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# Eastgate Dental Practice

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 22 August 2023 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 practice 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had some infection control procedures which reflected published guidance. We found these were not applied consistently.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were not always available.
- The practice's systems to manage risks for patients, staff, equipment and the premises were ineffective. We identified shortfalls in assessing and mitigating risks in relation to fire safety, legionella management, prescription security and medicine management, radiography, the safe handling and disposal of sharps and domestic cleaning.

# Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff recruitment procedures did not reflect current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines. However, this was not always recorded in the patient's clinical record.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- The provider did not demonstrate effective leadership or support a culture of continuous improvement.
- Patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice information governance arrangements were ineffective.

## Background

Eastgate Dental Practice is in Basildon, Essex and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available in pay and display car parks near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 3 dental nurses including 1 lead dental nurse, 2 dental hygienists and 1 receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses including the lead nurse and 1 receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Friday from 9am to 5pm.

We identified regulations the provider was not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients.
- 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.

**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:

# Summary of findings

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, ensure the 2018 business continuity plan is reviewed to ensure the practice can identify and plan for anticipated risks to the delivery of the service.
- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular, ensure rectangular collimators are available in treatment rooms.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

|                                                   |                            |          |
|---------------------------------------------------|----------------------------|----------|
| <b>Are services safe?</b>                         | <b>Requirements notice</b> | <b>✗</b> |
| <b>Are services effective?</b>                    | <b>No action</b>           | <b>✓</b> |
| <b>Are services caring?</b>                       | <b>No action</b>           | <b>✓</b> |
| <b>Are services responsive to people's needs?</b> | <b>No action</b>           | <b>✓</b> |
| <b>Are services well-led?</b>                     | <b>Requirements notice</b> | <b>✗</b> |

# Are services safe?

## Our findings

We found 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 Requirement Notices section at the end of this report). We will be following 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 processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had some infection control procedures which reflected published guidance. We found these were not always applied. Specifically; instruments that had been through the decontamination process were not always dried before being placed in sterile pouches. Not all pouches were marked with date of expiry and a number of instruments that should be stored in a sterile pouch were left open and uncovered in drawers. The provider could not be assured that manual cleaning of instruments was carried out in line with recognised guidance as a thermometer was not provided in the decontamination room to check the temperature of water during cleaning and no log was kept to record temperatures.

We did not find and were not provided with records of any previous infection prevention and control (IPC) audits. Staff confirmed to us that these audits were not undertaken. The provider was unable to assure themselves that IPC and decontamination processes followed guidance was unaware of whether there were any actions required with regard to mitigating the risks of infection within the practice.

The practice systems to manage the risk associated with the development and spread of water borne bacteria were not effective. Specifically, the provider had not undertaken a required legionella risk assessment of the building and was therefore unaware of whether there were any actions required to safely maintain water systems in the premises. There was no named legionella lead or deputy lead and no evidence of staff legionella training. Water testing and testing of hot and cold water temperatures had never been undertaken. We were told by staff that regular flushing and maintenance of dental unit water lines was carried out although we were not shown any written records of this.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. However, we found sanitary bins were not provided in staff or public toilets. Immediately following the inspection, the practice confirmed they had set up a contract with a licensed carrier.

The practice appeared clean. However, we did not see records of effective cleaning schedules. Cleaning equipment was not stored in line with recommended guidance. We noted the practice had one mop and one bucket, we did not find evidence to confirm if this was used exclusively in clinical areas, or was used throughout the practice including the kitchen, offices and toilets.

The provider did not have a recruitment policy in place and recruitment procedures did not follow guidance to help ensure the practice employed suitable staff, including for agency or locum staff.

Staff files we reviewed were incomplete. We did not find evidence that required pre employment checks, including obtaining references, were carried out. Current records were not available to confirm that all clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover. We noted that of the 8 staff files we reviewed; 5 clinical staff did not have an enhanced disclosure and barring service (DBS) check and evidence of hepatitis B immunity was not available for 3 clinical members of staff. There was no evidence of an enhanced DBS, hepatitis B immunity, current registration or qualifications for the visiting oral surgeon.

# Are services safe?

We found there was scope for improvement in how the practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions, as evidence of oversight in the form of a maintenance schedule to support staff in knowing when equipment was due to be serviced was not available.

The procedures the practice used to ensure facilities were maintained in accordance with regulations showed scope for improvement by ensuring legionella and water safety checks were carried out.

We found that servicing and checks of fire equipment, alarms and emergency lighting were undertaken by an external buildings' maintenance provider. A fire safety risk assessment was carried out in line with the legal requirements in September 2020. We noted the practice team locked the front door between patients and visitors attending the practice. However, there was no evidence of a recent risk assessment to review the risks of locking this means of escape in the event of a fire or emergency. No fire safety drills or staff fire training had been undertaken. We noted the last evidence of staff discussion for fire safety was undertaken on 16 September 2020.

The practice had some arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was mostly available. We noted clinicians were using out of date systems for grading X-rays. There was no rectangular collimator fitted to the X-ray machines in treatment rooms 1 and 3. Radiation local rules in treatment rooms had not been updated since 2020 and included the names of retired staff.

## **Risks to patients.**

The systems to assess, monitor and manage risks to patient and staff safety required improvement.

Risk assessments for lone working were not in place. There were no risk assessments of lone working for the lone working cleaner and the dental hygienist working without chair side support. There were no individual risk assessment for vulnerable members of staff to ensure their particular job, working practices and workplaces were safe. Immediately following the inspection, the practice provided a suitable risk assessment.

We looked at the practice's arrangements for safe dental care and treatment. The staff did not always follow the relevant safety regulation when using needles and other sharp dental items. There was no sharps' policy or sharps' risk assessment. Staff told us the dentists always handled any needles, but there was no evidence for mitigation of risk for other sharp dental items. There were no needle guards available to protect staff handling needles. There were no records of any sharp injuries. Immediately, following the inspection the practice provided a sharps policy and a sharps risk assessment.

Emergency equipment and medicines were not available and checked in accordance with national guidance.

We found 23g and 25mm needles were missing, there was no adrenaline (a medication used to treat a severe allergic reaction in an emergency) available. Staff told us this had been ordered. The self-inflating bag with reservoir for a child was missing. The self-inflating bag with reservoir for an adult had expired in December 2020. Clear face masks for the self-inflating bag sizes 3 and 4 had expired in December 2020. Masks sizes 0, 1 and 2 were not available. The oxygen mask with reservoir and tubing for a child had expired in 2022, the adult face mask with reservoir and tubing had expired in 2022. The bodily fluid kit had expired in 2018 and the eyewash kit expired in 2021. The first aid kit contained several items that had expired in 2016 and 2017. Immediately following the inspection, the practice confirmed they had ordered the missing and expired items.

We noted the temperatures of the staff kitchen fridge where the glucagon (a medicine used to treat low blood sugar in diabetic patients), was stored was not checked. The glucagon had expired in November 2021. Immediately following the inspection, the provider confirmed they were replacing the expired glucagon but did not confirm how this would be stored and what checks would be put in place to confirm suitable storage.

# Are services safe?

Checks of medical emergency medicines were undertaken monthly and not weekly in line with recommended guidance. There was no daily oversight of the effective operations of the oxygen or the automated external defibrillator (AED). The check lists were incomplete and did not include checks of medical equipment, the oxygen or the AED. Medical emergency medicines were not listed with their expiry dates.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. There was scope to ensure these risk assessments included all household cleaning items.

## **Information to deliver safe care and treatment.**

Dental care records we saw were legible, were kept securely and complied with General Data Protection Regulation requirements. There was scope to ensure these were more detailed.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

## **Safe and appropriate use of medicines.**

The practice had some systems for appropriate and safe handling of medicines. However, we noted emergency medicines including glucagon and adrenaline, were out of date or missing. We also noted the practice emergency medicines included a medicine used in the provision of sedation which the practice did not provide. We discussed this with provider who confirmed this would be removed.

Prescriptions were not kept securely, the practice did not have a system to track and monitor the use of NHS prescription pads.

## **Track record on safety, and lessons learned and improvements.**

The practice had recorded some accidents in the accident book. The last recorded accidents were dated three years previous. Staff were not aware of incident reporting or where the accident book was kept. There was no evidence to show how learning from incidents had or could be actioned or shared across the staff team to prevent their recurrence.

The practice had a system for receiving and acting on safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment.**

The practice had some systems to keep dental professionals up to date with current evidence-based practice. This included some daily staff discussions. However, formalised team practice meetings and weekly clinical communications were not undertaken.

As the specialist implantologist was not available on the day of our inspection, we were unable to review the provision of dental implants to ensure these were undertaken in accordance with national guidance.

The practice had access to digital X-rays to enhance the delivery of care.

### **Helping patients to live healthier lives.**

The practice provided preventive care and supported patients to ensure better oral health.

Oral health advice and preventative care was provided by the dentist and the dental hygienist.

Oral health care products were on sale for patients including toothbrushes, floss, interdental brushes and mouthwash. Information leaflets were available to patients as recommended by the dentist or upon request.

### **Consent to care and treatment.**

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

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.**

We found there was a variation in the evidence recorded in dental care records to confirm that professional guidance was always followed. For example, there was a lack consistency in detail regarding risk assessments and treatment planning.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

Not all the dental care records we reviewed evidenced that dentists had justified, graded and reported on the radiographs they took. The practice told us they were in the process of undertaking a radiography audit. However, we did not see evidence of any previous radiography audits, this was not in line with current guidance and legislation of six-monthly audit.

### **Effective staffing.**

Systems were not in place to ensure newly appointed staff had a structured induction or that clinical staff completed continuing professional development required for their registration with the General Dental Council. Recommended training including learning disability and autism, duty of candour and legionella were not completed. There was limited evidence of completion of other training by all staff including fire safety, sepsis and infection prevention and control.

### **Co-ordinating care and treatment.**

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

# Are services effective?

(for example, treatment is effective)

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion.**

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

Patient feedback we reviewed was positive. We looked at practice and online reviews. We observed numerous positive interactions, in person and on the telephone, between staff and patients.

The practice offered longer appointments for nervous patients.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

### **Privacy and dignity.**

Staff were aware of the importance of privacy and confidentiality. We noted that whilst the reception and waiting room areas were open plan, staff were discreet in person and on the telephone. We were told patients were offered an alternative area to speak privately should they wish.

The practice had installed closed-circuit television (CCTV) to improve security for patients and staff. Relevant policies and protocols were in not in place. Immediately following the inspection, the practice provided a CCTV practice policy.

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 and gave patients information to help them make informed choices about their treatment. However, we found not all patients received a written treatment plan. Not all patients received a written estimate for hygienist treatments.

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

The dentists explained the methods they used to help patients understand their treatment options. These included study models and X-ray images.

# Are services responsive to people's needs?

## Our findings

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

### **Responding to and meeting people's needs.**

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including level access, ground floor treatment rooms, an accessible toilet with grip rails and a call bell, access to translation and British Sign Language interpreters for patients with access requirements. A disability access audit had not been undertaken.

### **Timely access to services.**

The practice displayed its opening hours and provided information on their website and in the practice.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

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

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

### **Listening and learning from concerns and complaints.**

The practice responded to concerns and complaints appropriately. There were no staff meetings to ensure staff discussed outcomes to share learning and improve the service. Following the inspection, the provider told us they held supervision discussions with staff. However, these were not documented.

# Are services well-led?

## Our findings

We found 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). We will be following up on our concerns to ensure they have been put right by the provider.

### **Leadership capacity and capability.**

Clinical management and oversight of procedures that supported the delivery of care were ineffective.

We identified shortfalls in relation to the practice's risk assessing relating to fire, lone working, vulnerable staff members, legionella, sharps, prescription security, radiographs and infection control which indicated that governance and oversight of the practice needed to be strengthened.

Leaders reported that they had struggled to find time to complete governance related tasks due to incidences of short staffing and personal circumstances.

Following a period without a practice manager, governance tasks had been shared between the provider and the lead dental nurse. In the period leading up to and immediately following our inspection, the provider and the lead dental nurse had worked hard to address some of the shortfalls we identified demonstrating the practice's commitment to improving the service.

Systems and processes were not embedded which resulted in missed opportunities for providing safe services. For example, there was no legionella risk assessment or sharps risk assessment, medical emergency equipment and medicines were not always checked or available in line with guidance. Infection prevention and control, radiography and disability access audits were not undertaken, the business continuity plan had not been reviewed since 2018, and there was no oversight or impact assessment of the use of closed-circuit television cameras (CCTV).

The information and evidence presented during the inspection process was not always clear and well documented.

### **Culture.**

Staff stated they were proud to work in the practice.

Annual appraisals were not undertaken. Following the inspection, the provider told us they discussed training needs during clinical supervision, but these discussions were not documented. They told us they also discussed learning needs, general wellbeing and aims for future professional development.

Arrangements to ensure staff training was up-to-date and reviewed at the required intervals were not in place.

The management of staff recruitment, health and safety, staff training and required maintenance of equipment and premises required improvement.

### **Governance and management.**

The provider had overall responsibility for the management and clinical leadership of the practice. They were supported by the lead dental nurse. We were told that due to staff shortages there had been limited protected time for them to carry out and review governance tasks and systems.

The lead nurse had recently reviewed a majority of practice policies and had ensured staff signed to acknowledge they had read and understood them. Whilst the provider and lead dental nurse had taken steps to improve systems and processes these required embedding.

# Are services well-led?

Following the inspection, the provider confirmed they had put processes in place to ensure compliance support for the practice going forward.

## **Appropriate and accurate information.**

Staff did not always act on appropriate and accurate information. For example, in relation to incidents and significant events.

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

## **Engagement with patients, the public, staff and external partners.**

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through informal discussions. Systems to ensure staff were encouraged to offer suggestions for improvements to the service were not effective with many staff reporting the practice team were stressed.

## **Continuous improvement and innovation.**

The practice did not have clear oversight of staff training. Staff confirmed that the inspection had highlighted periods where continuous professional development and training had not been completed.

Audits of infection prevention and control, dental care records, and disability access were not undertaken. We were told during the inspection that audits of antimicrobial prescribing and radiography were on-going. However, there were no records to evidence these and no records of completion of any of these audits previously. Therefore we were not assured that staff had a true picture of the practice to drive improvement effectively.

## 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<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 17 Good governance</b></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><b>How the regulation was not being met.</b></p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• Staff had not undertaken fire safety training or fire evacuation drills.</li><li>• There was no system to ensure risk assessments in relation to lone working staff, vulnerable staff, sharps or health and safety procedures to improve the quality of the service.</li><li>• We found the system in place to manage significant events was not effective. The practice had not recorded any significant events despite events occurring in relation to missed opportunities of expired medications, expired emergency equipment, omissions in the overall practice governance, missing audits and risk assessments. There was no evidence to show how learning from these incidents had been actioned or shared across the staff team to prevent their recurrence.</li></ul> |

## Requirement notices

- We found there were no systems in place to manage closed circuit television cameras (CCTV). There were no protocols for the use of CCTV taking into account the guidelines published by the Information Commissioner's Office.
- The provider had not ensured local radiation rules were reviewed and updated.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- There were no systems in place to ensure clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- There was no system to ensure audits of radiography, disability access, and infection prevention and control were undertaken to improve the quality of the service.

Regulation 17

### Regulated activity

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

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### **How the regulation was not being met .**

The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

The provided had insufficient processes for the identification of risk. For example:

## Requirement notices

- There was no legionella risk assessment.
- There was no named legionella lead or deputy lead and no evidence of staff legionella training.
- Water testing was not undertaken.
- Testing of hot and cold water temperatures was not undertaken.

There was no sharps' policy or sharps' risk assessment to ensure the practice was compliant with the Health and Safety (sharp instruments in healthcare) Regulations 2013. There were no needle guards available to protect staff handling needles.

The provider had not ensured the availability of medical emergency medicines and equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

There were shortfalls in the practice's decontamination procedures. For example:

- Not all decontaminated instruments in pouches were dated, we noted open items in treatment room drawers.
- There was no process in place to ensure staff dried decontaminated instruments before pouching.
- There was no thermometer in the decontamination room to check the temperature of water during cleaning and no log to record these temperatures.

There was no process in place to support the safe management of prescriptions. In particular, there was no system to ensure the security of NHS prescription pads in the practice. Systems to track and monitor their use were not in place and there were no systems to identify lost or missing prescriptions.

There were no effective cleaning schedules in place to ensure the practice was kept clean. Cleaning equipment was not stored appropriately and was not in line with recommended guidance.

Appropriate facilities for the disposal of sanitary waste were not available.

## Requirement notices

### Regulation 12(1)

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

- Staff recruitment processes were not in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice did not have a recruitment procedure, there were no records of any recruitment procedures or staff references.
- Enhanced Disclosure and Barring Service checks had not been obtained prior to employment for 6 clinical members of staff.
- There were no systems in place to ensure clinical staff had adequate immunity for vaccine preventable infectious diseases.

### Regulation 19(3)

#### Regulated activity

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

#### Regulation

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:

- There were no system in place to ensure an effective induction for new staff, including information about practice systems and safety procedures, job information and objectives.

This section is primarily information for the provider

## Requirement notices

- There were no systems in place to ensure an effective process established for the on-going assessment and supervision of all staff.
- There was no system in place to ensure essential staff training was up-to-date and reviewed at the required intervals.
- There was no system in place to ensure staff received formal appraisal and feedback about their working practices.

Regulation 18(2)