

# Melbourne Road Dental Care

# Moya 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 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**

Moya Dental Practice is in Wallington in the London borough of Sutton and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available near the practice.

The dental team includes a practice manager, two dentists, two dental nurses, one dental hygienist, and one receptionist (who is a qualified nurse and provides nursing cover if required). The practice has two treatment rooms.

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.

# Summary of findings

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 Moya Dental Practice is one of the practice owners.

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

During the inspection we spoke with two dentists, one dental nurse, the receptionist and the practice manager and the registered manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: 8.45am to 5.00pm Monday to Fridays. Late evening appointments are available up to 7.00pm on Tuesdays.

## Our key findings were:

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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 and worked well as a team.
- 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 which broadly reflected published guidance, although improvements were required.

- Improvements were required with regards to domestic cleaning and general condition of equipment and the décor of the dental surgeries.
- The clinical staff provided patients' care and treatment in line with current guidelines. Although this was not always documented in patients dental care records.
- Improvements were required with regards to governance arrangements.
- Improvements were required with regards to having systems in place continuously manage risk to patients and staff.
- The provider did not follow current legislation in ensuring recruitment checks were undertaken suitably for employees as part of the recruitment procedure.
- The provider did not demonstrate effective leadership nor was there a culture of continuous improvement.

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

- Ensure that care and treatment is provided to patients in a way that is safe
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure specified information is available regarding each person 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 practice's protocol and staff awareness of their responsibilities in relation to the duty of candour to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.
- 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. 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 section at the end of this report).

We will be following up on our concerns to ensure they have been put right by the provider.

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

Improvements were required with regards to maintenance of equipment and domestic cleaning.

The practice followed national guidance for cleaning, sterilising and storing dental instruments, although improvements were required as regards the security of the external clinical waste receptacle.

The practice had suitable arrangements for dealing with medical and other emergencies.

The provider did not follow current legislation in ensuring recruitment checks were undertaken suitably for employees as part of the recruitment procedure checks.

The practice did not have systems and processes to provide safe care and treatment. Risk assessments were not being completed routinely. For example, there was no evidence of a fire risk assessment (carried out by a competent person) and sharps risk assessments on the day of the inspection. Shortly after the inspection the provider sent us a copy of a fire risk assessment completed in 2015 by the previous provider.

No evidence was provided regarding the safety checks undertaken on the X-ray equipment.

### 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. However, this was not always documented in the dental care records.

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

### No action



# Summary of findings

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

We saw evidence that staff undertook training relevant to their roles though some training certificates were missing. The practice had recently introduced new systems to monitor staff training.

## 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 nine people. Patients were positive about all aspects of the service the practice provided. They told us staff were respectful, caring and treated them with dignity.

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

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients comments indicated that 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 took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or 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 Requirement Notices section at the end of this report).

Dentists were not auditing radiographs regularly as per current guidance and legislation (we only saw radiograph audits for April 2019, but no previous audits). Infection prevention and control audits were undertaken once a year. A Disability Access audit had not been undertaken.

Management structures were clearly defined. However, the registered manager who was also one of the partners in the practice did not demonstrate effective leadership.

Requirements notice



# Summary of findings

Improvements were required with regards to the patient dental care records. Some of the records we reviewed were incomplete and did not reflect consultations.

# 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. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

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

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway; this was documented in the dental care record and a risk assessment completed.

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 and procedure to help them employ suitable staff. These reflected the relevant legislation.

We looked at four staff recruitment records.

From the review of these four records we found that the provider was not always following their recruitment procedure or current legislation. For example, only one of

the four records we looked at contained a full employment history, together with satisfactory written explanation of any gaps in employment and satisfactory evidence of conduct in previous employment.

Photographic identification was missing for one member of staff.

The provider did not follow current legislation in ensuring criminal record checks were undertaken suitably for employees as part of the recruitment procedure. We noted that for two of the employees, the Disclosure and Barring Services Check (DBS) had been carried out by their previous employer and one clinical member of staff only had a basic DBS as opposed to the enhanced level of checks required.

The practice manager told us that they had some of these documents, but they were kept at their other location. The provider did not provide evidence of this.

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

The practice did not provide evidence on the day of the inspection to confirm that electrical five-year fixed wire testing had been completed. Portable appliance testing was dated March 2018.

A fire risk assessment had not been carried out by a competent person in line with guidance and legislation. Shortly after the inspection the provider sent us a copy of a fire risk assessment commissioned by the previous registered provider in 2015. That fire risk assessment was undertaken by an external fire safety company. There were actions on the risk assessment, however we were unable to confirm if they had been completed because the risk assessment was sent to us retrospectively after our visit. Moreover the fire risk assessment submitted suggested a review period of one year. We saw no evidence on the day of the inspection that the provider had regularly reviewed the fire risk assessment of the premises.

Fire extinguishers were serviced annually, having last been serviced in June 2018. Smoke alarms were battery operated and staff told us they checked them routinely. Fire drills were not being carried out routinely. There was no record of the last fire drill conducted on the premises.

# Are services safe?

We saw that fire safety checks had been recently implemented since the new practice manager joined the service in January 2019. This included visual checks on the fire extinguishers and checking smoke alarms.

On the day of the inspection the practice was unable to demonstrate they had suitable arrangements to ensure the safety of the X-ray equipment. Staff told us they were unable to locate a radiation protection file and were unsure if they had one. They were unable to confirm servicing and relevant checks of the X-ray equipment.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The evidence we saw on the day of the inspection demonstrated that the practice had carried out one set of radiograph audits in April 2019. Areas for improvement had been identified and dentists advised that they learnt from the audit. There was no other evidence available to demonstrate regular audits were being completed prior to this date. Current guidance and legislation recommend this is completed at least annually.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

## Risks to patients

The systems to assess, monitor and manage risks to patient's safety required improvements.

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 regulation when using needles and other sharp dental items. A sharps risk assessment had not been undertaken.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS).

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with GDC Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support.

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

The practice had an infection prevention and control policy and procedures. The staff generally followed 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. Improvements could be made with regards to following use of personal protective equipment and rinsing of instruments. Staff completed infection prevention and control training.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. 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 any 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.

We saw cleaning schedules for the premises. Improvements were required with the domestic cleaning and general maintenance of equipment such as dental chairs and the premises with regards to both surgeries. The dental chairs were worn-out in areas and had visible signs of rust; the floors and walls had signs of staining and some areas in the surgeries were cluttered.

The patients' toilet facilities needed improved cleaning as well. We pointed out our concerns to the practice manager and they advised that they raise it with the company that attended.

# Are services safe?

The provider had policies and procedures in place to ensure clinical waste was segregated. Clinical waste was however not stored appropriately in line with guidance. It was placed at the front of the building on a public access path. The clinical waste bin was locked but not affixed to anything to prevent it from being removed.

The practice carried out infection prevention and control audits once a year and not six-monthly as per current national guidance. The latest audit showed the practice was meeting the required standards and had failed to identify the shortcomings as regards the environment cleaning and condition of the dental chair and equipment

## **Information to deliver safe care and treatment**

We looked at a sample of dental care records to confirm our findings. Dental care records we saw were legible and were kept securely. Improvements were required with regards to the completeness of some records. Consultations with patients were not always being recorded appropriately.

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 provider had reliable systems for appropriate and safe handling of medicines.

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 and Lessons learned and improvements**

The practice manager told us they had systems to monitor and review incidents.

In the previous 12 months there had been no safety incidents. The practice manager explained that they had processes for incidents, if they occurred, to be investigated, documented and discussed with the rest of the dental practice team to learn from and prevent such occurrences happening again in the future.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.



# Are services effective?

(for example, treatment is effective)

## Our findings

### **Effective needs assessment, care and treatment**

We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Improvements were required for some dentists as they were not always accurately recording consultations to show that they carried out needs assessments in line with guidance.

### **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 they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

The 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.

### **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.

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

also referred to 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.

### **Monitoring care and treatment**

The practice generally 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. Improvements were required with regards to some dentist's recording of consultations.

We saw the practice had recently started auditing patients' dental care records to check that the clinicians recorded the necessary information.

### **Effective staffing**

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

We saw evidence of recently completed appraisals. There was no evidence to indicate that there was a structured appraisal and performance review programme in place prior to January 2019.

### **Co-ordinating care and treatment**

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

The dentists we spoke with 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 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 were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were kind, patient and courteous. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff told us 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 to be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under the Equality Act.

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

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

The practice's information leaflet 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 photographs, models, videos, X-ray images and an intra-oral camera.

# 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 patients' needs and preferences. For example, they had amended opening times to reflect patient needs.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a magnifying glass and having pens with grips for patients with dexterity issues.

We noted that the accessible toilet had two large filing cabinets inside which caused an obstruction and hazard for wheelchair users. Due to the obstructions the toilet was not currently operating as a wheelchair accessible toilet.

A disability access audit had not been completed.

### Timely access to services

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

The practice displayed its opening hours in the premises.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Appointment slots were kept free for on the day emergencies. The practice manager told us that monitored appointments to make sure enough slots were allocated each week in line with anticipated demand. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice's information system and answerphone provided telephone numbers 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 responded to complaints appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. There was also information on the information television in the waiting room.

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

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

We looked at comments, compliments and complaints the practice received in the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The practice manager demonstrated effective management of complaints.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

We only met with one of the practice leaders on the day of the inspection. The leader we met with was also the registered manager. The leader we spoke with did not demonstrate effective leadership and did not have adequate oversight of governance processes.

For example, when we discussed areas such as staff training, governance arrangement and continuous learning the registered manager told us that they could not comment on how they operated as they did not get involved in these areas. They told us they expected the practice manager to lead on these areas and we would need to speak with them for details. There was a lack of awareness of the role and also a lack of process to provide suitable support for the delegated responsibilities.

The registered manager did not demonstrate an awareness of the issues and priorities relating to the risk assessment and quality monitoring of the service.

### **Vision and strategy**

The practice had a written set of values and planned its services to meet the needs of the practice population.

The registered manager told us that they had no plans to increase services offered. They did however want their nurses to start working with local schools in the area to improve oral health for children. No concrete plans had been made and the registered manager explained that it was in the early stages of consideration.

### **Culture**

The registered manager was not fully aware of the requirements of the Duty of Candour. After prompting from the inspection team, they were able to give some examples of the requirements placed on them by the regulation.

### **Governance and management**

There were some roles and systems of accountability to support governance and management, although they had only been recently introduced.

The practice owners had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The evidence we saw on the day of the inspection demonstrated that the provider had recently established a system of governance which included policies, protocols and procedures that were accessible to all members of staff. Some had not been in place long enough for us to assess whether they were reviewed on a regular basis.

For example, systems for auditing the service were not long established. We saw evidence of auditing for record card and radiography which had only commenced in April 2019 after the announcement of the CQC inspection date. We were not presented with any other evidence on the day of the inspection to confirm auditing of radiographs for prior to this date.

### **Appropriate and accurate information**

The practice acted on appropriate and accurate information.

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

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

The practice used patient surveys to obtain patients' views about the service. We saw examples of suggestions from patients which the practice had acted on. For example, patients commented about the lack of availability of reading material in the waiting area and the practice had made improvements in this area by providing more reading material.

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 meetings and informal discussions.

### **Continuous improvement and innovation**

Infection prevention and control audits were being undertaken on an annual basis. A Disability Access audit

## Are services well-led?

had not been undertaken. The practice had recently begun carrying out audits of dental care records and radiographs. The audits we reviewed had clear records of the results of these audits and the resulting action plans and improvements.

The dental nurses and receptionist had received recent appraisals. The practice manager told us they had initiated

these recently and that they discussed learning needs, general wellbeing and aims for future professional development with the staff as part of their appraisal process. We saw evidence of completed appraisals in the staff folders.

## 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>Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p>Care and treatment must be provided in a safe way for service users</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.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• The registered person had not ensured that the premises and all equipment was suitably maintained. The provider had not regularly reviewed the fire risk assessment of the premises;</li><li>• Fire drills were not being conducted</li><li>• Two large cabinets were causing an obstruction and fire hazard in the wheelchair accessible toilet;</li><li>• A sharps risk assessment had not been undertaken.</li><li>• External clinical waste was not securely stored.</li><li>• Risk assessments were not being carried out at regular intervals.</li><li>• On the day of the inspection staff were unable to locate a radiation protection file and staff were unsure if they had one. They were unable to confirm servicing and relevant checks to X-ray equipment;</li><li>• Domestic cleaning of the practice required improving - equipment and the dental chairs had visible rust and areas were worn out. There was staining on the walls and floors throughout both surgeries.</li></ul> <p><b>Regulation 12(1)</b></p>

This section is primarily information for the provider

## Requirement notices

### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Regulation 17 HSCA (RA) Regulations 2014 Good Governance**

Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Systems or processes must be established and operate effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

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:

- A Disability Access audit had not been undertaken in line with legislation and guidance.
- The evidence we were presented with on the day indicated that auditing of the service for continuous improvements in areas such as radiography only commenced in April 2019. Infection prevention audits were being completed annually and not six-monthly as per current national guidance.

Regulation 17 (1)

### 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

**Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulation 2014**

## Requirement notices

### Fit and proper person employed

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:

We reviewed four staff recruitment records and found:

- Two of the four records did not contain a full employment history, together with a satisfactory written explanation of any gaps in employment.
- Evidence of conduct in previous employment (references) was missing from three of the four records.
- Proof of identification was missing from one of the four records we reviewed;
- Copy of interview notes were missing from three of the four records;
- Criminal records checks had not been undertaken at the time of staff's commencement of employment with the provider and one clinical member of staff only had a basic check, as opposed to the required enhanced check.

Regulation 19 (3)