

Dr Anita Patel

# Vistara Smiles

## Inspection Report

94 Highbury Park  
Islington, London  
N5 2XE

Tel: 020 3581 7270

Website: <http://vistarasmiles.com/>

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## Overall summary

We carried out this announced inspection on 7 June 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

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

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

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

### **Our findings were:**

#### **Are services safe?**

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

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

#### **Are services well-led?**

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

#### **Background**

Vistara Smiles is in Islington, London, and provides private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs.

The dental team includes three dentists (one of whom worked on a locum basis), and two trainee dental nurses (both of whom undertake receptionist duties). The practice has three treatment rooms.

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 obtained feedback from 18 patients.

During the inspection we spoke with the principal dentist, and a trainee dental nurse. We checked practice policies and procedures and other records about how the service is managed.

The practice is open from Monday to Saturday by appointment.

## Our key findings were:

- The practice appeared clean and well maintained.
- Staff knew how to deal with emergencies.
- Staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.
- There was a lack of sufficient equipment to manage medical emergencies.
- Some infection control procedures did not reflect published guidance.
- The practice had not established effective systems to help them manage risk.
- The practice had not established thorough staff recruitment procedures.
- There was a lack of effective processes to ensure all staff had received or updated key training.

- There was a lack of evidence of adequate immunity against vaccine preventable infectious diseases for a member of staff.
- There was a lack of evidence of safety checks of electrical equipment.
- There was a lack of effective systems and processes to ensure good governance.

Shortly after the inspection the practice sent us evidence demonstrating they had begun to take steps to make improvements. We will check improvements have been implemented, sustained and embedded when we carry out a follow-up inspection of the practice.

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.

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

- 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 the practice's system for managing significant events with a view to ensuring all staff have a good understanding of these, and to ensure a policy is available to provide guidance for staff.
- Review the practice's infection control procedures and protocols to take into account 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'.

# Summary of findings

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

We always ask the following five questions of services.

We asked the following question(s).

### Are services safe?

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

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff knew how to recognise the signs of abuse of children and vulnerable adults, and knew how to report concerns.

The premises and equipment appeared clean and properly maintained.

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. Patients described the treatment they received as being of a high standard.

The dentists discussed treatment with patients so they could give informed consent and documented this in their records.

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

The practice supported staff to complete 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 18 patients; they were positive about all aspects of the service the practice provided. They told us staff were professional, caring and respectful.

They said they were given helpful, detailed and clear explanations about dental treatment and said their dentist listened to them. Patients commented that staff made them feel at ease.

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

No action



### Are services responsive to people's needs?

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

No action



# Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if they were experiencing dental pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had arrangements to help patients with hearing loss and visual impairment.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

## 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 these actions in the Requirements Notice section at the end of this report).

Staff felt supported and appreciated.

The practice team kept complete patient dental care records which were clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

The provider had arrangements to ensure the smooth running of the service, though improvements were needed. In particular the provider had not identified and mitigated risks relating to:

- The lack of effective processes to ensure all staff had received or updated key training.
- The lack of effective recruitment procedures.
- The lack of evidence of adequate immunity against vaccine preventable infectious diseases for a dentist.
- The lack of effective systems to assess, review and mitigate risks.
- The lack of sufficient equipment used to manage medical emergencies.
- Some infection control procedures that were not in line with national guidance.
- The lack of evidence of safety checks of electrical equipment.

During the inspection the principal dentist showed a commitment to learning and improvement. Shortly after the inspection they were proactive at addressing some of the issues we identified.

## 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 children, young people and adults who were vulnerable due to their circumstances. There was a system to highlight vulnerable patients in their records.

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

We saw evidence that most staff received safeguarding training. There was no evidence any of the three dentists had completed safeguarding children training, and no evidence two of them had completed safeguarding adults training. Shortly after the inspection one of the dentists completed safeguarding children training. They later sent us evidence of historic safeguarding children and vulnerable adults training for another dentist.

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

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

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

The practice had a staff recruitment policy to help them employ suitable staff; this reflected the relevant legislation though the practice had not followed the policy. We checked four staff recruitment records and found the practice had not carried out appropriate checks for all staff. For example, there was no evidence of a Disclosure and Barring Service (DBS) check for the locum dentist employed directly by the practice. On a DBS check for another dentist there was no indication of the date on which the check had been completed. After the inspection the practice sent us evidence confirming the date of the

DBS check. There was no photographic identification or references for two of the dentists. The principal dentist told us they had received verbal recommendations from their dental colleagues as to the suitability of these dentists.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that the facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The practice told us they carried out regular checks of electrical equipment but they had no records of these checks.

Records showed that emergency lighting, fire detection and firefighting equipment were regularly checked.

The practice had arrangements to ensure the safety of the radiography equipment. They met current radiation regulations and had most current required information in their radiation protection file. They told us some historic data, relating to maintenance of X-ray equipment, had been misplaced by a management company.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

During the inspection there was no evidence any of the three dentists had completed continuing professional development (CPD) in respect of dental radiography. Shortly after the inspection the practice provided us with evidence a dentist had completed radiography training in 2017. Another dentist completed the training shortly after the inspection. The practice later sent us evidence of radiography training the third dentist undertook in 2017.

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety such as risk assessments for fire, legionella and health and safety, though these systems could be improved. The practice told us they had completed some actions as recommended in the assessment reports, though there was no indication of this as the actions had not been documented. They had not implemented other remedial actions as recommended.

# Are services safe?

The practice had not carried out suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had current employer's liability insurance.

We checked the practice's arrangements for safe dental care and treatment. The practice had completed a sharps risk assessment, though it needed to be more comprehensive to comply with the Sharps Regulations 2013.

The provider had a system in place to ensure most 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. This information was not available for the locum dentist. Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support.

The practice had emergency equipment and medicines, though several were not available as described in recognised guidance. For example, the practice did not have a medicine Glucagon, self-inflating bags for adults and children, well-fitting child-sized face masks for use with the self-inflating bag, portable suction, oropharyngeal airways in four recommended sizes, or paediatric pads for the Automated External Defibrillator.

During, and shortly after, the inspection the practice provided us with evidence they had ordered additional equipment and medicines, except for the oropharyngeal airways; they told us an order they placed for these was pending due to a shortage of these with the company they had ordered them from.

Staff kept records of their checks to make sure the medicines and equipment available were within their expiry date, and in working order. They could strengthen these checks by adding dates to indicate when the medicines were checked, and by documenting who had carried out the checks.

A trainee dental nurse worked with the dentists when they treated patients in line with the General Dental Council (GDC) Standards for the Dental Team.

The practice told us they occasionally used the services of a locum dentist. We noted that there was no record of an

induction to ensure that the locum dentist was familiar with the practice's procedures. Shortly after the inspection the principal dentist created an induction form for dentists including locums.

The practice had not carried out infection prevention and control audits every six months in line with national guidance; they had carried out infection control audits in October 2016 and December 2017, and had scheduled a third audit to be completed in December 2018. They had carried out other audits, such as for manual cleaning and cleaning of the premises, more regularly.

The practice did not have an infection control annual statement.

They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05), published by the Department of Health, when transporting, checking, sterilising and storing instruments. However, their procedures for cleaning dental instruments were not in line with HTM01-05. For example, we noted staff did not clean the instruments submerged in water, and they did not use a thermometer to monitor the temperature of the water.

The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

During the inspection the practice did not demonstrate that all three dentists had completed infection prevention and control training. Shortly after the inspection they provided us with evidence a dentist had completed this training in 2017. Another dentist completed this training shortly after the inspection.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The practice told us all recommendations had been actioned, though these actions had not been documented, and records of water testing and dental unit water line management were in place.

# Are services safe?

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

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

## **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 principal dentist how information to deliver safe care and treatment was handled and recorded. We checked a sample of dental care records to confirm our findings and noted dental care records were legible, stored securely and complied with data protection requirements.

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

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

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

## **Track record on safety**

The practice monitored and reviewed incidents to help staff understand risks.

The practice monitored and reviewed safety incidents. All incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future. This helped the practice understand risks that would lead to safety improvements.

## **Lessons learned and improvements**

The practice learned and made improvements when things went wrong.

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

The principal dentist demonstrated a clear understanding of significant events. The practice could strengthen these systems by ensuring they had a significant event policy available, and that other staff had a good understanding of significant events.

There was a system for receiving and acting on national safety alerts such as those relating to medicines and equipment.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

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

### Helping patients to live healthier lives

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

They had recently invited local nursery school children to attend the practice to learn about maintaining good oral hygiene, and to help familiarise them with the dental practice environment.

The principal dentist used fluoride varnish for children based on an assessment of the risk of tooth decay. They told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments.

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

The practice had a range of dental products available for sale.

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

The practice's consent policy included information about mental capacity. The principal dentist understood their responsibilities under the Mental Capacity Act 2005 when treating adults who may not be able to make informed decisions.

The practice had information available regarding the legal precedent by which a child under the age of 16 years of age can consent for themselves. The principal dentist was aware of the need to consider this when treating young people under 16 years of age.

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

### Monitoring care and treatment

The principal dentist audited patients' dental care records to check that the dentists recorded the necessary information.

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The records contained key information about the patients' care and treatment, though the practice could improve the quality of the records by ensuring details about local anaesthetic administered, oral health risk assessments, justification for recalls, and examination findings were consistently recorded.

### Effective staffing

Dental nurses new to the practice had a period of induction based on a structured induction programme.

We confirmed some clinical staff completed the continuing professional development (CPD) required for their registration with the General Dental Council, though the practice did not have evidence of the required CPD for all the dentists; they sent us some of this information shortly after the inspection.

Staff told us they discussed training needs at appraisals, and during meetings and informal discussions. We saw evidence of one completed appraisal for a trainee dental nurse.

### 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 principal dentist confirmed that they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Care and Health Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist.

The practice could strengthen arrangements for referrals by implementing a referrals log and tracker for all referrals made.

# Are services caring?

## Our findings

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

Staff treated patients with kindness, respect and compassion. They were aware of their responsibility to respect people's diversity and human rights.

Staff were friendly towards patients at the reception desk and over the telephone.

We received feedback from 18 patients. They commented positively that staff were professional, friendly, informative, polite, caring and respectful. Patients told us staff were kind made them feel relaxed, and that their children had received excellent care from the dentist.

Information leaflets were available for patients to read in the waiting area.

### **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 areas provided privacy when reception staff were dealing with patients. 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.

- Interpretation services were available for patients who did not speak or understand English.
- Practice staff were multi-lingual.
- Materials in larger print were available.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The principal dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The principal dentist described to us the methods they used to help patients understand treatment options discussed. These included photographs, models, information leaflets, and radiograph images.

# 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. They took account of patient needs and preferences.

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 completed a disability access audit with an action plan formulated to continually improve access for patients. They had made adjustments for patients with disabilities, and those who had hearing or visual impairments. These adjustments included step free access, a hearing loop, information in large print, a magnifying glass and accessible toilet with hand rails and a call bell.

Staff told us they contacted some older patients on the morning of their appointment to make sure they could get to the practice.

### Timely access to services

The practice displayed its opening times on their website and in their practice information leaflet. At the time of the inspection the website was still under construction.

The practice had an efficient appointment system to respond to patients' needs. Staff told us patients who requested an urgent appointment were usually seen the same day.

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

### Listening and learning from concerns and complaints

The practice 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. There was information for patients about how to make a complaint. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

The principal dentist was responsible for dealing with complaints. The principal dentist told us that they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so that patients received a quick response.

We checked a complaint the practice received in the last 12 months. This showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

We noted the practice had also received compliments from patients.

# Are services well-led?

## Our findings

### Leadership capacity and capability

Staff told us the principal dentist was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

All staff we spoke with appeared to be motivated and committed to their roles.

### Vision and strategy

There was a clear vision and set of values. There were protocols in the practice to manage behaviour and performance inconsistent with the vision and values.

### Culture

Staff told us they felt respected, supported and valued. The principal dentist was aware of, and had systems to ensure compliance with, the requirements of the Duty of Candour.

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

### Appropriate and accurate information

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

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

The practice used verbal comments to obtain patients' views about the service.

The practice gathered feedback from staff through appraisals, meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service.

### Continuous improvement and innovation

The practice had carried out audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans.

We noted a trainee dental nurse had received an appraisal where they discussed learning needs, general wellbeing and aims for future professional development.

The General Dental Council (GDC) requires clinical staff to complete continuing professional development. Staff told us they completed 'highly recommended' training as per the GDC's professional standards. This included (but was not limited to) undertaking medical emergencies and basic life support training annually. We checked staff records and confirmed some staff had completed some of the recommended training; there was no evidence of training relating to Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER), infection control, safeguarding children and adults, and medical emergencies for all three dentists. After the inspection the practice sent us confirmation of historic recommended training for one dentist, and another completed the training shortly after the inspection. The practice later sent us evidence of some historic recommended training undertaken by the third dentist.

The provider could make improvements by implementing an effective process for tracking and monitoring training undertaken and training needs. An appraisal for the other trainee dental nurse was in progress.

Trainee dental nurses and a dentist had completed other training such as for consent, mental capacity and Legionella

### Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They were also responsible for the day to day running of the service. There were clear responsibilities, roles and systems of accountability, and these were understood by all staff we spoke with.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. The practice could strengthen some of their policies by ensuring they were practice-specific. They needed to implement a significant event policy. We found not all staff demonstrated a good understanding of significant events.

They could also ensure all risk assessments were reflective of current practice, such as the practice risk assessment which we found contained inaccurate information.

## Are services well-led?

We found that not all staff had a clear understanding of national guidance and arrangements and protocols required to support good governance and management. This related to:

- The lack of effective processes to ensure all staff had received or updated key training.
- The lack of effective recruitment procedures.
- The lack of effective systems to assess, review and mitigate risks.
- The lack of assurance regarding adequate immunity of a dentist to vaccine-preventable diseases.
- The lack of availability of recommended medicines and equipment used to manage medical emergencies.

- Some infection control procedures were not in line with national guidance.
- The lack of evidence of safety checks of electrical equipment.

The provider had not assessed and mitigated risks relating to the above.

During the inspection the principal dentist showed a commitment to learning and improvement. Shortly after the inspection they were proactive at addressing some of the issues we identified.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>How the regulation was not being met</b></p> <p>The service provider had systems or processes in place that operated ineffectively, in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular the provider had not identified and mitigated risks relating to:</p> <ul style="list-style-type: none"><li>• The lack of effective processes to ensure all staff had received or updated key training.</li><li>• The lack of effective recruitment procedures.</li><li>• The lack of evidence of adequate immunity against vaccine preventable infectious diseases for a dentist.</li><li>• The lack of effective systems to assess, review and mitigate risks.</li><li>• The lack of sufficient equipment used to manage medical emergencies.</li><li>• The lack of evidence of safety checks of electrical equipment.</li></ul>

This section is primarily information for the provider

## Requirement notices

### Regulation 17 (1)