

Simply Smiles Manchester Ltd

Simply Smiles Manchester Limited

Inspection Report

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Overall summary

We carried out this announced inspection on 12 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 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

Simply Smiles Manchester Limited is in Salford and provides NHS and private treatment to adults and children. They provide inhalation sedation to adults and children.

Summary of findings

There are some steps to access the premises. A portable ramp is available for wheelchair users. Car parking spaces are available near the practice.

The dental team includes one dentist, two trainee dental nurses, two dental hygiene therapists and a practice manager. The practice has one treatment room.

The practice is owned by a company 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. The registered manager at Simply Smiles Manchester Limited is the principal dentist.

On the day of inspection, we collected 16 CQC comment cards filled in by patients.

During the inspection we spoke with the dentist, a locum dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 10am to 1:30pm

Tuesday from 2pm to 6pm

Wednesday from 9:30am to 1pm

Thursday from 5pm to 8pm (dental hygiene therapist only)

Friday from 9:20 to 1pm (dental hygiene therapist only)

Sunday from 9am to 12pm

Our key findings were:

- The practice appeared clean and well maintained.
- Improvements could be made to the infection control process.
- There was limited evidence that all staff had completed medical emergency training. Not all medical emergency equipment and medicines were available.
- Systems and processes to help reduce the risk to patients and staff could be improved.

- The practice some had safeguarding processes in place. Staff had not completed level two safeguarding training.
- Improvements could be made to the recruitment process.
- The clinical staff provided patients' care and treatment in line with current guidelines. Documentary evidence of the consent process could be improved.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The provider was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice asked staff and patients for feedback about the services they provided.
- The provider had a complaints procedure available.
- The provider had suitable information governance arrangements.

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 regulation/s the provider was/is not meeting are at the end of this report.

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

- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.

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 Notices section at the end of this report).

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

Staff had an awareness of the signs and symptoms of abuse and neglect. The practice had a safeguarding children policy. There was no safeguarding vulnerable adult policy. There was no evidence that staff had completed level two safeguarding training.

A recruitment policy existed. There was limited evidence that this policy was being followed when recruiting members of staff.

Premises and equipment were clean and properly maintained. Improvements were required to the infection control process including the process for evidencing successful completion of sterilisation cycles.

The provider was unable to demonstrate that all staff had completed medical emergency training relevant to their role. The medical emergency equipment did not reflect nationally recognised guidance and there were no supplemental doses of adrenaline.

Improvements were required to the processes for managing risk to patients and staff. Staff had not completed fire awareness training and no fire drills had been carried out. Clinical waste was not stored securely. Medical oxygen and nitrous oxide cylinders were stored in an unlocked cabinet outside the practice. The system to receive patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) was not effective.

NHS prescription pads were not stored securely and there was not an effective stock control system in place for antibiotics held on site.

Requirements notice



Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, gentle and fantastic. We were told that the dentist discussed treatment with patients, so they could give informed consent. There was limited evidence within the dental care records of these discussions. Radiographs were not justified or graded.

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

No action



Summary of findings

The system to ensure staff were up to date with required training was not effective.

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 16 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, accommodating and polite.

They said that they were given excellent advice about dental treatments, and said the dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that 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 in pain.

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

The practice took patients views seriously. A complaints procedure and policy were available in the waiting room. No complaints had been received in the previous 12 months.

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).

The practice had some policies and procedures available. There was no policy available relating to the safeguarding of vulnerable adults. The local rules had not been updated to reflect current regulation.

Improvements could be made to the systems and processes to help reduce risk associated with the carrying out of the regulated activities. These include the risks associated with the use of sharp instruments, Control of Substances Hazardous to Health (COSHH) and ensuring staff had immunity to the Hepatitis B virus. Staff were not fully aware of when a child is able to consent to dental treatment.

The practice team kept complete patient dental care records which were stored securely. Improvements could be made to the quality of the record keeping especially with regards to the documentation of the consent process.

Requirements notice



Summary of findings

Audit was not well embedded within the culture of the service. An X-ray audit had not been completed and the infection prevention and control audit had not identified the issues we found on the day of inspection.

Are services safe?

Our findings

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had a safeguarding children policy to provide staff with information about identifying, reporting and dealing with suspected abuse. The practice did not have a safeguarding adult policy.

On the day of inspection, we saw evidence that the dentist and practice manager had completed safeguarding training. It was not clear what level this training was. There was no evidence any other staff had completed safeguarding training.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentist did not routinely use rubber dams when providing root canal treatment as they very rarely did root canal treatment. When it was performed other methods were used to protect the airway.

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

The practice had a recruitment policy to help them employ suitable staff. This reflected the relevant legislation. There was limited evidence available to demonstrate the recruitment process was being followed. For example, there were no Disclosure and Barring Service (DBS) checks for the dental nurses and there was no photographic identification or references for any employed staff. In addition, there was no evidence of a process in place to ensure that agency staff had been subject to a DBS check or had the appropriate skills and qualifications. We were later sent evidence of a DBS check for one of the dental hygiene therapists.

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

A fire risk assessment had been completed. We saw evidence that the smoke alarms were checked on a weekly basis. Fire drills were not carried out and staff had not completed any fire awareness training. In addition, there was no evidence of fixed wire testing having been carried out.

We saw evidence that the X-ray machine had been tested and serviced according to current regulation. The dentist did not justify or grade radiographs. We did see evidence that radiographs were reported. Radiograph audits were not carried out.

Clinical staff 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.

The practice had a health and safety policy to help manage potential risk. The practice had current employer's liability insurance.

A sharps risk assessment had been carried out. This only covered the risks associated with the use of needles. It did not include the risks associated with other sharp instruments such as matrix bands.

The system to ensure staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus was not effective. We asked to see evidence of immunity to the Hepatitis B virus. They were unable to show us any evidence of this. We were given verbal assurance that all staff had been immunised. We were later sent evidence of immunity for the dentist and one of the dental hygiene therapists.

We asked to see evidence of medical emergency training. We saw evidence that the dentist and practice manager had completed training in emergency resuscitation and basic life support (BLS) every year. We asked if the staff providing inhalation sedation had completed Immediate Life Support (ILS) training. They advised us that they had not completed this training. There was no evidence of medical emergency training for the dental nurses or one of the dental hygiene therapists.

Are services safe?

The contents of the medical emergency kit did not reflect recognised guidance. The missing items were the portable suction device, oro-pharyngeal airways, adult and child self-inflating bags and a child sized oxygen mask. There were also no supplemental doses of adrenaline.

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

The provider had material safety data sheets for substances used within the practice. There were no risk assessments for individual substances. We noted that the medical oxygen and nitrous oxide cylinders were stored in an unlocked cabinet external to the practice. The risks associated with this had not been addressed.

The practice had an infection prevention and control policy and procedures. This reflected guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between the treatment room and the decontamination room which minimised the risk of the spread of infection. On the day of inspection, we noted that there was a nail brush in the sink used for manually scrubbing instruments. There was a long handled scrubbing brush, but this was worn and had not been replaced. In addition, heavy duty gloves were not used for the manual scrubbing of instruments. There were heavy duty gloves available, which were not being used. We saw evidence of the daily validation tests on the autoclave including the automatic control test and a steam penetration test. We asked to see evidence that there was a log of successful completion of each sterilisation cycle. Staff were unable to demonstrate this.

During the inspection we identified some instrument pouches had not been dated with a use by date. In addition, there were some bags which had been opened and these instruments had not been reprocessed.

A Legionella risk assessment had been carried out. We saw evidence that monthly water temperature testing was carried out. The risk assessment had recommended that staff undertake Legionella awareness training. This had not been done.

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

We saw that clinical waste was stored outside. When we looked at the clinical waste bin we noted that it was not locked.

The practice had carried out an infection prevention and control audit prior to the inspection. There was no evidence these audits had been completed every six months as recommended in HTM01-05. The audit had not highlighted the issues which we identified during the inspection.

Information to deliver safe care and treatment

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. Dental care records we saw were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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

Safe and appropriate use of medicines

The stock control system of medicines which were held on site was not effective. There was no log of the quantity of antibiotics which were held at the practice. We noted one box of antibiotics had passed its expiry date. This had not been identified. There was no evidence to suggest that any patients had received out of date antibiotics.

NHS prescription pads were not stored securely when the practice was closed.

The dentist was aware of current guidance with regards to prescribing medicines.

Track record on safety

The practice had a good safety record.

Are services safe?

In the previous 12 months there had been no safety incidents. Staff described to us what a safety incident would be and had an understanding of the reporting procedure.

Lessons learned and improvements

The staff were aware of the process and importance of reporting significant events or incidents. The practice had

an accident book and also significant event reporting templates. Staff had an understating of what would comprise a significant event. No significant events or incidents had occurred.

The process to receive patient safety alerts was not effective. We asked if the practice had a process to receive patient safety and medicines alerts from the MHRA. We were shown a folder which contained historic alerts. The most recent one was from September 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentist assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

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 dentist 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 dentist 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.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. 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 consent to treatment. The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. We reviewed a selection of dental care records to corroborate the consent process. There was limited evidence that treatment options including the risks associated with each treatment contained within the dental care records.

The team understood their responsibilities under the Mental Capacity Act 2005 when treating adults who may

not be able to make informed decisions. Staff did not have a good understanding of the concept of Gillick competency. This is where a child under the age of 16 years of age can give consent for themselves.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment. The practice had systems to help them do this safely. This included a pre-sedation checklist to ensure equipment was in good working condition and the documentation had been completed.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management and sedation equipment checks. They also included patient checks and information such as consent, monitoring during treatment and discharge. Patients were not provided with written post-operative instructions.

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first.

The records also showed that staff recorded details of the procedure along the concentrations of nitrous oxide and oxygen used. The operator-sedationist was supported by a second individual.

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.

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

Are services effective?

(for example, treatment is effective)

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

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were caring, accommodating and polite. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone. Patients said staff were compassionate and understanding.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the principals of the Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given:

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, and communication aids were available.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example models and X-ray 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 high levels of satisfaction with the responsive service provided by the practice.

The practice had made reasonable adjustments for patients with disabilities. These included a portable ramp to access the premise, a hearing loop and accessible toilet with hand rails.

Patients were sent mobile phone text message reminders prior to upcoming appointments.

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 their information leaflet and on their website. These opening hours were not up to date. We were told this would be updated to reflect the current opening hours.

The practice had an efficient appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Patients requiring emergency treatment outside normal working hours were advised to call the practice for advice. If the dentist was not available, then there was an arrangement with a local practice. Patients were also informed about the NHS 111 service. Patients confirmed 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 had a policy providing guidance to staff on how to handle a complaint. This policy was displayed in the waiting room.

The practice manager would be responsible for dealing with complaints. We were told that they would invite patients in to discuss complaints if they ever arose. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. No complaints had been received in the past 12 months.

Are services well-led?

Our findings

Culture

The practice focused on the needs of patients. They were passionate about their work and proud to provide the service to the local population.

Staff were aware of the importance of being open and honest with patients if anything went wrong.

Governance and management

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

The provider had policies, protocols and procedures that were accessible to members of staff. There was no policy relating the safeguarding adults. We noted that the local rules had not been updated to reflect current regulation. Staff did not have a good understanding of the principals of Gillick competency.

Systems and processes were not working effectively. For example, the process to ensure staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus was not effective. The process to ensure medical emergency equipment was available as described in recognised guidance was not effective as there were elements missing. There were no risk assessments for hazardous substances used within the practice. The system to ensure staff were up to date with training relevant to their roles was not effective.

Risks associated with the carrying out of the regulated activities were not well managed. There was no sharps injury protocol displayed in the surgery or decontamination room. The sharp risk assessment did not reflect all sharp instruments used within the practice.

Engagement with patients, the public, staff and external partners

The practice used comment cards to obtain patients' views about the service. The comment card box was situated in the waiting room. We were told that patient feedback was always very positive.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

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

Continuous improvement and innovation

Quality assurance processes were not well embedded within the culture of the service. For example, an X-ray audit had not been completed and the infection prevention and control audit had not highlighted the issues which we identified on the day of inspection. A record keeping audit had been completed and this had not identified the issues we found with regards to the dental care records.

The process to ensure staff were up to date with training was not effective. On the day of inspection, we only saw evidence of training certificates for the dentist and practice manager.

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>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Staff had not completed fire awareness training and fire drills had not been carried out.• The process to receive MHRA alerts was not effective.• There was no fixed wire testing certificate available. <p>There were insufficient quantities of equipment to ensure the safety of service users and to meet their needs. In particular:</p> <ul style="list-style-type: none">• Some emergency equipment was not available in the practice. <p>There were insufficient quantities of medicines to ensure the safety of service users and to meet their needs. In particular:</p> <ul style="list-style-type: none">• There were no supplemental doses of adrenaline available in the practice. <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• NHS prescription pads were not stored securely.

Requirement notices

- There was no stock control system for privately dispensed antibiotics.
- Medical oxygen and nitrous oxide gas cylinders were stored outside the premises and not locked.

There was additional evidence that safe care and treatment was not being provided. In particular:

- Some of the practice's infection control procedures did not meet national guidance.
- There was no process in place to ensure records for every sterilisation sessions were maintained.

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. In particular:

- The system to ensure staff were adequately immunised against the Hepatitis B virus was not effective.
- The system to ensure medical emergency equipment was available as described in guidance was not effective.
- The sharps risk assessment did not cover all sharp instruments used within the practice.
- There were no risk assessments for hazardous substances.

Requirement notices

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:

- X-ray audits had not been carried out.
- The infection prevention and control audit did not highlight issues we identified on the day of inspection.

There was additional evidence of poor governance. In particular:

- There was no adult safeguarding policy.
- Staff did not have a good awareness of the principals of Gillick competency.
- There was no sharps injury protocol in the surgery or decontamination room.
- The system to ensure staff had completed training relevant to their roles was not effective.
- Radiographs were not justified or graded.

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 not being met:

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- Staff had not completed level two safeguarding training.
- Staff involved in the provision of inhalation sedation had not completed Immediate Life Support training.

Regulation 18 (2)

Requirement notices

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

Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons.

How the regulation was not being met:

The registered person had failed to take such action as is necessary and proportionate to ensure that persons employed remained able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed. In particular:

- Evidence of immunity to Hepatitis B was not held for all 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:

- Recruitment files were incomplete. There was no evidence of satisfactory conduct in previous employment or identify checks.
- There was no evidence of DBS checks for the dental nurses.

Regulation 19(1), (2) & (3)