R and M Elsey Dental Clinic Limited

Elsey and Elsey Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 11 March 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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Elsey and Elsey Dental Practice is in South Cerney and provides NHS treatment for children only and private treatment for adults and children.

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

Summary of findings

The dental team includes one dentist, one specialist orthodontist, two orthodontic therapists, one dental hygiene therapist, two dental hygienists, two dental nurses and one receptionist. The practice has three 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. 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 Elsey and Elsey Dental Practice is the principal dentist.

On the day of inspection, we collected 29 CQC comment cards filled in by patients and spoke with two other patients.

During the inspection we spoke with one dentist, one orthodontist, two dental nurses, one dental hygiene therapist, one dental hygienist, one receptionist 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 and Thursday 8.30am to 5.30pm

Tuesday and Wednesday 9am to 4pm

Friday 8.30 to 4pm

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which mostly reflected published guidance.
- Staff knew how to deal with emergencies. Not all appropriate medicines and life-saving equipment were available.
- The practice had some systems to help them manage risk to patients and staff but these required improvements.
- The provider had safeguarding processes. Staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures.
- 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.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider did not have a culture of continuous improvement.
- Staff felt involved, supported and worked well as a team.
- The provider did not ask staff and patients for feedback about the services they provided.
- The provider had an appropriate complaint policy.
- The provider had suitable information governance arrangements.

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

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

Full details of the regulation the provider is not meeting are at the end of this report.

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

- Review the practice processes and systems for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.
- Review the practice arrangements for ensuring good governance and leadership are sustained in the longer term.
- 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 taking into account the guidance issued by the General Dental Council.

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?

No action

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

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

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

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

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies with the exception of having date-expired adrenaline and oropharyngeal airways.

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, efficient, polite and welcoming. 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. They did not have a robust system to follow up referrals.

The provider supported staff to complete training relevant to their roles. Systems to help them monitor this required improvement.

Are services caring?

No action

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

We received feedback about the practice from 31 people. Patients were positive about all aspects of the service the practice provided. They told us staff were efficient, friendly gentle and ready to listen.

Summary of findings

They said they were given great advice, clear information about treatment options, easy access to appointments, and said their dentist listened to them. Patients commented staff made them feel at ease, especially when they were anxious about visiting the dentist.

We saw staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action ✓

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

The practice 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. Arrangements to help patients with sight or hearing loss required improvement.

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

Are services well-led?

Requirements notice ✗

We found 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).

Improvements were required to the systems to ensure the smooth running of the service, and for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice did not have an electrical mains wiring safety certificate, risk management systems for monitoring and mitigating the various risks were inadequate, current staffing arrangements did not ensure all dental care professionals are adequately supported, The arrangements for ensuring good governance and leadership did not ensure records were kept in relation to the management of the regulated activities, systems for recording, investigating and reviewing incidents or significant events required improvement, audits of dental care records, antibiotic stewardship, and radiography required improvement, equipment to manage medical emergencies was not fully available, and the control and storage of substances hazardous to health required improvement.

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

The provider monitored clinical and non-clinical areas of their work but improvements were required to these processes to help them improve and learn. They did not have a process for asking the views of patients and staff.

Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. These policies required updating to ensure they had the most recent information and advice and included the correct contact numbers for contacting local safeguarding services if required. We saw evidence staff had 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 that was inadequate and did not give relevant practice information. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. 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 practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. We looked at five staff recruitment records. These showed the practice followed their recruitment procedure.

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

We found that equipment was maintained according to manufacturers' instructions, including gas appliances. They had not obtained a safety certificate for the electrical hard wiring of the practice.

Fire detection equipment, such as smoke detectors were regularly tested but there were limited records to evidence this. Staff were unaware of the need to regular test the emergency lighting. All firefighting equipment, such as fire extinguishers, were regularly serviced. We saw evidence the fire marshals had attended specific training within the last year and all other staff had completed fire awareness training.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.

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

Risks to patients

Systems to assess, monitor and manage risks to patient safety required improvement.

The practice health and safety policies, procedures and risk assessments were limited and could be improved to manage potential risks in the practice. The practice had current employer's liability insurance.

We looked at the practice 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 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) every year. Immediate life support training for sedation was also completed.

Emergency equipment and medicines were available as described in recognised guidance but the adrenaline and some airways were out of date. The practice were advised of these discrepancies to enable them to obtain immediate

Are services safe?

replacements. Staff told us they made checks of these items to make sure these were available, within their expiry date, and in working order. Staff told they did not record these checks they were visual.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. The practice did not ensure all dental care professionals were adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council, in particular the dental hygienist and therapist who worked alone, nor had a lone worker risk assessment been completed.

We reviewed the Control of Substances Hazardous to Health (COSHH) Regulations 2002 file and saw that some material safety data sheets were out of date when newer versions were available for the control and storage of substances hazardous, to ensure products were stored securely

The practice had an infection prevention and control policy and procedures. They 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. Staff completed infection prevention and control training and received updates as required.

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. The practice was visibly clean when we inspected.

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

The practice had not completed and infection prevention and control audit and were not aware of the need for an annual infection control statement.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the 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 individual records were written and managed in a way which kept patients safe. Dental care records we saw were complete, legible, 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 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.

Antimicrobial prescribing audits had not been completed.

Track record on safety and Lessons learned and improvements

In the previous 12 months there had been two safety incidents. We were told the incidents were investigated and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future. There was limited documentary evidence to corroborate this

Systems for reviewing and investigating when things went wrong required improvement. The practice learned and shared lessons identified themes and acted to improve safety in the practice.

Are services safe?

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.

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 clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The provider took into account guidelines as set out by the British Society for Disability and Oral Health when providing dental care in domiciliary settings such as care homes or in people's residence.

The practice offered dental implants. These were placed by the principal dentist 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 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.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The clinicians described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

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

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice consent policy did not include 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.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

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

We saw the practice audited patients' dental care records to check the dentists recorded the necessary information. These audits had not included the therapists and hygienists. The audits had not been analysed to provide percentages and no action plan had been formulated to drive improvement.

The practice carried out conscious sedation for patients who were nervous. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice systems included checks before and after treatment, emergency equipment requirements with the

Are services effective?

(for example, treatment is effective)

exception of having date-expired adrenaline and oropharyngeal airways, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and 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. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

Records seen showed staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured programme. This was not always recorded to evidence completion of the programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff were offered the opportunity of an appraisal in 2019 but these had not been complete previously. We saw evidence of completed appraisals. They did not always reflect the provider response to training needs identified.

Co-ordinating care and treatment

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

The dentists 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 dental infections.

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

The practice system for monitoring all referrals to other services required improvements 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 warm, welcoming and caring. We saw staff treated patients respectfully, kindly and individually and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

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

Information folders and thank you cards were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff 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. They were not aware of the

Accessible Information Standard and the requirements under the Equality Act.

The Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available by telephone for patients who did not use English as a first language.
- Staff communicated with patients in a way they could understand and communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, 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 about 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.

A disability access audit had not been completed. The practice had disability access and an accessible toilet.

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, and included it in their information leaflet and on their website.

The practice had an 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.

The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. 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 took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

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

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

The registered 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 had received in the last 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

Leaders at all levels were visible and approachable. They worked closely with staff and others.

Improvements were needed to address the managerial shortfalls in the efficiency of the practice. The provider was knowledgeable about issues and priorities relating to the quality and future of services.

Vision and strategy If applicable

There was a clear vision and set of values.

The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

The provider did not have effective policies to deal with poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so. They had confidence these would be addressed.

Governance and management

The registered manager had overall responsibly for the clinical leadership of the practice and the day to day management.

Staff knew the management arrangements and their roles and responsibilities.

We found the practice fell short of effective managerial leadership.

This became apparent when we noted shortfalls in the effective management of fire safety, risk management, clinical audits and staff training and appraisal.

Clinical audits had not been undertaken effectively which meant results were not analysed and actions plans to improve practice had not been formulated or implemented to demonstrate improvements.

The provider had a limited system of clinical governance in place which included policies, protocols and procedures but these were not always accessible to all members of staff and were not reviewed regularly.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient thank you cards and messages 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.

The practice gathered feedback from staff through informal discussions.

Continuous improvement and innovation

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, although audits of the hygienists and therapists had not been audited, and radiographs. Infection prevention and control had not been completed. Whilst they had records of the results of these audits which had been completed, they had not been fully analysed the outcomes, and there were no resulting action plans to drive improvement.

Antimicrobial prescribing audits had not been completed.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Are services well-led?

The staff team had been offered an annual appraisal recently but these had not been an annual occurrence. In records seen they discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of three completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 17 - 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 which were not effectively operated to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • The provider must ensure there is electrical mains wiring safety certificate in line with the guidance provided by Electricity at Work Regulations 1989. • The provider must ensure the practice risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities are adequate. • The provider must ensure the practice system for recording, investigating and reviewing incidents or significant events is effective with a view to preventing further occurrences and ensuring that improvements are made as a result. • The provider must ensure that audits of dental care records, antibiotic stewardship, and radiography are undertaken at regular intervals for all clinicians to

This section is primarily information for the provider

Requirement notices

improve the quality of the service. The provider should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

- The provider must ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- The provider must ensure the practice policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.

Regulation 17(1)