and dental unit water line management were in place.

The practice was clean when we inspected and patients confirmed that this was usual.

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

The practice carried out regular infection prevention and control audits. The audits which we looked at from the previous 12 months showed the practice was meeting the required standards.

Information to deliver safe care and treatment

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

Are services safe?

We discussed with the principal dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were detailed, accurate, complete, and legible. Dental and other records and were kept securely. Information handling processes at the practice were in compliance with General Data Protection Regulations requirements (GDPR) (EU) 2016/679.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines.

The principal dentist who we spoke with was aware of current guidance with regards to dispensing and prescribing medicines.

The practice dispensed and kept stocks of antibiotics. Improvements were needed so that there were systems in place to monitor and antibiotics to minimise risks of misuse.

Track record on safety

The practice had a good safety record. There were systems in place for reporting and investigating accidents or other safety incidents.

There were comprehensive risk assessments in relation to safety issues. These were reviewed annually or more frequently if needed as part of an annual programme of monitoring safety within the practice. There were systems in place to monitor and review incidents. This helped the practice to understand risks and gave a clear, accurate and current picture that led to safety improvements. In the previous 12 months there had been no safety incidents.

Lessons learned and improvements

There were suitable systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

Helping patients to live healthier lives

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

The principal dentist who we spoke with told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They also told us that where applicable 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.

The dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

The dental hygienist worked at the practice on a part time basis and provided dental treatments and advice on preventing dental disease and promoting oral health.

Information was available to support patients to maintain good oral health.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist who we spoke with told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients were provided with detailed information and explanations in relation to their proposed treatments. This included information in relation to the intended benefits, potential complications or risks and the cost of treatment.

Patients confirmed their dentist listened to them and gave them clear information about their treatment and time to consider any treatment options available.

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

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

Monitoring care and treatment

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

Effective staffing

Staff new to the practice had a period of induction based on a structured programme to help familiarise themselves with the practice policies, procedures and protocols.

Improvements were needed so that there were arrangements in place for staff new to the practice to undertake a period of induction based on a structured programme to help familiarise themselves with the practice policies, procedures and protocols and to the arrangements to monitor staffs' performance and individual training and development needs. There were no appraisals carried out for staff and no arrangements to monitor and ensure that staff completed relevant training, including the 'highly recommended' training as per General Dental Council's professional standards.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

The practice had procedures for when they referred patients to specialists within the practice, and in primary and secondary care if they needed treatment the practice did not provide.

There were systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. 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.

Improvements were needed so that the practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

We received feedback from six patients. Patients commented positively that staff were professional and friendly.

Patients commented that staff always treated them with the respect and dignity.

People confirmed that staff were reassuring and patient when they were anxious or in pain or discomfort.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of the reception and waiting area was open plan in design and staff were mindful of this when assisting patients in person and on the telephone. 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 patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act:

- Interpretation services could be made available for patients who did not use English as a first language.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options and costs of treatment with them. The principal 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 dental team, the range of range of treatments available at the practice, costs of treatment and arrangements for booking appointments.

A range of patient information leaflets and posters provided additional information.

The dentist we spoke with described to us the methods they used to help patients understand treatment options discussed. These included for example radiograph images and photographs which were shown to the patient to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patients' needs and preferences. The practice had procedures in place to help them plan routine appointments and to manage appointments for emergency dental treatments. Patients said that they were able to access appointments that were convenient to them.

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

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

A disability access audit had been completed and this was kept under review so that the practice could provide support to patients as far as was practicable.

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

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. The practice displayed its opening hours in the practice and on their website.

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

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints

The practice had arrangements to act on and respond to complaints appropriately to improve the quality of care.

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 principal dentist was responsible for dealing with complaints. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

The principal dentist told us that practice had received no complaints within the previous 12 months.

Are services well-led?

Our findings

Leadership capacity and capability

The practice provided private general and cosmetic dental treatments and had arrangements in place to review patient and service demands and plans to ensure that the practice had the capacity to meet these.

The dental team was small and the principal dentists shared responsibility for the leadership and management arrangements within the practice. The principal dentists, we were told by staff, were approachable and available to discuss any issues.

Improvements were needed to some of the practice systems, policies and procedures to ensure that these were in accordance with current guidelines and legislation.

Vision and strategy

The practice had a clear vision to deliver high quality dental care to patients with a patient-focused approach.

The practice had systems and business plans to achieve priorities and planned its services to meet the needs of the practice population.

Culture

Staff stated they felt involved, supported and valued. They told us that they were happy to work at the practice.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

The principal dentist was responsible for the clinical management, leadership and the day to day running of the practice. Staff were aware of the management arrangements.

There were some processes for identifying and managing risks. Improvements were needed to ensure that all processes for managing risk were clear and effective. This related to ensuring that risks associated with the use of and management of dental sharps, mitigating the risks of vaccine preventable infectious diseases and monitoring the storage and stock of medicines were assessed and mitigated.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice was aware of and had systems in relation to the General Data Protection Regulation (GDPR) requirements. Patients were told how information about them would be used and were assured of the measures in place to protect this information.

Engagement with patients, the public, staff and external partners

The practice involved patients and staff to support high-quality sustainable and patient focused services.

The practice used patient surveys, comments and feedback to obtain patients' views about the service. The results of the patient surveys showed that patients who completed them were satisfied with all aspects of the service including dental care and treatment, access to appointments and the practice's facilities.

The practice gathered feedback from staff through meetings. Staff told us that they were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice had some quality assurance processes that for example undertaking regular audits of dental radiographs and infection control procedures. They had clear records of the results of these audits and the resulting action plans and improvements.

Improvements were needed to arrangements to review and appraise staff performance, and to ensure that all members of staff undertook training relevant to their roles and responsibilities within the practice. This includes ensuring that staff complete the continuing professional development (CPD) and the 'highly recommended' training as per the General Dental Council's professional standards.

Are services well-led?

There were ineffective arrangements for ensuring that staff undertook training in infection control, safeguarding, and where relevant continuing professional development in relation to dental radiography.

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 Systems and 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 **How the regulation was not being met:** There were limited systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk In particular: • There were ineffective protocols for ensuring that all clinical staff had adequate immunity for vaccine preventable infectious diseases. • There were ineffective arrangements for ensuring that the practice's sharps procedures were in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. **Regulation 17 (1)**

Regulated activity	Regulation

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

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

In particular:

- There were no processes established for the on-going assessment and supervision including induction and appraisal for staff.

- There were limited systems in place to ensure that staff undertook training and periodic training updates in areas relevant to their roles and in accordance with the General Dental Council professional standards, including training in safeguarding children and vulnerable adults and training in infection control.

- There were limited systems in place to ensure that relevant staff undertook continuing professional development training and periodic training updates in dental radiography, in compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017 and in accordance with the General Dental Council professional standards.

Regulation 18 (2)