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Mouthmatters

Inspection Report

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Overall summary

We carried out this announced inspection on 21 February 2020 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Mouthmatters is near the centre of Chester. The practice provides private dental care for adults and children. Visiting dentists provide advanced gum disease and root canal treatments, and dental implants at the practice.

The provider has a portable ramp available to facilitate access to the practice for people who use wheelchairs and for people with pushchairs.

Car parking is available near the practice.

The dental team includes the principal dentist, three visiting dentists, two dental hygienists and two dental nurses. The dental team is supported by a practice manager. The practice has three treatment rooms.

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.

We received feedback from 20 people during the inspection about the services provided. The feedback provided was positive.

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

The practice is open:

Monday to Friday 8.30am to 5.00pm.

Our key findings were:

- The practice was visibly clean and well maintained.
- The practice had infection prevention and control procedures in place.
- The provider had safeguarding procedures in place.
- Appropriate medicines and equipment were available. Not all the recommended quality and function checks were carried out on these.
- The provider had staff recruitment procedures in place. These were not followed when the provider recruited staff.
- Staff provided patients' care and treatment in line with current guidelines.
- The dental team provided preventive care and supported patients to achieve better oral health.
- The provider did not ensure staff updated their skills in line with current recommendations, including in medical emergencies.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for handling complaints. The practice dealt with complaints efficiently.
- The practice had a leadership and management structure.
- The provider had systems in place to manage risk.

- Systems were in place to support the management and delivery of the service, to support governance and to guide staff. Some of these systems were operating ineffectively including the monitoring of training.
- Staff did not have clear objectives to follow and lacked support for their responsibilities.
- The practice asked patients and staff for feedback about the services they provided.
- Changes made as a result of previous inspections were not embedded or sustained. There were limited mechanisms to help the practice continually improve.

We identified regulations the provider was not complying with. 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.
- Ensure specified information is available regarding each person employed.

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

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This means we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

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

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular, ensure the local rules are updated.






Summary of findings

- Review the recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.
- Review the practice's protocols in relation to the use of closed-circuit television to ensure patients are fully informed as to its purpose and their right to access footage.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	Enforcement action	
Are services effective?	No action	
Are services caring?	No action	
Are services responsive to people's needs?	No action	
Are services well-led?	Enforcement action	

Are services safe?

Our findings

We found that this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action, (see full details of this action in the Enforcement Actions section at the end of this report). We will follow up on our concerns to ensure they have been put right by the provider.

Safety systems and processes, including staff recruitment, equipment and premises, and radiography, (X-rays)

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff were aware of their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. The provider could not confirm whether three of the staff had completed the recommended safeguarding training within the currently recommended timeframe of three-yearly refresher training.

We saw that the qualified clinical staff were registered with the General Dental Council and had professional indemnity in place to ensure means for redress were available for patients should the need arise.

We reviewed the provider's arrangements to ensure standards of cleanliness and hygiene were maintained in the practice.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. We looked at the practice's arrangements for transporting, cleaning, checking, sterilising and storing instruments. We found these took account of most of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices guidance published by the Department of Health.

The provider could not confirm when or whether the recommended disinfection and decontamination training had been completed for two of the clinical staff.

The provider had had a Legionella risk assessment carried out at the practice in accordance with current guidance. We saw evidence of measures put in place by the provider to

reduce the possibility of Legionella or other bacteria developing in the water systems, for example, water temperature testing and the management of dental unit water lines.

Staff ensured clinical waste was segregated and stored securely in accordance with guidance.

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

Staff carried out infection prevention and control audits once a year.

We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

The provider had recruitment procedures in place to help the practice employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the provider did not follow their recruitment procedures. We saw the provider did not have evidence, including the required documentation, to show they had carried out all the relevant pre-employment checks for these three staff.

- The provider had not carried out Disclosure and Barring Service, (DBS), checks for these staff prior to them commencing work at the practice. We saw the provider had relied on DBS checks carried out by previous or other employers. These checks were not within the current recommended time period for which previous DBS checks can be accepted by a new employer. The provider had not considered the risks inherent in allowing these staff to start work at the practice without such checks.
- The provider had not obtained references for two of these staff prior to them commencing work at the practice.
- The provider did not have evidence to demonstrate that employment history checks had been carried out for two of these staff.

The provider had arrangements in place to ensure that the practice's facilities and equipment were safe, and that equipment, including gas and electrical appliances, was maintained according to manufacturers' instructions. We observed that the ultrasonic dental instrument cleaner was overdue its recommended routine testing.

Are services safe?

The provider had carried out a fire risk assessment in line with the legal requirements. The fire risk assessment report from 2017 identified some actions to be addressed and associated timescales for completion. We saw that most of these had been completed. A low risk action, (to be addressed within three months), remained to be acted on, namely a recommendation to consider storing the medical emergency oxygen in a cooler place.

We saw there were fire extinguishers throughout the practice and fire exits were kept clear.

We were not provided with evidence to confirm whether fire safety training had been completed within the recommended time for all staff.

The provider had arrangements in place at the practice for carrying out X-ray procedures and had the required radiation protection information available.

Information was displayed next to the control panel of each X-ray machine to ensure the operator was aware of instructions specific to each machine and room. We found that some of this information was not up-to-date with new legislation.

We saw that the dentists justified, graded, and reported on the X-rays they took. Staff carried out radiography audits.

The provider could not confirm when or whether the recommended radiography and radiation protection had been completed for two of the dentists.

Risks to patients

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. The practice had carried out risk assessments with a view to keeping patients safe. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks.

The provider had current employer's liability insurance.

Staff followed relevant safety regulations when using needles and other sharp dental items. The provider had undertaken a sharps risk assessment. Staff were aware of the importance of reporting inoculation injuries. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a 'sharps' injury.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw the provider had carried out checks on the effectiveness of the vaccination.

We found the clinical staff lacked knowledge of the recognition, diagnosis and early management of sepsis.

The practice had medical emergency equipment and medicines available as recommended in recognised guidance. Staff carried out, and kept records of, checks to make sure the recommended medicines were available, within their expiry dates and in working order.

Staff told us the practice's Automated External Defibrillator, (AED), was checked on a daily basis to ensure it was working correctly. We found staff were unsure whether the other medical emergency equipment was checked. We were not provided with evidence to confirm whether the recommended checks had been carried out on all the medical emergency equipment, including on the AED.

We saw that staff training in medical emergencies was not updated annually, which is the recommended time frequency. We saw that one member of staff had last completed training in medical emergencies in December 2017, another two completed this training in November 2018, and another in 2016. The provider had no details of when or whether such training had been completed for three further staff.

A dental nurse worked with each of the clinicians when they treated patients.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at several dental care records to confirm what was discussed and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely. Medical histories were updated at every patient attendance.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

Are services safe?

Safe and appropriate use of medicines

The practice had a stock control system for medicines. This ensured that medicines did not exceed their expiry dates and enough medicines were available when required.

The practice had systems for prescribing and storing medicines. We found systems had recently been improved following an incident at the practice.

The dentist was aware of current guidance with regards to prescribing medicines.

Track record on safety and lessons learned and improvements

The provider did not fully ensure lessons were learned and improvements made when things went wrong.

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The provider told us there had never been any significant events at the practice. We identified some significant events which had taken place in the practice. These had not been recorded. We found that although some of these had been investigated there was limited evidence of learning to prevent such incidents happening again and to improve safety in the practice.

The provider had a system for receiving and acting on safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. We saw that relevant alerts were shared with staff, acted on and stored for future reference.

The practice regularly reviewed Coronavirus, (COVID-19), advisory information and updates. Information was provided for staff.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. The policy included details of external organisations staff could raise concerns with.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The dentist assessed patients' care and treatment needs in line with recognised guidance. We saw that the clinicians took into account current legislation, standards and guidance when delivering care and treatment.

The practice provided dental implants. These were placed by a visiting dentist who had completed relevant post-graduate training. The provision of dental implants took into account recognised guidance.

Helping patients to live healthier lives

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentist told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The clinicians discussed smoking, alcohol consumption and provided dietary advice to patients during appointments.

Consent to care and treatment

Staff 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 staff were aware of the need to obtain proof of legal guardianship or power of attorney for patients who lacked capacity or for children who are looked after.

The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under

the age of 16 years of age can consent for themselves in certain circumstances. 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 where appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The clinicians kept detailed dental care records containing information about patients' current dental needs, past treatment and medical histories.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. We found their skills and knowledge were not updated in accordance with current recommendations.

Staff new to the practice completed a period of induction based on a structured induction programme.

We found the provider offered limited training opportunities to assist staff in updating their skills and knowledge, including meeting the medical emergencies and safeguarding continuing professional development requirements of their professional registration with the General Dental Council.

The dental nurses supported the visiting dentists when carrying out advanced gum and root canal treatments, and dental implant procedures. We observed that no assessment of training needs for the dental nurses involved in this had been discussed.

The provider told us a staff appraisal system was in place. No evidence was provided to confirm that appraisals had been carried out with the exception of for one member of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

Are services effective?

(for example, treatment is effective)

The practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections.

Staff tracked the progress of all referrals to ensure they were dealt with promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were welcoming, professional and caring. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

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

The practice was well maintained. The provider aimed to provide a comfortable, relaxing environment.

Privacy and dignity

The practice team respected and promoted patients' privacy and dignity.

The layout of the reception and waiting areas provided limited privacy when reception staff were attending to patients, but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients. Staff told us that if a patient requested further privacy they would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

The provider had installed a closed-circuit television system, (CCTV), to improve security for patients and staff. We observed the provider had not displayed information for patients as to the purpose of the CCTV and to make them aware of their right of access to footage which contains their images.

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 to be involved in decisions about their care.

They were aware of the requirements of the Equality Act.

We saw that

- staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- interpreter services were available for patients whose first language was not English.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentist described to us the conversations they had with patients to help them understand their treatment options.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered its services to take account of patients' needs and preferences.

Routine dental treatment was provided at the practice. Treatment was also provided by dentists with advanced skills including in gum disease, root canal treatment and dental implants.

Staff were clear about 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.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

20 cards were completed, giving a response rate of 40%. All the views expressed by patients were positive. Common themes within the feedback were that staff were knowledgeable, efficient and reassuring, appointment times were flexible, detailed and accurate information was provided about treatment and costs, and dental treatment provided was of a high quality.

We shared these themes with the provider in our feedback.

The practice had considered the needs of different groups of people, for example, people with disabilities, wheelchair users and people with pushchairs, and put in place reasonable adjustments, for example, a portable ramp to facilitate entrance to the practice.

The whole practice was located at ground floor level.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, appointments could be arranged by email or text message.

Larger print forms were available on request, for example, patient medical history forms.

Timely access to services

Patients could access care and treatment at the practice within an acceptable timescale for their needs.

The practice displayed its opening hours on the premises and included this information on their website.

The practice's appointment system took account of patients' needs. Patients who required an urgent appointment were offered an appointment the same day. We saw that the clinicians tailored appointment lengths to patients' individual needs. Patients could choose from morning and afternoon appointments.

The practice had appointments available for dental emergencies and staff made every effort to see patients experiencing pain or dental emergencies on the same day.

The practice had emergency on-call arrangements for when the practice was closed.

We were told the practice's answerphone provided information for patients who needed 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 for their appointments.

Listening to and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them 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 manager was responsible for dealing with complaints. 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 provider aimed to settle complaints in-house.

We looked at comments, compliments and complaints the practice received within the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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 Enforcement Actions section at the end of this report). We will follow up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

We found the principal dentist had the knowledge, experience and integrity to deliver high-quality, sustainable care but was not providing effective leadership.

The provider had priorities relating to the quality and future of the service. They were aware of the challenges and were addressing them.

We observed that the provider had recently appointed a practice manager to assist in ensuring the practice complied with relevant regulations. We found that improvements had been made to governance since the practice manager had been appointed.

The provider had limited processes in place to develop leadership capacity and skills.

Vision and strategy

The provider had a strategy for delivering high-quality, patient-centred care and supporting business plans to achieve priorities. The provider planned the services to meet the needs of the practice's population.

We observed that the provider's strategy included the implementation of a dental team approach to deliver care and treatment at the practice. They did this by using a skill mix of dental care professionals, including dentists with advanced skills, dental hygienists and dental nurses to deliver care in the best possible way for patients.

Culture

Staff did not have clear objectives to follow and were not consistently aware of what was expected of them. We saw that staff were not always empowered by the provider to make decisions.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values. We saw the provider took action to deal with poor performance.

Managers and staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us they were encouraged to raise issues and they were confident to do this. They told us the managers would listen to their concerns. We found appropriate action was not always taken.

We found that staff development was a lower priority at the practice. For example, we found training for specific roles, including lead roles was not provided in sufficient depth.

We found the provider did not consistently use appraisals as a means to identify the training needs of individual staff, and to assist in career and skills development conversations.

The practice held monthly meetings to communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Governance and management

The provider had systems in place at the practice to support the management and delivery of the service. Systems included policies, procedures and risk assessments to support governance and to guide staff. Provision had been made for review of these. We found several of the systems for monitoring the quality and safety of the service were operating ineffectively, including: -

- The system for checking the medical emergency equipment. The provider could not demonstrate that the recommended function and quality checks were being carried out on the practice's medical emergency equipment, including on the Automated External Defibrillator.
- The system for monitoring staff training. The provider could not identify when or whether staff had completed their professional regulator's recommended continuing professional development training, including in medical emergencies, and other recommended training.

We found limited support and training opportunities for the on-going learning of staff, particularly those with additional responsibilities.

The provider had limited means for identifying staff training needs. Their training policy indicated that training needs

Are services well-led?

would be identified at staff appraisals and practice meetings. No evidence was provided to confirm that appraisals were carried out for all staff. We found sepsis had not been identified as a staff training need.

- The system for identifying and learning from significant events. We found there was limited awareness of significant events and of the system to report and record these. Necessary improvements were not always made.
- Recruitment systems. The provider's policy and procedures reflected the relevant legal requirements but we found the provider did not follow their policy when recruiting staff.

The practice had systems in place to ensure risks were identified and managed, and had put measures in place to reduce risks. We saw the provider had considered risks to patients, visitors and staff.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for compliance and the day-to-day running of the service. Staff had additional roles and responsibilities, for example, lead roles for infection control and radiography. We saw staff had limited support for their roles and responsibilities.

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

Appropriate and accurate information

Quality and operational information was used to ensure and improve performance.

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

The provider had effective arrangements to ensure that notifications were submitted to external bodies where required, including notifications to the CQC.

Engagement with patients, the public, staff and external partners

The provider encouraged verbal feedback to obtain the views of patients about the service.

The practice gathered feedback from staff through meetings and informal discussions.

Continuous improvement and innovation

The provider had ineffective systems and processes in place to encourage learning, continuous improvement and innovation. Where improvements had been made to the service the impact on the sustainability of the service was not fully understood or monitored.

We saw the practice had systems in place to monitor the quality of the service and make improvements where required. These included, for example, auditing to help the practice identify where improvements could be made. We reviewed audits of X-rays and infection prevention and control. We found infection prevention and control audits were carried out annually and not at the recommended six-monthly time interval.

We saw auditing processes were not working effectively. Where deficiencies were highlighted learning points were not identified nor action plans produced to ensure opportunities for improvement were not missed.

We found the following at our comprehensive inspection in August 2017:

- The system for checking medical emergency medicines and equipment failed to identify that several items were past their expiry dates.
- Pre-employment checks had not been carried out consistently and the provider did not have the necessary information available for some of the staff.
- The provider was not monitoring training to ensure staff were up-to-date with their recommended training.
- Audits did not identify areas for improvement.

At our follow-up inspection in November 2017 we found the provider had improved these areas sufficiently, but at our comprehensive inspection in February 2020 we found these improvements had not been sustained.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<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 registered person's systems and processes for assessing, monitoring and improving the quality and safety of the services provided were not operating effectively, including: -</p> <ul style="list-style-type: none">· the system for checking the practice's medical emergency equipment. The registered person could not demonstrate that the recommended function and quality checks were being carried out on the medical emergency equipment, including on the Automated External Defibrillator. No records of checks were maintained.· the system for monitoring staff training. The registered person could not identify when or whether all staff had completed their professional regulator's recommended continuing professional development training, where appropriate, including in medical emergencies, safeguarding, radiography and radiation protection, and disinfection and decontamination. The registered person could not identify whether seven of the staff had received other recommended training, including in fire safety. No role-specific training had been provided for the member of staff with the lead role for infection prevention and control. No specific training had been provided for staff assisting with advanced dental treatment procedures.

Enforcement actions

The registered person had limited means to consistently identify the individual training needs of staff. Appraisals were not carried out for all staff.

- the system for identifying and learning from significant events. Staff had limited awareness of what could constitute a significant event and of the system to report and record these. The necessary improvements were not always made where a significant event had been investigated.
- the recruitment systems. The registered person's policy and procedures reflected the requirements of Schedule 3 to the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** but the policy was not followed when recruiting staff.

The registered person's systems and processes to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process were not operating effectively, including: -

- the radiography and infection prevention and control auditing processes. Staff carried out infection prevention and control audits annually instead of at the recommended six-monthly intervals. Where non-compliances were highlighted in the audits the registered person did not identify learning points nor produce action plans to ensure improvements were made.
- The registered person had not sustained the improvements made to ensure the governance systems remained effective following the CQC inspections on 30 August 2017 and 10 November 2017.

Regulation 17 (1)

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Persons employed by the service provider in the provision of a regulated activity must receive such

Enforcement actions

appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform.

How the regulation was not being met

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

- Four staff, including the service provider, had not completed medical emergencies training annually in accordance with their professional regulator, the General Dental Council's, continuing professional development, (CPD), recommendations. The service provider was not aware as to when or whether such training had been completed for three other staff.
- The service provider was unaware as to when or whether disinfection and decontamination CPD had been completed for two clinical staff in accordance with their professional regulator's recommendations.
- The service provider was unaware as to when or whether safeguarding CPD had been completed in accordance with the professional regulator's recommendations for two staff. A further member of staff had last completed this training in 2016. This was not within the Intercollegiate guidance's currently recommended timeframe of three-yearly refresher training.
- The service provider was unaware as to when or whether radiography and radiation protection CPD in accordance with the professional regulator's recommendations had been completed for two dentists.
- The service provider had not provided training for two clinical staff to a sufficient depth where this was recommended for duties or roles, including for lead roles, and for roles providing support to clinicians during advanced treatment, including periodontic, endodontic and dental implant procedures.

Enforcement actions

- The service provider was unaware as to when or whether fire safety training had been completed within the recommended annual timeframe for seven staff members. The service provider and a further member of staff had not completed this training within the previous 12 months.

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate appraisal as was necessary to enable them to carry out the duties they were employed to perform.

- The service provider had not carried out regular staff appraisals with the exception of for one member of staff.

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

The registered person must establish and operate effective recruitment procedures to ensure only fit and proper persons are employed and ensure the information specified in Schedule 3 is available for each person employed.

How the regulation was not being met

The registered person's recruitment procedures did not ensure that only persons of good character were employed.

- The registered person had relied upon a Disclosure and Barring Service, (DBS), check carried out by previous employers when carrying out pre-employment checks for three staff. The checks were not within the current recommended time period for which previous DBS checks can be accepted by new employers.

Enforcement actions

The registered person had not assessed the risks inherent in allowing these staff to start work at the practice without carrying out such checks.

The registered person had not obtained evidence of satisfactory conduct in previous employment for two staff prior to them commencing work at the practice.

The registered person's recruitment procedures did not ensure that persons employed had the necessary qualifications, competence, skills and experience.

- The registered person did not have evidence to demonstrate that employment history checks had been carried out for two staff.

The registered person had not ensured that the specified information was available regarding each person employed, including:

- No satisfactory evidence of conduct in previous employment for one of the staff.
- No satisfactory evidence of conduct in previous employment and employment history for another of the staff.
- No employment history for a third member of staff.

Regulation 19 (2) and (3)