

Mr Jerome Albert Sebah

The Dentist Gallery

Inspection Report

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Overall summary

We carried out this announced inspection on 16 October 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 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

The Dentist Gallery is in the London Borough of Westminster. The practice provides private general and cosmetic dental treatment to patients of all ages.

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

The dental team includes the principal dentist, three associate dentists, and two trainee dental nurses. The clinical team are supported by a clinic coordinator / receptionist.

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.

Summary of findings

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

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

The practice is open:

Mondays, Tuesdays, Thursdays and Fridays between 9am and 7pm.

Wednesdays between 10am and 7pm.

Saturdays between 9am and 2pm.

Sundays for emergency appointments.

Our key findings were:

- The practice appeared clean and well maintained.
- 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.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had infection control procedures which reflected published guidance. Improvements were needed so that infection prevention and control audits were carried out in line with current guidance.
- Improvements were needed to the arrangements to deal with medical emergencies by ensuring that appropriate medicines and life-saving equipment were available and staff were trained.
- The practice had some systems to help them manage risk. Improvements were needed to ensure that risks were regularly assessed and managed. This specifically relates to fire safety and the use of dental sharps.
- The practice had safeguarding processes. Improvements were needed so that all staff had up to date training for safeguarding adults and children.

- The practice had staff recruitment procedures. Improvements were needed so that these were followed and all appropriate checks were carried out when employing new staff.
- Improvements were needed to the practice leadership so that it was effective. This relates specifically to the arrangements for monitoring and supporting staff to carry out their roles and monitoring the quality and safety of the services provided.
- Improvements were needed to ensure the practice had suitable information governance arrangements so that they reflected current requirements and legislation.

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 practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's policy and the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure a risk assessment is undertaken and risks are identified and mitigated.
- Review the practice's environmental risk assessments and ensure that the necessary actions are implemented. This relates specifically to the practice fire risk assessment.
- Review staff training to ensure that dental staff who are assisting in conscious sedation have the appropriate training and skills to carry out the role taking into

Summary of findings

account guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'.

- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray ensuring compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review its responsibilities to respond to the needs of patients with disability and the requirements of the Equality Act 2010.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. Improvements were needed to ensure that infection control audits were carried out to monitor the effectiveness of the infection control procedures.

The practice had some systems and processes to provide safe care and treatment. Improvements were needed to the systems to assess and mitigate risks and to use learning from incidents and complaints to help them improve.

Staff knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. Improvements were needed so that the practice carried out essential recruitment checks for all staff.

The practice had some arrangements for dealing with medical and other emergencies. Improvements were needed to ensure the availability of the recommended emergency medicines and equipment and that staff undertook training in basic life support.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Improvements were needed so that patient dental care records were completed taking into account current guidance.

Patients described the treatment they received as excellent and highly recommended. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

Improvements were needed to ensure that staff completed training relevant to their roles and had systems to help them monitor this.

No action



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 seven people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional and helpful.

No action



Summary of findings

Patients said that their dentist 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?

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 commented that they received treatment in a timely manner.

Staff considered patients' different needs and had made arrangements to support them. This included step free access to the treatment room and accessible toilet facilities. An accessibility audit had been carried out and improvements were needed so that the recommendations arising from this were acted on.

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

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.

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 the day to day management of the practice including monitoring staff training.

Improvements were required to ensure the smooth running of the service. Procedures for the day to day management of the services were not embedded into the practice so that staff understood and adhered to them.

The practice did not have systems to effectively assess and mitigate risks in relation to fire safety and infection prevention and control.

The practice did not have effective systems to monitor, review and improve the quality of the services provided.

Requirements notice



Are services safe?

Our findings

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

Staff knew their responsibilities if they had concerns about the safety of young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The principal dentist was the practice safeguarding lead who had responsibility for overseeing the practice procedures and they had undertaken training to an appropriate level.

Staff we spoke with demonstrated a good understanding of safeguarding procedures. Improvements were needed to the arrangements for ensuring that all staff received safeguarding training to an appropriate level depending on their roles within the practice. From training records provided to us we found that some members of staff had not undertaken training in safeguarding. The principal dentist provided evidence that safeguarding training was now arranged for all staff according to their roles and responsibilities within the practice.

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

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at the recruitment records for each of the seven members of staff. Improvements were needed to ensure that the practice followed their recruitment procedure. Records of appropriate procedures and checks including employment references and Disclosure and Barring Services (DBS) checks and evidence of each candidate's skills and experience were not carried out for two members of staff. The principal dentist responded and advised us that DBS checks had been carried out for staff where these were unavailable.

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 had a fire safety procedure and this included a fire evacuation plan. A fire safety risk assessment had been carried out in August 2018 and a number of areas for improvement had been identified including carrying out checks to ensure that fire detection and firefighting equipment such as fire extinguishers, emergency lighting and the smoke alarm systems were checked, tested and serviced regularly. A number of these recommendations had been acted upon including replacing fire extinguishers which were beyond their expiry date and checking equipment.

The principal dentist responded and assured us that the remaining actions would be implemented within three months.

Improvements were needed to ensure that the practice had suitable arrangements to ensure the safety of the X-ray equipment and that they met current radiation regulations and had the required information in their radiation protection file. There were no records available in relation to the installation, service and maintenance for the X-ray equipment.

Improvements were needed so that the dentists routinely justified, graded and reported on the radiographs they took and that radiography audits were carried out in line with current guidance and legislation. Dental care records which we viewed did not include these details and the principal dentist told us that no X-ray audits were carried out.

The principal dentist told us that they completed continuing professional development (CPD) in respect of dental radiography. Improvements were needed to the systems for checking that dentists undertook this training.

The principal dentist responded and provided evidence that service and maintenance checks were arranged and would be carried out on 3 December 2018. They also told us records would be made in relation to the justification, reporting and grading for dental radiographs and that audits would be carried out to check the quality of dental radiography.

Risks to patients

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment.

The practice had current employer's liability insurance.

The provider had a system in place 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.

The practice had health and safety policies and procedures in place. However these had not been kept under review and were not followed consistently. Improvements were needed to ensure that risks to patients and staff were assessed, monitored and actions taken to mitigate these risks.

Improvements were needed to ensure appropriate arrangements to manage risks associated with dental sharps so that a sharps risk assessment was in place and that staff followed relevant safety regulation when using needles and other sharp dental items.

Improvements were needed to ensure that there were appropriate arrangements for responding to medical emergencies. These included ensuring that the recommended emergency medicines and equipment were available as described in recognised guidance and that staff completed training in emergency resuscitation and basic life support (BLS) every year. At the time of our inspection we found that the oxygen cylinder was beyond its use by date of June 2018, there were no oxygen masks or oropharyngeal airways available and there were insufficient quantities of adrenaline.

The principal dentist responded and provided evidence that these items were ordered and available shortly following our inspection. They also told us that training in basic life support was arranged for all staff on 26 November 2018.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

Improvements were needed to ensure that there were arrangements to minimise the risk that can be caused from substances that are hazardous to health. There were no records available in relation to hazardous materials used at the practice and there was no risk assessment in place. Staff did not have access to information to guide them on

how to act in the event of accidental exposure to hazardous substances. The principal dentist assured us that a risk assessment would be completed and information made available to staff.

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 had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A Legionella risk assessment had been carried out in August 2018 and there was an action plan in place to ensure that any recommended improvements were addressed. We saw records of water testing and dental unit water line management were in place.

The practice had an infection prevention and control policy and procedures. Improvements were needed to ensure that staff complete infection prevention and control training and that clinical staff wear suitable clothing and shoes in line with current guidance. The principal dentist responded and assured us that all clinical staff working at the practice were now wearing appropriate uniform and personal protective equipment.

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.

Improvements were needed so that infection prevention and control audits were carried out every six months in line with current guidance. There were no audits available and staff who we spoke with were unaware that these should be carried out to assess and minimise risks of cross infection. The principal dentist responded and told us that infection prevention and control audits would be carried out every six months in line with current guidelines.

Information to deliver safe care and treatment

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 dental and other records were kept securely. Improvements were needed so that

Are services safe?

individual records were detailed and accurate and managed in a way that kept patients safe. Improvements were needed so that information handling processes at the practice were in compliance with General Data Protection Regulations requirements (GDPR) (EU) 2016/679.

The principal dentist provided evidence that policies and procedures had been updated and implemented in accordance with these regulations.

Safe and appropriate use of medicines

The principal dentist told us that they did not dispense medicines. They were aware of current guidance with regards to prescribing and medicines.

Track record on safety

There were systems in place for reporting and investigating accidents or other safety incidents.

The practice had systems in place to monitor and review incidents. The principal dentist told us that in the previous 12 months there had been no safety incidents.

Lessons learned and improvements

The practice had policies 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.

The principal dentist provided evidence that they had now signed up to receive safety alerts and now had a system to review and act on relevant 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 delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by one of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

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 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.

The principal dentist 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 practice had a range of models and dental items in the waiting area and there were videos showing how to clean teeth effectively. These were designed to help adults and children understand and improve their dental health.

They 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 principal dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments.

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 and aftercare. 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 team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to the legal precedent (formerly called the Gillick competence) by which a child under the age of 16 years can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Monitoring care and treatment

The principal dentist described how they assessed patients' treatment needs in line with recognised guidance. Improvements were needed so that the practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories.

The practice offered treatments using 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 conscious sedation was provided by a visiting sedationist.

The practice had some systems to help them do this safely in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice had arrangements to ensure that patients were assessed appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an

Are services effective?

(for example, treatment is effective)

assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

Improvements were needed to the practice's systems for staff training to ensure that dental staff who are assisting in conscious sedation have the appropriate training and skills to carry out the role taking into account guidelines. The principal dentist responded and told us that they were reviewing and implementing the current guidelines.

Effective staffing

Improvements were needed to ensure that staff had the skills, knowledge and experience to carry out their roles.

There were no arrangements in place to enable staff new to the practice to complete a period of induction based on a structured programme to help familiarise themselves with the practice policies, procedures and protocols.

There were limited arrangements in place to discuss staffs' individual training and development needs. There was no evidence of completed appraisals or personal development plans. Some staff who we spoke with were not fully aware of their roles and responsibilities, the practice policies and procedures and current legislation and guidance in relation to areas including infection prevention and control, fire safety and managing medical emergencies.

Co-ordinating care and treatment

The practice had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. Patients were offered the option of same or next day appointments for urgent referrals through a service offered to privately paying patients at a local hospital.

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.

The layout and design of the practice was so as to promote calm and help put patients at ease. There were a variety of seating options available as well as reading materials and a children's area equipped with toys.

Patients commented positively that staff were helpful and had a caring manner. They said that staff were professional and treated them with respect.

Information about the practice, treatments and costs and the staff team was available on the practice website.

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 reception and waiting area was open plan in design. Staff were mindful of this when dealing with patients in person and over 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 have English as a first language.
- Patients were also told about multi-lingual staff who might be able to support them. For example a range of languages were spoken by staff working at the practice including French, Spanish and Italian.

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 their treatment plan and the cost of treatment with them.

The principal dentist described the conversations they had with patients to satisfy themselves they understood their treatment.

The practice's website provided patients with information about the dental team, the range of treatments available at the practice, costs of treatment and arrangements for booking appointments.

A range of patient information leaflets provided additional information.

The principal dentist described to us the methods they used to help patients understand treatment options discussed. These included for example X-ray images, models and photographs which were shown to the patient to help them better understand their 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 patient needs and preferences. 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.

The practice had made reasonable adjustments for patients with disabilities. These included step free access. A Disability Access audit had been completed in August 2018 from which a number of recommendations had been made including the provision of a call bell and grab rails in the patients' toilet. Improvements were needed so that these recommendations were acted on.

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 appointments easily and were rarely kept waiting for their appointment. The practice displayed its opening hours in the practice and on the practice website.

The practice had an efficient appointment system to respond to patients' needs. 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 website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. Emergency appointments were available each day including on Sundays.

Listening and learning from concerns and complaints

The practice had arrangements to deal with complaints and concerns promptly and to respond 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 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 not satisfied with the way the practice dealt with their concerns.

We looked at comments and compliments the practice received within the previous 12 months. The practice had received no complaints.

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 dentist had responsibility for the leadership and management arrangements within the practice. The principal dentist, we were told by staff was approachable and available to discuss any issues.

Improvements were needed to the practice systems, policies and procedures to ensure that these were fully embedded to effectively underpin the management and the delivery of the service.

Vision and strategy

There was a vision to deliver patient focused care and to provide high quality general and cosmetic dental treatments.

Culture

Improvements were needed so that the culture of the practice supported learning and improvement and that staff were supported to deliver services in line with current legislation and guidance.

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 some of the processes for managing risk were clear and effective. This related to ensuring that risks associated with areas including fire safety, the management of dental sharps and medical emergency procedures, COSHH and infection control were assessed and mitigated.

Appropriate and accurate information

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

Improvements were needed to ensure that the practice policies reflected and took into account the General Data Protection Regulation (GDPR) requirements and to assure patients of the measures in place to protect their personal information.

Engagement with patients, the public, staff and external partners

The practice involved patients and staff to support 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 surveys were satisfied with all aspects of the service including dental care and treatment, access to appointments and the practice facilities.

Continuous improvement and innovation

Improvements were needed so that there were continuous systems and arrangements in place to monitor and improve the quality and safety of the service. This related to ensuring that audits in relation to infection control and dental radiography were carried out periodically and in line with current guidance and regulation and that there were systems in place to monitor, investigate and learn from significant events and safety incidents and to review and act on safety alerts.

There were no arrangements to review and appraise staff performance and to support members of staff to develop skills, knowledge and experience.

Improvements were needed to the arrangements to ensure that qualified clinical staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking periodic training in medical emergencies and basic life support, infection control and safeguarding.

The General Dental Council also requires clinical staff to complete continuing professional development.

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 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</p> <p>How the regulation was not being met:</p> <p>There were limited systems and processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <ul style="list-style-type: none">• There were ineffective arrangements for enabling the provider to respond to medical emergencies by ensuring that the recommended emergency medicines and equipment were available for use in the event of a medical emergency, taking into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.• Infection prevention and control audits were not carried out every six months in line with guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

Requirement notices

- Audits were not carried out in line with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017 to ensure the quality of grading, justification and reporting in relation to dental radiographs.

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

There were limited systems and processes that enabled the registered person to ensure that staff receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

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 including training in safeguarding children and vulnerable adults and training in basic life support.

Regulation 18 (1) (2)