

The Dental Design Studio Walthamstow

Dental Design Studio Walthamstow

Inspection Report

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Overall summary

We carried out this announced inspection on 22 November 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The Dental Design Studio Walthamstow is in Walthamstow in the London Borough of Waltham Forest. The practice provides NHS and private general dental treatment to patients of all ages.

Summary of findings

The practice is situated close to public transport bus and train services.

The dental team includes the two partners who own the practice, eight associate dentists, two dental hygienists, one dental nurse and two trainee dental nurses. The clinical team are supported by a practice manager and a receptionist.

The practice is owned by a partnership 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 Dental Design Studio Walthamstow was the one of the partners.

On the day of inspection we received feedback from three patients.

During the inspection we spoke with one of the partners, three associate dentists, one dental nurse and the practice manager. We also spoke with a practice manager from one of the providers' other dental practices who was providing support to this practice.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays to Fridays between 8am and 5pm

Alternate Saturdays between 8.45am and 1pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The clinical staff provided patients' 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.
- The practice 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 practice dealt with complaints positively and efficiently.
- The practice infection control procedures did not fully reflect published guidance. Staff did not have

appropriate infection prevention and control training and there were ineffective systems to ensure that staff had suitable immunity against vaccine preventable infectious diseases.

- Improvements were needed to the arrangements to deal with medical emergencies. Some of the recommended life-saving equipment was not available and some medicines were not in the recommended format or stored in accordance with the manufacturer's instructions. These items were made available shortly after our inspection.
- The practice had some systems to help them manage risk. Improvements were needed to ensure that risks were regularly assessed and managed. This specifically relates to Control of Substances Hazardous to Health (COSHH) 2002 Regulations (COSHH), fire safety and the use of dental sharps.
- The practice had safeguarding processes. However staff did not have up to date training for safeguarding adults and children.
- The practice had staff recruitment procedures. However these were not followed and all appropriate checks were not carried out when employing new staff.
- There was ineffective leadership and a lack of clinical and managerial oversight for the day-to-day running of the service. This relates specifically to the arrangements for monitoring and supporting staff to carry out their roles and monitoring the quality and safety of the services provided.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- Ensure specified information is available regarding each person employed and where appropriate, persons employed are registered with the relevant professional body.

Summary of findings

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 storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting considering the guidance issued by the General Dental Council.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid

response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).

- Review the security of prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's protocols for referral of patients and ensure urgent referrals are monitored suitably.
- Review the practice's protocols for the use of closed circuit television cameras (CCTV) taking into account guidelines published by the Information Commissioner's Office (ICO).

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.

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.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. Improvements were needed to the systems for checking that that all relevant staff had suitable immunity against vaccine preventable infectious diseases.

The practice had some systems and processes to provide safe care and treatment. Improvements were needed to the systems to mitigate risks associated with COSHH, fire safety and Legionella.

Staff knew how to recognise the signs of abuse and how to report concerns. However not all staff had completed training in safeguarding children and vulnerable adults.

Essential recruitment checks were not being undertaken for all staff.

The practice had arrangements for dealing with medical and other emergencies. Staff undertook training in basic life support and knew how to deal with medical emergencies. Improvements were needed to ensure the availability of the recommended emergency medicines and 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. Dental care records were completed taking into account current guidance.

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

The practice had arrangements when patients needed to be referred to other dental or health care professionals. Improvements were needed to the arrangements for monitoring and following up on referrals made to ensure that patients were seen in a timely manner.

Improvements were needed to ensure that staff completed training relevant to their roles and the systems to help the practice monitor this.

No action 

Summary of findings

Are services caring?

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

We received feedback about the practice from three people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring and helpful.

Patients said that their dentist listened to them and helped them to understand the treatment provided including any options available.

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 and ensured that patients received treatment in a timely manner.

Staff considered patients' different needs and had made arrangements to support them. This included step free access to the treatment rooms, a hearing induction loop and arrangements to support people with sight impairment. An accessibility audit had been carried out and was kept under review to monitor and meet the needs of patients.

The practice had arrangements to help patients whose first language was not English and could support people with sight or hearing loss should these be required.

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).

There was a defined management structure, but the lack of suitable oversight and management of systems affected the day to day management of the practice including monitoring staff recruitment, training and performance appraisal.

Improvements were required to ensure the smooth running of the service.

Improvements were needed to the systems to effectively assess and mitigate Risks in relation to fire, COSHH, Legionella, recruitment, communicable diseases, use of sharps and X-rays had not been suitably assessed and mitigated.

Improvements were needed to ensure there were effective systems to monitor, review and improve the quality of the services provided.

Requirements notice



Are services safe?

Our findings

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

Staff we spoke with knew their responsibilities if they had concerns about the safety of 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. One of the practice owners was the practice safeguarding lead who had responsibility for overseeing the practice procedures and they had undertaken training to an appropriate level.

Staff we spoke with demonstrated a good understanding of safeguarding procedures. Improvements were needed to the arrangements for ensuring that all staff received safeguarding training to an appropriate level depending on their roles within the practice. There were no training records for safeguarding for four associate dentists, one dental hygienist or the dental nurses.

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

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at the recruitment records for eleven members of staff. There were no records of employment history and conduct in previous employment (references) for relevant members of staff including the associate dentists. There was no Disclosure and Barring Services (DBS) check for one of the dental hygienists and there was no proof of identity for one associate dentist, one dental hygienist and one dental nurse.

Improvements were needed to the systems to ensure that clinical staff maintained their registration with the General Dental Council (GDC) and had up to date professional indemnity cover. We found that certificates in respect of

GDC registration and professional indemnity cover were not available for one associate dentist and records had expired for both dental hygienists and three associate dentists.

The practice had a fire safety procedure and this included a fire evacuation plan. A fire safety risk assessment had been carried out and fire safety equipment was serviced in line with current requirements. Improvements were needed so that periodic checks were carried out to test fire alarms and emergency lighting and that the fire safety logs were maintained in respect of these checks.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. Improvements were needed so that rectangular collimators were used taking into account the Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.

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

We saw evidence that the dentists justified, graded and reported on the radiographs they took. Improvements were needed so that the practice carried out radiography audits as per current guidance and legislation. We saw that radiograph audits were carried out for one of the associate dentists only and there were limited arrangements for sharing learning to monitor and improve the quality of dental radiographs.

Risks to patients

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

The practice had current employer's liability insurance. The practice's health and safety policies and procedures were up to date and reviewed regularly. Improvements were needed so that these procedures were followed consistently to help manage potential risks.

Improvements were needed to the arrangements to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against Hepatitis B virus and that the effectiveness of the vaccination was checked. There was no immunisation record available for one dental hygienist. For those staff who had received the vaccination, there were no systems to check the effectiveness of the immunisation process.

Are services safe?

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. Improvements were needed so that a sharps risk assessment had been undertaken and was updated annually.

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

Emergency equipment and medicines were available as described in recognised guidance with the exception of a spacer, a child sized self-inflating bag with reservoir and the aspirin was not in the recommended dispersible format. The Glucagon injection was stored at room temperature and the expiry date had not been adjusted to reflect this in accordance with the manufacturer's instructions. These items were made available shortly after our inspection.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. Improvements were needed so that a risk assessment was in place for when the dental hygienists worked without chairside support.

There were some arrangements to minimise the risk that can be caused from substances that are hazardous to health. There were records available in relation to hazardous dental materials used at the practice and there was a risk assessment in place in respect of these items. Improvements were needed so that risks in respect of other hazardous items such as cleaning materials were assessed and appropriate information was available to staff.

The practice was clean when we inspected and patients confirmed that this was usual.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A Legionella risk assessment had been carried out and this was kept under review. There were arrangements in place to disinfect waterlines and to monitor the quality of water. Improvements were needed so that water

temperatures were monitored and recorded regularly taking into account current guidelines. Records which were made available to us showed that water temperatures had not been checked since March 2018.

The practice had an infection prevention and control policy and procedures.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. The records showed equipment used by staff for cleaning and sterilising instruments were tested daily, validated, maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

Improvements were needed to ensure that staff complete infection prevention and control training. There were no records in respect of infection control training for the dental hygienists and four associate dentists.

Information to deliver safe care and treatment

We discussed with the principal dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that dental and other records were accurate, complete, and legible and were kept securely and complied with General Data Protection Regulations requirements (GDPR) (EU) 2016/679.

Safe and appropriate use of medicines

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

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

Improvements were needed so that the practice stored and kept records of NHS prescriptions as described in current guidance.

Track record on safety

Are services safe?

There were systems in place for reporting and investigating accidents or other safety incidents.

One of the practice owners told us that in the previous 12 months there had been no safety incidents.

Lessons learned and improvements

There were systems for reviewing and investigating when things went wrong. The practice owner told us that they would share lessons, identify themes and take action to improve safety in the practice as needed.

There were some arrangements for receiving and acting on and sharing safety alerts. Improvements were needed so that these arrangements were consistent. We were provided with details of the alerts received by the practice and there were no records available to show that alerts had been checked since 2017.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that the dentists delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by one of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national 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 who we spoke with 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 based on an assessment of the risk of tooth decay.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments and this information was documented within patients dental care records, which we viewed. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

They described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

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

Consent to care and treatment

The practice 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 dentist who we spoke with told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients were provided with detailed information and explanations in relation to their proposed treatments and aftercare. This included information in relation to the intended benefits, potential complications or risks and the cost of treatment.

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 the legal precedent (formerly called the Gillick competence) by which a child under the age of 16 years can 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 dentists who we spoke with described how they assessed patients' treatment needs in line with recognised guidance. The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories.

Effective staffing

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

Improvements were needed to the systems to monitor staff training and ensure that staff undertook appropriate training and that relevant staff completed the continuing professional development (CPD) required for their registration with the General Dental Council. Up to date CPD records were not available for the dental hygienists, four associate dentists and the dental nurse.

There were some arrangements in place to discuss and appraise staffs' individual performance. We saw appraisal records for dental nursing staff. However these did not include details of individual training and development needs.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

The practice had systems and processes 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.

Improvements were needed to the arrangements so that 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 and were aware of their responsibility to respect people's diversity and human rights.

We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

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. Staff told us that 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 Accessible Information Standards and the requirements under the Equality Act

- Interpretation services could be made available for patients who did not have English as a first language.
- Patients were also told about multi-lingual staff who might be able to support them. For example a range of languages were spoken by staff working at the practice including Romanian, Bulgarian, Urdu, Punjabi, Portuguese, Italian and Spanish.

The practice gave patients clear information to help them make informed choices.

The dentists who we spoke with described the conversations they had with patients to satisfy themselves they understood their treatment.

The practice's website provided patients with information about the dental team, the range of treatments available at the practice, costs of treatment and arrangements for booking appointments.

A range of patient information leaflets provided additional information.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example X-ray images, models and photographs which were shown to the patient to help them better understand their treatment.

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. Patients said that they were able to access appointments that were convenient to them.

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 step free access and a hearing induction loop. A Disability Access audit had been completed and this was kept under review.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The practice displayed its opening hours in the practice and on the practice website.

The practice had an efficient appointment system to respond to patients' needs. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. Emergency appointments, where possible, were available each day.

Listening and learning from concerns and complaints

The practice had arrangements to deal with complaints and concerns promptly and to respond to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

One of the practice owners was responsible for dealing with complaints. Staff told us they would tell them about any formal or informal comments or concerns straight away so patients received a quick response.

Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments and compliments the practice received within the previous 12 months. The practice had received one complaint within the previous 12 months. We noted that this had been investigated and responded to promptly in line with the practices' policy.

Are services well-led?

Our findings

Leadership capacity and capability

The practice provided NHS and private general and cosmetic dental treatments and had arrangements in place to review patient and service demands and plans to ensure that the practice had the capacity to meet these.

The practice owners shared responsibility for the leadership and management arrangements within the practice.

Improvements were needed to the practice systems, policies and procedures to ensure that these were adhered to and fully embedded to effectively underpin the management and the delivery of the service.

Vision and strategy

There was a vision to deliver patient focused care and to provide high quality general and cosmetic dental treatments. Staff who we spoke with were aware of the practice vision and strategy.

Culture

Improvements were needed so that the culture of the practice supported learning and improvement and that staff were supported to deliver services in line with current legislation and guidance.

Governance and management

There were some processes for identifying and managing risks. Improvements were needed to ensure that some of the processes for managing risk were clear and effective. This related to ensuring that risks associated with areas including fire safety, the management of dental sharps and medical emergency procedures, COSHH, staff immunisation and infection control were assessed and mitigated.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice was aware of and had systems in relation to the General Data Protection Regulation (GDPR) requirements. Patients were told how information about them would be used and were assured of the measures in place to protect this information.

Engagement with patients, the public, staff and external partners

The practice involved patients and staff to support patient focused services.

The practice used patient surveys, comments and feedback to obtain patients' views about the service. 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. From the results of the most recent FFT surveys we noted that 100% of patients who participated were either extremely likely or likely to recommend the practice to family and friends.

Continuous improvement and innovation

Improvements were needed so that there were continuous systems and arrangements in place to monitor and improve the quality and safety of the service. This related to ensuring that audits in relation to dental radiography were carried out periodically and in line with current guidance and regulation and that there were systems in place to review and learn from safety alerts.

There were limited arrangements to review and appraise staff performance and to support members of staff to develop skills, knowledge and experience.

Improvements were needed to the arrangements to ensure that qualified clinical staff completed 'highly recommended' training and continuing professional development as per General Dental Council professional standards.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>There were limited systems and processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <ul style="list-style-type: none">• Audits were not carried out in line with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017.• There were limited arrangements in place for assessing risks associated with the use of dental sharps and for ensuring that all relevant staff had suitable immunity against vaccine preventable infectious diseases.• There were limited arrangements for ensuring that the practice policies and procedures were adhered to in relation to dealing with medical emergencies• There were limited arrangements in place to ensure that checks in relation to the management of risks associate with fire, Legionella, COSHH and use of X-ray were carried out.

This section is primarily information for the provider

Requirement notices

- **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

There were limited systems and processes that enabled the registered person to ensure that staff receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

In particular:

- There were no processes established for the on-going assessment, supervision and appraisal for staff.
- There were limited systems in place to ensure that staff undertook periodic training and updates in areas relevant to their roles including arrangements for ensuring that clinical staff undertook continuing professional development as per General Dental Council professional standards.

Regulation 18 (1) (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

Requirement notices

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 were ineffective processes established for ensuring that appropriate checks were carried out including determining for each person employed their identity, employment history, proof of conduct in previous employment and registration with their appropriate professional body.

Regulation 19 (1) (2) (3)