

Aspire Dental Clinic Ltd

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Inspection Report

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Overall summary

We carried out this announced comprehensive inspection on 9 May 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

Aspire Dental Clinic Ltd is in Tufnell Park in the London Borough of Camden. The practice provides NHS and private treatment to patients of all ages.

There is no level access for people who use wheelchairs and those with pushchairs. There is restricted parking available near the practice.

The dental team includes three dentists, a practice manager, three qualified dental nurses (one of whom also undertakes receptionist duties), and a receptionist. The practice has two treatment rooms.

The practice is owned by an organisation and as a condition of registration must have a person registered

Summary of findings

with the CQC 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. The registered manager at the practice was the principal dentist.

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

During the inspection we spoke with the principal dentist, the practice manager, the dental hygienist, the dental nurses and the receptionist. We checked practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday –Thursday- 9am to 5pm
- Friday - 9am to 3pm
- Saturday - 8.30am to 5pm (dental hygienist) and 2pm to 5pm (Dentist, private only)

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- 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.
- Not all staff knew how to deal with emergencies requiring oxygen.

- The provider had life-saving medicines though some life-saving equipment was not available.
- Recruitment checks such as employment histories, photographic identification and Disclosure and Barring Service checks were in place.
- The practice had systems to help them assess risks, though these had not been appropriately acted on.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- There was a lack of effective systems and processes to ensure good governance.
- Some infection control procedures did not reflect current guidance.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure 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.

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

- Review the availability of interpreter services for patients who do not speak or understand English as a first language.
- 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, and the security of dental care records stored away from the practice.
- Review the practice's protocols for referral of patients and ensure all referrals are monitored suitably.
- Review the practice's policies to ensure they are up to date.

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 received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed recruitment checks.

Premises and equipment were clean and properly maintained.

The practice did not have suitable arrangements for dealing with medical and other emergencies.

Some infection control procedures were not in line with current guidance.

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 exemplary and reliable.

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 encouraged staff to complete training relevant to their roles.

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 five people. Patients were positive about the service the practice provided. They told us staff were caring, attentive and compassionate.

They said that they were given clear explanations about dental treatment and said their dentist listened to them.

We observed during the inspection that confidentiality could be improved.

Patients said staff treated them with dignity and respect.

No action



Summary of findings

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.

The practice had arrangements to help patients with hearing loss.

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

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service, though improvements were needed in areas.

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.

There was a clear management structure and staff felt supported and appreciated. We however found that some staff did not demonstrate a clear understanding of various responsibilities and practice procedures.

Risks from the lack of effective mechanisms to monitor and meet training needs, and the lack of completion of essential recruitment checks had not been identified or mitigated.

The practice team stored patient dental care records securely, though improvements were needed to ensure they contained the necessary information.

Requirements notice



Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

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. We saw evidence that staff received safeguarding training, though a member of clinical staff was yet to complete all modules of this training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients in their records.

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

The dentists did not use rubber dams when providing root canal treatment; 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; we found this was not suitably documented in the dental care records and risk assessments had not been completed.

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 and procedure to help them employ suitable staff; and also had the appropriate checks in place for agency and locum staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed that the practice followed their recruitment procedure in the majority, though there was no evidence they had sought two references in accordance with their policy.

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

The practice ensured the majority of facilities and equipment was safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

The practice had regularly tested firefighting equipment, though there were no records to demonstrate that smoke and carbon monoxide detectors were regularly checked to ensure they were in good working order.

The practice had arrangements to ensure the safety of the radiography equipment and had the majority of the required information in their radiation protection file. They could not demonstrate that a radiological risk assessment had been carried out. The provider could make improvements by ensuring warning signs were displayed outside every room where radiography equipment was in use.

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.

In the records we were provided with there was no evidence the dentists had completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety, though the provider could strengthen these. For example, they had carried out assessments for health and safety, fire safety and disability access but there was no evidence they had reviewed these or addressed identified risks.

The provider could make improvements to safety regarding the office door, which we observed swung uncontrolled into the narrow hallway and caused an obstruction. This had been highlighted in the practice's health and safety risk assessment. A waste bin had been inappropriately used to prop open the door leading into the practice; this could present an obstruction in case of the need to evacuate the building in an emergency.

A fire safety plan displayed in the waiting area was partially obscured by a check-in screen; it had not been updated with details of the designated meeting point in the event of a fire. There was no evidence to demonstrate the practice had carried out any fire evacuation drills.

Are services safe?

The practice's health and safety policies were up to date. They had 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 looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulations when using needles and other sharp dental items. They could make improvements by carrying out a safer sharps risk assessment and update this annually.

We checked records for all of the staff and found there was limited evidence they had received appropriate vaccinations (including the vaccination to protect them against the Hepatitis B virus), or that the effectiveness of their vaccination had been checked.

All staff, except one non-clinical member of staff, had received regularly updated training in managing medical emergencies, though those we spoke with did not know how to set up the oxygen for use.

The practice had available all medicines and the majority of emergency equipment as described in recognised guidance. They could make improvements by ensuring they had oropharyngeal airways, a paediatric ambulatory bag, a portable suction pump, and child-sized masks. They had oxygen cylinders available, though these were not fit for purpose as they had no facility to check the level of oxygen in the cylinders and had no pressure control valve or flow meter. There was no evidence the oxygen cylinder had been inspected annually by a competent person. The practice did not have compressed gas warning signage to alert emergency personnel in case of an emergency.

The provider could make improvements to the storage of medicines; we observed they were using a room temperature thermometer to monitor the temperature of the fridge used to store dental materials and a medicine Glucagon (used to treat diabetic patients with low blood sugar). The temperature of this fridge had not been logged in line with current guidance. We checked the temperature of the fridge during the inspection and found it fluctuated between 10C and 120 C, both of which fell outside of the 40C-80C recommended optimum range for storage of this medicine.

Staff kept records of their checks of the medicines to make sure these were available, within their expiry date, and in working order. The provider could make improvements by ensuring the oxygen cylinder and Automated External Defibrillator was also regularly checked.

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

The practice had an infection prevention and control policy and procedures and had arrangements for transporting, checking, sterilising and storing instruments.

Some procedures were not 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, in all areas. The practice's policy stated the temperature of water used to clean instruments should be measured with a thermometer; we found there was a thermometer available but staff we spoke with were not aware of this and it was not being used. The staff were required to rinse instruments under running water as there was no facility for them to undertake rinsing of instruments in line with current national guidance.

We found validation tests for the ultrasonic cleaner had not been carried out. The records showed other equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

We requested evidence of the practice's most recent infection control audits; they provided us with one audit carried out by NHS England in 2018 prior to the inspection. Staff we spoke with were not aware of the need to audit infection control processes in the practice every six months. The latest audit showed the practice was meeting the required standards.

All staff except a non-clinical staff member had completed infection prevention and control training and received updates as required.

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 disinfection of water lines, testing of

Are services safe?

the water temperatures and monitoring of the sentinel temperatures. The practice had carried out a Legionella risk assessment, though this had not been done by a competent person and had addressed a limited number of risks.

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

The practice had policies and procedures in place to ensure clinical waste was segregated. They could make improvements by ensuring waste storage at the rear of the property was secure to prevent tampering and unauthorised access. Further improvements could be made by replacing a broken pedal- waste bin in the toilet, and by ensuring waste bins in the treatment and decontamination rooms could be operated by foot.

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 that individual records were written and managed in a way that kept patients safe. The provider could make improvements to the completeness of some records by ensuring they documented information regarding the provision of oral hygiene advice, risk assessments regarding the non-use of rubber dam for root canal treatments, and explanations of treatment options discussed with patients.

We observed that dental care records were kept securely in the practice. The principal dentist told us that due to space restrictions in the practice they had stored archived patient records on their personal property away from the practice.

Safe and appropriate use of medicines

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

There was a stock control system of medicines held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. However, we found expired syringes in the medical emergencies kit; the provider was not aware of these but replaced them immediately.

The practice stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety

The practice had systems in place to monitor safety.

There were systems in place for reviewing and investigating when things went wrong, such as an incident policy, incident recording book, and an accident book. The provider could strengthen arrangements by implementing an effective process for sharing incidents to reduce risk and support future learning in line with the framework. Some staff did not demonstrate a clear understanding of significant events and serious incidents and were not aware of a recorded incident that occurred shortly before the inspection.

Lessons learned and improvements

The practice told us they learned and made improvements when things went wrong informally through regular verbal discussions.

The provider could make improvements to ensure staff had a good awareness of 'never events', and to ensure there was a written protocol in place to prevent wrong tooth extraction.

There was no system in place for receiving, sharing and acting on safety alerts, and staff were not aware of any recently circulated alerts. During the inspection the provider signed up to receive safety alerts about medicines and equipment that may be relevant to their practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentist and hygienist made their own arrangements to enable them to keep 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 told us that they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish on all children aged above six years.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale.

We spoke with the clinicians who described procedures they used to improve the outcome of periodontal treatment. This involved preventative advice and taking plaque and gum bleeding scores and charts of the patient's gum conditions. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

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 dentists 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 we spoke with 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 team 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 by

which a child under the age of 16 years of age can consent for themselves; The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers 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, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff new to the practice had a period of induction based on a structured induction programme. We confirmed that clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us that they discussed training needs at one-to-one meetings. We saw evidence the provider had completed an appraisal for a member of staff. The practice manager used a training record to monitor the training requirements of staff.

Co-ordinating care and treatment

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

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. Patient referrals to other service providers contained information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

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

Are services effective?

(for example, treatment is effective)

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

The provider told us they monitored all referrals to make sure they were dealt with promptly. They could strengthen arrangements by implementing an effective system for tracking and monitoring referrals made.

Are services caring?

Our findings

Kindness, respect and compassion

During the inspection we observed staff treating patients with kindness, respect and compassion at the reception desk and over the telephone. They were aware of their responsibility to respect people's diversity and human rights.

We received feedback from five patients; they commented positively that staff were caring, helpful and friendly and described the service as exemplary and reliable.

Patients could choose whether they saw a male or female dentist.

Information was available for patients to read in the waiting area.

Privacy and dignity

Staff we spoke with demonstrated an awareness of the need to respect and promote patients' privacy and dignity. However, throughout the inspection we observed treatment room doors had been left open, and we were able to overhear conversations taking place in those rooms. We raised this with staff who told us some patients had requested the doors be left open.

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 and signs were available informing patients of this. 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 could improve the storage of paper records; we observed paper records stored in a shed in the back garden had not been protected from the elements due to a large gap between the top of the shed door and its frame.

Involving people in decisions about care and treatment

We saw evidence that staff helped patients be involved in decisions about their care, though the provider could make improvements. Staff told us they did not have access to interpretation services for patients who did not speak or understand English. There were no notices in the waiting areas informing patients this service was available. They told us they relied on patients to attend with a family member or friend who could translate for them; we raised concerns with the provider that they could not verify the accuracy of information translated in this manner.

Patients we spoke with confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The clinicians we spoke with described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's leaflet informed patients about a range of treatments available to them.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included visual aids, computer screens used to display radiograph images, information leaflets and models.

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 we spoke with described high levels of satisfaction with the responsive service provided by the practice.

The practice had some arrangements to support patients with enhanced needs; for example, before the inspection the practice purchased a hearing loop for patients with hearing difficulties. The practice had carried out a disability access audit; an action plan had been arranged though there was limited evidence recommended actions had been reviewed or addressed in order to continually improve access for patients.

Timely access to services

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

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment could be seen the same day. Patients we spoke with told us they had enough time during their appointment and did not feel rushed.

A sign at the practice's entrance provided contact details for patients needing emergency dental treatment during the working day and when the practice was not open. Patients we spoke with confirmed that they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

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 made information available for patients in the waiting area explaining how to make a complaint. Information was also available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so that patients received a quick response. The practice manager told us that they aimed to settle complaints in-house and encouraged patients to speak with them to discuss these.

We checked a complaint the practice received in the last 12 months. We noted that the practice responded to the concern appropriately. They told us they discussed outcomes of complaints with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The practice manager had recently joined the practice. It was evident to us they had made efforts to implement improvements in the practice, such as the introduction of management procedures and an uplift to the décor of the practice. They appeared to be motivated and committed to their role.

Staff told us the practice manager and principal dentist 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 clear vision and set of values. There were protocols in the practice to manage behaviour and performance inconsistent with the vision and values.

The practice needed to amend and submit to the Commission their statement of purpose to accurately reflect services available in the practice. For example, it stated the practice had dentists covering all dental specialisms but we found this was not the case; the practice manager told us this was the practice's vision for the future.

Culture

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 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, and 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. The provider could

make improvements by ensuring policies were reviewed and updated on a regular basis, as some policies we checked contained information that was not reflective of current practice.

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 'never events', significant events, infection control requirements, setting up and using the oxygen cylinder in an emergency, protecting patient confidentiality, and appropriate storage of records.

The provider had not assessed and mitigated risks relating to the health, safety and welfare of service users and others who may be at risk.

Appropriate and accurate information

The practice had information governance arrangements in place.

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). The FFT is a national programme to allow patients to provide feedback on NHS services they have used.

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

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and radiographs. They had clear records of the results of these audits and the resulting action plans.

There were limited arrangements in place for monitoring performance in line with appraisals. We checked and found there was a completed appraisal for only one member of staff in the staff records.

The General Dental Council (GDC) requires clinical staff to complete continuing professional development. Staff told

Are services well-led?

us they completed 'highly recommended' training as per the GDC's professional standards. This included (but was not limited to) undertaking basic life support training annually.

We checked staff records and found although the majority of the staff had completed the recommended training, there was no evidence safeguarding children and

vulnerable adults training had been completed by member of clinical staff, and there was no evidence the dentists had completed training in accordance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

Staff had completed other training such as for communication, consent, equality and diversity, handling complaints, information governance, legal and ethical issues, Legionella awareness, oral cancer and mental capacity.

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>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 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">• The lack of assessment of Legionella risks by a competent person.• The lack of suitable recruitment processes.• The lack of use of rubber dam for root canal treatments.• The lack of sufficient equipment used to manage medical emergencies, and the lack of proper management of emergency medicines and equipment.• The lack of identification and disposal of out-of-date stock.• The lack of effective processes for receiving, sharing and acting on safety alerts.• The lack of effective processes for monitoring and addressing known, and other, risks.• The lack of evidence of adequate immunity for vaccine preventable infectious diseases.

This section is primarily information for the provider

Requirement notices

- Infection control processes that were not in line with national guidance.

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, this related to:

- The lack of proper storage for clinical waste and paper records in the back garden.

Regulation 17 (1)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Requirements in relation to staffing.

How the regulation was not being met

The service provider had failed to ensure that persons employed in the provision of 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:

- Continuing professional development records were not available for some clinical staff to show they had completed and updated key training.

Regulation 18 (2)