

Maxident Limited

Maxident - Linden Grove

Inspection Report

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Date of inspection visit: 27 November 2018

Date of publication: 10/01/2019

Overall summary

We carried out this announced inspection on 27 November 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Maxident – Linden Grove is in the London Borough of Southwark and provides NHS and private treatment to patients of all ages.

There is level access to the reception area, waiting area and surgery for people who use wheelchairs, and those with pushchairs.

The dental clinical team includes a principal dentist, two associate dentists, three qualified dental nurses (one of whom was on leave at the time of the inspection) and a

Summary of findings

trainee dental nurse. The clinical team is supported by a practice manager who also undertakes receptionist duties. The practice has three treatment rooms, one of which was not in use at the time of the inspection.

The practice is owned by an organisation, and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. At the time of the inspection the practice did not have a registered manager in post.

On the day of inspection, we obtained feedback from four patients.

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

The practice is open from 9am to 5.30pm Monday to Friday.

Our key findings were:

- The practice appeared clean.
- Staff knew their responsibilities for safeguarding adults and children.
- 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 had a complaints procedure in place.
- The practice had suitable information governance arrangements.
- The provider had medicines on site, though some recommended emergency equipment was not available. A senior member of staff was not able to demonstrate to us the use of emergency equipment.
- The provider had not established effective procedures for monitoring and managing stock and equipment.
- The practice's infection control procedures did not reflect current guidance in some areas.
- The practice had not established thorough procedures for staff recruitment, appraisal and training.

- Rubber dam was not consistently used for root canal treatments; this had not been risk assessed or suitably recorded.
- Effective processes had not been established for the use of radiography on the premises.
- The practice had ineffective systems to help them assess, monitor and manage risks relating to undertaking of the regulated activities. The practice did not demonstrate effective leadership at the time of this inspection, though they showed willingness to address the concerns we identified during the inspection.

We identified regulations the provider was not meeting. 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, and ensure specified information is available regarding each person employed.

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

- Review the practice's protocols for completion of dental care records considering guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the processes and systems in place for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.
- Review the availability of interpreter services for patients who cannot speak or understand English.
- Review staff awareness, and understanding of their responsibilities relating to, and external reporting and notification systems.

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 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 notice' 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.

The practice had infection control processes, though they did not always follow national guidance for cleaning and storing dental instruments.

The premises and equipment appeared clean and the majority of equipment was properly maintained, though some equipment had not been regularly serviced.

The practice had arrangements for dealing with medical and other emergencies; however, there were insufficient amounts of recommended equipment available, medicines and equipment were not monitored regularly, and a senior member of staff was not clear on how to use the oxygen cylinder.

The provider could make improvements by ensuring all staff had a clear understanding of regulations regarding amalgam use, external reporting and notification systems, and the Reporting of Injuries Diseases and Dangerous Occurrences (RIDDOR) Regulations. The provider could also improve processes for monitoring prescription pads and patient referrals.

The practice had not established effective processes for the use of radiography on the premises.

The practice had not established effective recruitment procedures.

Requirements notice



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, caring and professional.

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

The dentists discussed treatment with patients so they could give informed consent. We found the quality of dental care records, including recording of consent required improvement.

The practice supported staff to complete training relevant to their roles, though there was a lack of an effective system to help them monitor this as we found there was a lack of training for most staff.

No action



Summary of findings

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 four people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind and helpful, and commented that they 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.

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 ramp-free access to the reception, waiting and treatment areas for disabled patients and families with children. They had not completed a Disability Access Audit.

The practice had processes in place to help them respond to complaints.

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 Requirements Notice section at the end of this report).

There was a clearly defined management structure and staff we spoke with felt supported and appreciated.

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

We found the provider could make improvements by ensuring all staff had a clear understanding of requirements to support good governance and management.

The provider had not suitably assessed, monitored or mitigated risks relating to the lack of effective processes for the management of medicines, materials and equipment, safety alerts, infection control, suitable immunisation of staff, radiography, staff recruitment, appraisal and training, the lack of sharps, Legionella and suitable fire risk assessments, the inconsistent use of rubber dam and lack of recording of this.

Requirements notice



Are services safe?

Our findings

We found that this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices/ Enforcement Actions section at the end of this report).

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. 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.

We were provided with evidence of safeguarding children training for one dentist; it was not clear whether this training had been completed at the appropriate level.

There was a system to highlight vulnerable patients in their records e.g. people with a learning disability or a mental health condition, or who required other support such as with mobility or communication.

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

Senior staff were not aware of notifications they would need to make to the Care Quality Commission.

A dentist told us they used rubber dam when providing root canal treatment. Another dentist told us they did not use rubber dams; this was not in line with guidance from the British Endodontic Society. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway; this was not suitably documented in the dental care record, and risk assessments had not been completed.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. We checked

recruitment records for three members of staff employed since the provider began running the practice and found the practice's recruitment processes did not consistently reflect the relevant legislation. For example:

- There was no photographic identification for all three members of staff.
- The practice had not completed criminal background checks for any of the three staff members prior to them commencing employment at the practice. They showed us a historic Disclosure and Barring Service certificate dated 2013 for one member of staff who began working in the practice in 2018.

The practice had not followed its recruitment policy regarding seeking employment histories and written assurances as to the character of recently-employed staff.

We requested evidence of registration with the General Dental Council (GDC) for all clinical staff, but we were provided only with an out-of-date 2017 certificate for one dentist. We also requested evidence of professional indemnity cover for all dentists and dental nurses but were provided only with evidence of an indemnity certificate for one dentist, and an out-of-date January 2018 indemnity certificate for another.

The practice ensured that fire extinguishers and the oxygen cylinder was regularly inspected for safety. They had an electrical installation safety certificate but they had not carried out regular safety checks of portable electrical appliances.

Staff participated in fire evacuation drills. They told us they checked fire exits, emergency lighting and smoke detectors on a six-monthly basis, but that these checks were not logged.

A senior member of staff had completed a fire risk assessment, though there was no evidence they had received training in completing such an assessment. The provider could make improvements by ensuring a competent person carried out a fire risk assessment.

The practice was registered with the Health and Safety Executive regarding the use of radiography on the premises. However, they had not established other arrangements in accordance with legislation and guidance regarding the use of dental radiography. For example:

- Rectangular collimators were not used on radiography machines.

Are services safe?

- Radiograph audits were not undertaken annually.
- There was no evidence of radiography training for any member of staff.

Risks to patients

The practice had employer's liability insurance.

The practice's health and safety policies, procedures and risk assessments were up to date.

We checked the practice's arrangements for safe dental care and treatment. The practice had not assessed the risks associated with the use of sharp items. They did not use safer sharps techniques.

The provider confirmed that three out of six members of clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. They had checked the effectiveness of the vaccination for one member of staff. They told us results of blood tests to confirm the antibody levels for another member of staff were pending.

A senior member of staff we spoke with did not demonstrate an awareness of how to respond to a medical emergency using the oxygen cylinder.

We requested but were not provided with evidence of training in emergency resuscitation and basic life support for any member of staff.

Emergency equipment and medicines were available, though the practice did not have oropharyngeal airways in two sizes, buccal Midazolam, scissors and a razor for use with the Automated Electronic Defibrillator (AED), a spacer device, eyewash, a paediatric self-inflating bag, paediatric pads for use with the AED, or child and adult sized well-fitting face masks. The use-by dates of items in the first aid box had expired.

Staff told us they only checked the AED and oxygen six-monthly, to make sure these were in stock, within their expiry date, and in working order. Staff did not keep records of their checks of the equipment and medicines available.

Staff did not monitor the daily temperature of a fridge used to store a medicine Glucagon to ensure it did not deviate from the recommended range. They told us they would ensure this medicine was stored out of the fridge and the use-by date amended accordingly.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council's Standards for the Dental Team.

The provider had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

The provider had an infection prevention and control policy and an infection control annual statement in place.

There was evidence demonstrating that the majority of staff completed infection prevention and control (IPC) training immediately prior to the inspection. There was no evidence of historic IPC training.

The provider had suitable arrangements for transporting, checking, and sterilising instruments in line with guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. However, they could strengthen the process for manually cleaning and storing instruments by ensuring instruments were cleaned and rinsed submerged in water, by separating burs from handpieces prior to cleaning, by not using a metal brush to clean burs, and by ensuring cleaned instruments were pouched and stored appropriately. There was visible dust on a bur stand, visible residue on burs in a treatment room, and residue in drawers in a treatment room.

Records showed equipment used by staff to sterilise instruments were used in line with the manufacturers' guidance; however, staff carried out weekly validation tests of this equipment instead of daily as recommended.

The practice had not carried out a Legionella risk assessment. They had other procedures to reduce the possibility of Legionella or other bacteria developing in the water systems.

Staff showed us regularly completed IPC audits they used to check the quality of IPC processes in the practice. Recommendations from a June 2018 IPC audit carried out by NHS England had not been actioned within the specified timelines.

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.

Are services safe?

We saw cleaning schedules for the premises.

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

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

There was an inadequate stock control system of medicines and materials which were held on site. We found oropharyngeal airway equipment had use-by date of 2006, and the use-by dates on dental materials in a surgery had also passed.

The practice stored NHS prescriptions as described in current guidance. They could improve the monitoring of prescription pads by logging the serial numbers as described in current national guidance.

Track record on safety

The provider had an incident policy in place to provide guidance to staff on how to manage serious incidents. They told us they had not experienced any significant events or accidents in the last 12 months.

Lessons learned and improvements

The practice had an accident book staff could use to record accidents that happened on the premises.

Senior staff were not aware of systems that could be used for reporting safety incidents externally to the relevant organisations.

Staff told us they received national safety alerts via email and discussed them with the relevant staff members. They told us they did not keep records of the relevant alerts, so they were unable to show us any alerts they had received.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dental clinicians had systems to keep their selves up to date with current evidence-based practice.

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

Consent to care and treatment

The practice team understood the importance of obtaining patients' consent to treatment. The dentists told us 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 dentists understood their responsibilities under the Mental Capacity Act when treating adults who may not be able to make informed decisions. The policy also referred to the legal precedent known as Gillick competence) by which a child under the age of 16 years of age can consent for themselves. The dentists we spoke with were aware of the considerations needed regarding 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 practice kept dental care records containing information about the patients' current dental needs and historic treatment.

We discussed with the dentists 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 that dental care records were legible, stored securely and complied with data protection requirements.

We found the quality of record keeping could be improved by ensuring key information relating to patient care was consistently recorded.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff new to the practice had a period of induction.

The General Dental Council (GDC) requires clinical staff to complete continuing professional development. We confirmed that four members of staff had completed infection prevention and control training, and a dentist had completed training in safeguarding children. There was no other evidence of key training for any other member of staff.

Senior staff told us they had not completed appraisals for any staff. We did not see any completed appraisals in the staff folders.

Co-ordinating care and treatment

The dentists 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 had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

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 National Institute for health and Care Excellence in 2005 to help make sure patients were seen quickly by a specialist.

The practice could implement a referral tracker to effectively monitor all referrals they made. We found they had not followed up a rejected referral with the patient.

Are services caring?

Our findings

Kindness, respect and compassion

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

We received feedback from four patients who commented positively that staff were caring, helpful, and professional.

Staff treated patients in a friendly, respectful and familiar manner, and they were friendly towards patients at the reception desk and over the telephone.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. They told us that if a patient asked for more privacy they could take them into another room. The computer screens at the reception desk 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.

Involving people in decisions about care and treatment

Staff spoke a variety of languages. There were no interpretation services available for patients who did not speak or understand English.

The practice gave patients clear information to help them make informed choices. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, models, 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. It took account of patient needs and preferences.

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

Patients described satisfaction with the responsive service provided by the practice.

The practice had not completed a Disability Access Audit to determine how they could continually improve access for patients. They had wheelchair access to the reception, waiting and treatment areas of the practice.

Timely access to services

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

The practice displayed their opening hours on the premises and their website.

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

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. The practice also had information for patients explaining how to make a complaint.

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

The practice manager told us that they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if they not satisfied with the way the practice dealt with their concerns.

Staff told us the practice had not received any complaints in the last 12 months.

Are services well-led?

Our findings

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices/ Enforcement Actions section at the end of this report).

Leadership capacity and capability

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

Vision and strategy

There was a vision and set of values to provide a good standard of care for patients.

There were protocols in the practice to manage any behaviour and performance that was inconsistent with these values.

Culture

The practice had a culture of openness, transparency, and a team-oriented supportive working environment.

The principal dentist told us they valued the contributions made to the team by individual members of staff. Staff stated they felt respected, supported and valued.

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

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

Governance and management

The principal dentist had overall responsibility for the clinical leadership of the practice. The practice manager was responsible for the management and day to day running of the service.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff.

We found the provider could make improvements by ensuring all staff had a clear understanding of requirements to support good governance and management. In particular, this related to regulations regarding amalgam use, setting up and using the emergency equipment, external reporting and notification systems, and the Reporting of Injuries Diseases and Dangerous Occurrences (RIDDOR).

The provider had not suitably assessed, monitored or mitigated risks relating to the lack of effective processes for the management of medicines, materials and equipment, safety alerts, infection control, suitable immunisation of staff, radiography, staff recruitment, appraisal and training, the lack of sharps, Legionella and suitable fire risk assessments, the inconsistent use of rubber dam and lack of recording of this.

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 provider told us they encouraged patients to complete the NHS Friends and Family Test (FFT), but that they had received no response from patients. They told us they received feedback from patients via online portals.

The provider told us they gathered feedback from staff through meetings and informal discussions.

Continuous improvement and innovation

The practice had quality assurance processes. These included audits of hand hygiene and infection prevention and control. However, radiograph audits were not undertaken annually.

We discussed our findings with the principal dentist. They showed a commitment to addressing our concerns, and to learning and making the necessary improvements.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <p>The service provider had systems or processes in place that operated ineffectively, in that they failed to ensure there were sufficient quantities of equipment and medicines to ensure the safety of service users and to meet their needs, and they failed to ensure the proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• Some medicines and equipment used in the management of medical emergencies were not available in line with national guidance.• The availability and suitability of medicines and equipment was not monitored regularly, or not monitored at all in some cases.• Items in first aid box were past their use-by date.• The use-by dates of several dental materials had passed. <p>The service provider had systems or processes in place that operated ineffectively, in that they failed to ensure the equipment used for providing care or treatment to service users was safe for such use and used in a safe way. In particular:</p> <ul style="list-style-type: none">• There was no evidence of safety checks or servicing of the boiler.• There were no safety checks of electrical equipment. <p>The service provider had systems or processes in place that operated ineffectively, in that they failed to assess and mitigate the risks to the health and safety of service users receiving care or treatment. In particular:</p> <ul style="list-style-type: none">• Some infection control processes were ineffective.• A senior staff member was not able to operate the oxygen cylinder without guidance.

This section is primarily information for the provider

Requirement notices

- Staff did not use rectangular collimators on radiography equipment.
- The lack of effective systems for receiving and sharing national safety alerts, understanding of regulations relating to RIDDOR and amalgam use, and processes for monitoring of prescription pads and patient referrals.

Regulation 12(1)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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.

How the regulation was not being met

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. This related to:

- A lack of assurance regarding adequate immunity of clinical staff members to a vaccine-preventable disease.
- The lack of risk assessment by a competent person in relation to fire safety.
- The lack of sharps and Legionella risk assessments.
- Lack of effective systems for undertaking regular radiography audits, and a disability access audit.

Regulation 17 (1)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Requirement notices

Treatment of disease, disorder or injury

How the regulation was not being met

The service provider had failed to ensure that persons employed in the provision of the regulated activities 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 was a lack of evidence to demonstrate that staff had received appraisals.
- There was a lack of evidence to demonstrate that all staff had completed key training such as safeguarding children and adults, infection prevention and control, basic life support, and radiography.

Regulation 18 (2)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met

The registered person had not established or operated effective recruitment processes to ensure persons employed were of good character. They 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. They had not ensured persons employed were suitably registered with the relevant professional bodies. In particular:

- There was a lack of evidence to demonstrate they had carried out checks to assure themselves of the suitability of recently recruited staff. For example,

This section is primarily information for the provider

Requirement notices

employment histories, criminal background checks, photographic identification, and satisfactory evidence of conduct in previous employment were not available for some staff.

- There was a lack of evidence to demonstrate that all clinical staff were registered with the General Dental Council and had indemnity insurance in place.

Regulation 19 (1)(2)(3)(4)