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# Parkside Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 26 April 2019 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**

Parkside Dental Practice is in West Wickham, in South East London within the London Borough of Bromley. The practice provides private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the front of the premises.

The dental team includes two dentists, two dental nurses, a receptionist/administrator, and a dental hygienist. The practice has two 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 the inspection, we collected 48 CQC comment cards filled in by patients.

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

The practice is open at the following times:

Monday – Friday: 9am – 5.30pm

Saturdays: by arrangement

## Our key findings were:

- The practice appeared clean.
- The clinical staff provided patients' dental 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.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had infection control procedures. Some dental instruments had not been stored appropriately.
- Staff knew how to deal with medical emergencies. Medicines and life-saving equipment were on the premises, though some were not available, some had been kept past their use-by date, and some were not in line with national guidance.
- The practice had not established effective systems to help them manage risk to patients and staff.
- The provider did not demonstrate that all staff had completed and were up to date with key training such as safeguarding vulnerable adults and children, infection prevention and control, basic life support and fire safety.

- The provider did not have staff recruitment procedures that were in line with current national guidance and legislation.
- Most clinical staff had been immunised, but the provider had not sought assurances that a member of clinical staff had received vaccinations and achieved suitable immunity against Hepatitis B.
- The provider had audited some non-clinical and clinical processes. Improvements were required to have in place an effective system for carrying out regular audits of dental radiography for all relevant dental clinicians, and to ensure they fully completed a Disability Access audit, and a suitable sharps risk assessment.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

## Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the provider's protocols for referral of patients and ensure all referrals are monitored suitably.
- Review the practice's arrangements in place for environmental cleaning, specifically for bodily fluids.
- Review the fire risk assessment to ensure all identified risks are monitored and mitigated and all actions are completed promptly.

# 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. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low. We have told the provider to take action (see full details of this action in the Requirement Notices 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 provider used learning from incidents and complaints to help them improve.

The premises and equipment were clean.

There was a lack of process for receiving, sharing and acting on national safety alerts relating to equipment and medicines.

There was a lack of evidence of maintenance of equipment related to air conditioning, gas and electrical safety.

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

The provider had not completed essential recruitment checks for some staff members.

The provider followed national guidance for cleaning, sterilising dental instruments. Some instruments had not been pouched appropriately after they had been cleaned.

The provider had arrangements for dealing with medical and other emergencies. They lacked some equipment and a recommended medicine. They told us they ordered most of these items shortly after the inspection. The provider had not stored some medicines in line with national guidance.

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 professional, gentle and caring.

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

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

No action 

# Summary of findings

The practice had arrangements when patients needed to be referred to other dental or health care professionals. Improvements could be made by implementing an effective way to monitor all outgoing referrals.

There was a lack of evidence of key training for some staff, and there was no evidence to demonstrate that some training had been suitably updated.

## 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 48 people. Patients were positive about all aspects of the service the practice provided. They told us staff were calming, considerate, professional and kind. They said staff treated them with dignity and respect.

Patients commented that staff made them feel at ease when they were anxious about visiting the dentist. Patients with children told us they had been impressed with the level of care and patience demonstrated by the dental clinicians.

Patients described the service as being exceptional, welcoming and fantastic. They said they were given clear and detailed information about their dental care and told us their dental clinician listened to them.

Staff protected patients' privacy and were aware of the importance of confidentiality.

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 took account of patients' needs. Patients could get an appointment quickly if they were experiencing dental pain.

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

Staff considered patients' different needs. This included providing step-free access for wheelchair users and people with children. The provider had begun but not yet fully completed a Disability Access audit.

No action



## Are services well-led?

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

Staff felt supported and appreciated. The provider asked for and listened to the views of patients and staff. They prioritised open and inclusive leadership. They demonstrated a good understanding of the Duty of Candour.

Requirements notice



## Summary of findings

The provider had carried out one audit of radiographs taken by one dentist. They could strengthen arrangements to ensure they included all dentists in the radiography audits, and that they carried out the audits at regular intervals to continuously learn and improve.

The provider had not suitably assessed, monitored and mitigated risks.

The provider had not established effective systems to help them monitor staff training.

They had not established an effective system to assure themselves that a member of clinical staff had received appropriate vaccinations and that the effectiveness of the vaccination was checked.

There was a lack of evidence to demonstrate that some clinical staff had current registration with the General Dental Council (GDC) and that they had up to date professional indemnity cover.

# Are services safe?

## Our findings

### **Safety systems and processes, including staff recruitment, equipment and 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, including notification to the Care Quality Commission (CQC).

The practice had a system to highlight vulnerable patients on records e.g. adults and children where there were safeguarding concerns, people with enhanced learning needs, or those who required other support such as with mobility or communication.

The provider did not demonstrate that some staff had completed safeguarding children and vulnerable adults training. The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

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

The provider did not have a recruitment policy to help them employ suitable staff. Shortly after the inspection they sent us a recruitment policy they told us they would be implementing.

We checked the provider's recruitment process for all employed staff and found it did not reflect the relevant legislation. There was no employment history available for a member of staff. The provider had not sought assurances regarding the suitable conduct of staff in their previous employment. There was no photographic identification available for another member of staff. The provider had not undertaken a criminal background check for two members of staff at the time of the commencement of their employment with the provider, or since.

The provider had initiated a criminal background check for two other members of staff one year, and two years and

four months, respectively after they commenced work at the practice. They were in the process of completing a background check for a third member of staff. The provider had not assessed the related risks of employing staff without the appropriate background checks.

There were no records to show that provider had serviced an air-conditioning unit or the boiler. The provider was not able to give us any assurances as to when they were last serviced.

The provider had not arranged for an electrical installation safety check or portable appliance testing. The provider was not able to give us any assurances as to whether the check and testing had ever been completed.

Records showed that fire detection equipment, such as smoke detectors were regularly tested. Firefighting equipment such as fire extinguishers were regularly serviced.

The provider had completed a fire risk assessment on the day prior to the inspection; they told us they were awaiting the risk assessment report.

The practice had arrangements to ensure the safety of the radiography equipment.

We saw evidence that the dentists justified and reported on the radiographs they took. The practice had carried out a radiography audit for one dentist to check the quality of radiographs they took. There was no evidence to demonstrate that an audit of radiographs taken by the other dentist had been undertaken, or that a cycle of regular audits was in place.

The provider had not followed legislation by registering with the Health and Safety Executive in respect of the use of radiography on the premises. They completed this registration shortly after the inspection.

### **Risks to patients**

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

The practice's health and safety policies, procedures and risk assessments had recently been reviewed.

The practice had employer's liability insurance.

Emergency equipment and medicines were available, though some had been kept beyond their use-by dates and had not been replaced. These included oropharyngeal

# Are services safe?

airways, single-use syringes and cannulas. The provider did not have eyewash or ambulatory bags available; shortly after the inspection they sent us an invoice to demonstrate they had ordered the airways and ambulatory bags.

The provider did not demonstrate that some staff had completed training in basic life support.

Midazolam (a medicine used in the treatment of epilepsy) was not the type that could be applied oromucosally; this formulation of the medicine is absorbed more quickly than injectable Midazolam the provider had available.

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

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. They had, however, not carried out an assessment regarding the use of sharps instruments on the premises.

The practice had an infection prevention and control policy and procedures. They referred to guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care.

The practice had suitable arrangements for transporting, cleaning, checking and sterilising instruments in line with HTM 01-05. They could strengthen arrangements for storing instruments, as some instruments had not been pouched appropriately after they had been cleaned. Some pouches containing instruments were not appropriately sealed, and others had not been dated consistently to clearly indicate when they had been pouched and by which date they should be used.

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

The practice had systems in place to ensure that dental work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

The practice appeared visibly clean when we inspected it. There were cleaning schedules in place.

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

The practice carried out infection prevention and control audits twice a year.

## **Information to deliver safe care and 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 individual records were written and managed in a way that kept patients safe. Dental care records we saw were legible, kept securely, and complied with General Data Protection Regulation requirements.

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**

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

The provider had not established a suitable stock control system of medicines, materials and equipment held on site to ensure that medicines did not pass their expiry date and that enough medicines were available. The provider kept records of checks of emergency medicines, but we found several items in the medical emergency box, and materials in a treatment room, had passed their use-by dates.

Antibiotics had not been stored securely; the provider took remedial action shortly after the inspection to ensure the antibiotics would be stored in a locked cupboard.

Glucagon (a medicine used in the treatment of hypoglycaemia in diabetic patients) was stored in the fridge but the provider had not carried out checks of the fridge temperature to ensure it was being stored at the appropriate temperature.

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

## Are services safe?

The provider documented, investigated and reviewed incidents. They discussed incidents with the rest of the dental practice team to prevent such occurrences happening again in the future.

The provider had not established an effective system for receiving and acting on safety alerts to help them learn from external safety events relating to equipment and medicine safety.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The dental practitioners kept up to date with current evidence-based clinical practice. They assessed patients' needs and delivered dental 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.

The dentists prescribed high concentration fluoride toothpaste and fluoride varnish if a patient's risk of tooth decay indicated this would help them.

The dental clinicians, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

A dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice; they could also be referred to a specialist if needed.

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

The practice had a consent policy that 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. They also had a policy regarding Gillick

competence, by which a child under the age of 16 years of age may give 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 they had enough time to explain treatment options clearly.

### Monitoring care and treatment

The practice kept detailed 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.

### Effective staffing

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

Staff discussed their development needs during informal discussions, clinical supervision and appraisals. We saw evidence of completed appraisals in the staff folders. One appraisal was still in progress at the time of the inspection.

We found some staff had completed modules of safeguarding training, fire safety, medical emergencies, infection control and radiography. However, there was no evidence to show that safeguarding children training and safeguarding vulnerable adults training undertaken by a member of staff in 2013 and 2015 respectively had been updated since.

There was a lack of evidence of safeguarding children and vulnerable adults training for another two members of staff.

There was a lack of evidence to show all relevant staff had completed key modules of infection control training.

Five members of staff had not completed fire safety training.

There was a lack of evidence of basic life support training for two members of staff.

### Co-ordinating care and treatment

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

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

# Are services effective?

(for example, treatment is effective)

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

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

The practice could strengthen arrangements for monitoring all outgoing referrals such as by implementing a referral tracker.

# 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. They treated patients with kindness and respect, and were friendly towards patients at the reception desk and over the telephone.

We received feedback from 48 patients. They commented positively that staff were calming, considerate, professional, kind and understanding. They said staff treated them with dignity and respect.

Patients commented that staff made them feel at ease when they were anxious about visiting the dentist. Patients with children told us they had been impressed with the level of care and patience demonstrated by the dental clinicians.

Patients described the service as being accommodating, exceptional, welcoming and fantastic. They said they were given clear and detailed information about their dental care and told us their dental clinician listened to them.

Information leaflets were available for patients to read.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. If a patient asked for more privacy, staff told

us they would 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. They stored paper records securely.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and were aware of the

Equality Act. The provider told us that although they had never needed to in the past, they could arrange interpretation services for patients who did not speak or understand English as a first language. Staff communicated with patients in a way that they could understand.

Patients confirmed that staff listened to them and discussed options for treatment with them.

The practice provided patients with information about the range of treatments available at the practice. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. The provider gave patients clear information to help them make informed choices about their treatment.

The dental clinicians used photographs, models, videos, radiograph images to help patients better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

The provider organised and delivered services to meet patients' 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. They told us the practice had been accommodating with their needs.

The practice had a ramp available for wheelchair users and people with children. They had initiated a Disability Access audit but had not completed it.

### **Timely access to services**

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

The provider displayed their opening hours in the premises, and included it on their website.

The provider had an appointment system to respond to patients' needs. They told us patients who requested an urgent appointment were seen the same day. Patients told us the dental clinicians gave them enough time during their appointment and did not feel rushed.

The practice provided telephone numbers at the practice's entrance and on their answer phone for patients needing emergency dental treatment during the working day and when the practice was not open.

### **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 policy providing guidance to staff on how to handle a complaint. There was also information available to patients about how to make a complaint; the provider could strengthen arrangements by ensuring the policy is clearly displayed for patients.

The dentists were responsible for dealing with complaints. Staff told us they aimed to settle complaints in-house. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

We checked comments, compliments and complaints the practice received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The principal dentist worked closely with the staff and prioritised compassionate and inclusive leadership.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They also undertook responsibility for the day-to-day running of the service.

### Culture

The practice had an open, inclusive culture. They had processes in place to manage behaviour that was not in line with their culture and values.

Staff stated they felt respected, supported and valued. They appeared proud to work in the practice. Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that any concerns would be addressed.

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

### Governance and management

The provider had not established clear and effective processes for assessing, monitoring and managing risks, issues and performance. In particular they had not managed risks which affected the safety of the practice. Furthermore:

- They had not implemented effective systems to monitor staff training.
- They had not carried out an assessment regarding the use of sharps instruments on the premises.
- They had not established an effective system to assure themselves that all clinical staff had received appropriate vaccinations and that the effectiveness of the vaccination was checked. There was a lack of evidence of vaccination and suitable immunity against Hepatitis B for a member of clinical staff.

- Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. However, the provider did not have available the GDC registration certificate for a member of staff. They had not obtained up-to-date certificates for two staff members whose certificates had expired. The provider ensured that an up to date registration certificate was in place for one of these staff members shortly after the inspection.
- There was a lack of clarity over the indemnity arrangements for a member of staff who did not have any indemnity insurance in place. There was no evidence of an indemnity insurance certificate for a member of staff. The provider had not obtained assurance that indemnity cover for two members of staff had been updated.
- Staff were not clear whether a spillage kit for bodily fluids was available; we requested this but they were not able to find it.

### Appropriate and accurate information

The provider 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 provider used verbal comments to obtain views from patients about the service. They sought feedback from staff through meetings and informal discussions.

### Continuous improvement and innovation

The practice had some quality assurance processes in place including an audit of radiographs taken by a dentist, and audits of infection prevention and control. They had clear records of the results of these audits and the resulting action plans. They could strengthen arrangements to ensure they included both dentists in the radiography audits, and that they carried out the audits at regular intervals to continuously learn and improve.

## 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><b>How the regulation was breached</b></p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• The registered person had not established an effective system for receiving, acting on and sharing national safety alerts.</li><li>• The registered person had not ensured that dental materials, medicines and emergency equipment were suitably maintained. Some dental materials and emergency equipment had been kept beyond their use-by dates.</li><li>• The registered person had not ensured that eyewash was available. They had not ensured that a medicine used in the treatment of epilepsy was of the recommended type.</li><li>• The registered person had not ensured that the premises and some equipment was suitably maintained. An air conditioning unit had not been regularly serviced. The safety of the electrical installation, portable appliances and boiler unit had not been checked periodically.</li></ul> <p><b>Regulation 12 (1)</b></p>
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>

## Requirement notices

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 breached

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- The registered person had not established an effective system to assure themselves that all clinical staff had received appropriate vaccinations and that the effectiveness of the vaccination was checked. There was a lack of evidence of vaccination and suitable immunity against Hepatitis B for a member of clinical staff.
- They had not identified or mitigated risks relating to dental instruments that had not been pouched appropriately.

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:

- The registered person had not implemented a cycle of regular radiography audits, and they had not completed their Disability Access Audit or a suitable assessment regarding the use of sharps instruments.

### 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

### How the regulation was breached

## Requirement notices

The registered person had failed to ensure that persons employed in the provision of a regulated activity received training as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- There was no evidence to show that safeguarding children training and safeguarding vulnerable adults training undertaken by a member of staff in 2013 and 2015 respectively had been updated since.
- There was a lack of evidence of safeguarding children and vulnerable adults training for another two members of staff.
- There was a lack of evidence to show all relevant staff had complete key modules of infection control training.
- Five members of staff had not completed fire safety training.
- There was a lack of evidence of basic life support training for two members of staff.

### 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 breached

The registered person had failed to establish and operate effective recruitment procedures, and they had failed to check that staff had appropriate and current registration with a professional regulator. In particular:

- The registered person had failed to obtain evidence of up to date indemnity insurance for two members of staff, and there was no evidence of indemnity insurance available for another member of staff.



## Requirement notices

- The registered person did not have available evidence of registration with the General Dental Council (GDC) for a member of staff, and they had failed to obtain an up to date GDC registration certificate for another member of staff.

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

- There was no photographic identification available for a member of staff.
- There was no employment history available for a member of staff.
- The registered person had not undertaken criminal background checks for two members of staff.
- The registered provider had not sought evidence of satisfactory conduct of staff in their previous employment.

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