

Mr Patrick Daniel Clesham tan dental practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 10 June 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led.

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.

Tan Dental Practice is situated in Tottenham High Road, London. It offers NHS and private dental care services to

patients of all ages. The services provided include preventative advice and treatment and routine and restorative dental care. Treatment and waiting rooms are on the ground floor of the premises.

The practice has one full time dentist, one part time dentist, two dental nurses and a receptionist. The principal dentist takes on the practice management role. The practice is open Monday to Friday from 9-00am to 5-30pm with extended opening on a Thursday to 6.30pm.

We spoke with four patients who used the service on the day of our inspection and reviewed 28 completed CQC comment cards. Patients we spoke with and those who completed comment cards were positive about the care they received from the practice. They commented they had no difficulties in arranging a convenient appointment and staff were caring, helpful and respectful.

Our key findings were:

- The practice had safe systems in place for infection prevention and control and for the decontamination of dental instruments.
- Staff received training appropriate to their roles and told us they felt well supported to carry out their work.
- Patients told us they were treated with kindness and respect by staff. Staff ensured there was sufficient time

Summary of findings

to explain fully the care and treatment they were providing in a way patients understood. Patients commented they felt involved in their treatment and that it was fully explained to them.

- Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- There were limited governance arrangements in place to guide the management of the practice.
- The practice did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.
- The practice did not undertake documentation of care records in line with current best practice guidance for example from the Faculty of General Dental Practice (FGDP).
- All necessary equipment required for the management of medical emergencies was not available.

There were areas where the provider could make improvements and must:

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

- Establish suitable recruitment policy and procedures and ensure the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Establish an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.
- Review the practice's protocols for completion of dental care records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

There were areas where the provider could make improvements and should:

- Review the practice's sharps procedures giving due regard to ensure the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Ensure all policies and procedures documents are in place and up to date to ensure the practice is run effectively.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems for infection prevention and control and decontamination of dental instruments. There were clear guidelines regarding the maintenance of equipment. Staff understood their responsibilities in terms of identifying and reporting any potential abuse.

However, we also found that there was no procedure for checking that all the emergency equipment to manage medical emergencies was present and we found some to be absent.

The practice did not have a recruitment policy and all suitable checks were not undertaken for all staff. Management of used sharps was not in accordance with current legislation and there was lack of clear guidance for staff about how to report incidents and accidents.

Are services effective?

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

Patients' dental care records provided information about their current dental needs and past treatment, however some were brief and missing updated medical histories and BPE chart scoring. The practice monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required. The practice followed guidance issued by the Faculty of General Dental Practice (FGDP); for example, regarding taking X-rays at appropriate intervals.

The practice had a strong focus on preventative care and supporting patients to achieve better oral health. Patients were given advice regarding maintaining good oral health and if appropriate were referred to the dental hygienist for more support regarding general dental hygiene procedures.

Staff were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent.

Are services caring?

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

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. We looked at 28 CQC comment cards patients had completed prior to the inspection and spoke with four patients. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity.

Staff described to us how they ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients commented they felt involved in their treatment, it was fully explained to them and they were listened to and not rushed.

Are services responsive to people's needs?

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

Summary of findings

There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients. Staff were knowledgeable about the process.

The practice had made reasonable adjustments to accommodate patients with a disability or limited mobility; however this was restricted by the age of the building. For example the patient toilet was down a small flight of stairs.

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

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 at the end of this report).

The practice carried out patient surveys and requested patient views at each visit to gain feedback from patients using the service.

However, we found that limited governance arrangements were in place to guide the management of the practice. We found key policies to help run the service effectively were out of date or did not exist.

We also found that there was lack of an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. The principal dentist confirmed they would be introducing a more robust process for monitoring and reviewing practice policies and procedures.

tan dental practice

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 10 June 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dentist specialist advisor.

Prior to the inspection we reviewed information we held about the provider.

During the inspection we toured the premises and spoke with the principal dentist, dental nurse and the receptionist. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives and a record of any complaints received in the last 12 months.

We obtained the views of 28 patients who had filled in CQC comment cards and spoke with four patients who used the service on the day of our inspection. We reviewed patient feedback gathered by the practice over the last 12 months.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice responded to national patient safety and medicines alert that affected the dental profession. The principal dentist told us they reviewed all alerts and spoke with staff to ensure they were acted upon.

The principal dentist understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. No RIDDOR reports had been made in the last 12 months.

We were shown the practice incident book. However no incidents had been recorded since the present management took charge.

Reliable safety systems and processes (including safeguarding)

The practice had child protection policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policy was readily available to staff. However the practice did not have adult safeguarding policies and procedures in place.

The principal dentist was the safeguarding lead professional in the practice. Only one member of staff had undertaken safeguarding training. This knowledge was shared with other staff members. We found no evidence that the dental nurse had attended safeguarding training as part of their five year cycle of continuing professional development (CPD) but showed an awareness of safeguarding issues.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice did not use dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments. Rubber dams were available for use in root canal treatment in line with guidance from the British Endodontic Society. However we were informed that the dentist preferred not to use them

Medical emergencies

The practice had a medical emergencies policy which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency resuscitation kits, oxygen and emergency medicines were stored securely with easy access for staff working in any of the treatment rooms. The practice did not have an Automated External Defibrillator (AED) to support staff in a medical emergency. ((An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

The practice did not have a policy or schedule for checking the emergency kit and medicines. We found some equipment missing such as oropharyngeal airways and portable suction. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team within the last 12 months.

Staff recruitment

The practice did not have a recruitment policy and we were told by the principal dentist that one would be developed soon. We were also told that no new members of staff had been appointed since he took over the practice and its current registration with the Care Quality Commission.

We looked at four of the practice's staff folders (clinical and non-clinical staff) which contained evidence of an induction checklist and current professional qualifications. We found no evidence of references having been obtained for non-clinical members of staff.

All clinical staff had received a Disclosure and Barring Service (DBS) check. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies.

Health and safety and risk management policies were in place and we saw a risk management process to ensure the

Are services safe?

safety of patients and staff members. For example, we saw risk assessments for fire, exposure to hazardous substances and use of equipment. The assessments included the risks identified and actions taken.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice identified how they managed hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures.

However the practice did not have a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service which included key contact numbers.

Infection control

The dental nurses was the infection control lead professional and they worked with the principal dentist to ensure there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice had followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Staff received annual training regarding infection prevention and control.

We looked around the premises during the inspection and found the treatment rooms and the decontamination room appeared clean and hygienic. We found some of the work surfaces were not free from clutter and could be difficult to clean and disinfect between patients. Staff we spoke with told us they cleaned the treatment areas and surfaces

between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There were hand washing facilities in each treatment room and staff had access to good supplies of protective equipment for patients and staff members.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

The infection control lead professional showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments; packaging and storing clean instruments. The practice routinely used washer-disinfectant machines to clean the used instruments, then examined them visually with an illuminated magnifying glass, then sterilised them in an autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear.

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

Records showed a risk assessment process for Legionella had been carried out in the last 12 months. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month.

Equipment and medicines

The practice maintained a comprehensive list of all equipment including dates when maintenance contracts required renewal. The principal dentist told us this helped

Are services safe?

them check and record that all equipment was in working order. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner.

The practice had systems in place regarding the prescribing, of medicines used in clinical practice. The dentists used the British National Formulary to keep up to date about medicines.

Prescription pads were stored in the surgeries when in use and in a locked cabinet in the office. Prescriptions were stamped only at the point of issue to maintain their safe use. Dentists we spoke with told us they recorded information about any prescription issued within the patient's dental care record.

Radiography (X-rays)

The records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. The practice however, did not

have a separate radiation protection file. There was no radiation protection advisor appointed by the practice but a radiation protection supervisor was appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were displayed

X-rays were printed images were stored within the patient's dental care record. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they attended training. This protected patients who required X-rays to be taken as part of their treatment.

X-ray audits were carried out every six months by the principal dentist. The results of the audits confirmed they were meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists carried out an assessment in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. This was repeated at each examination in order to monitor any changes in the patient's oral health.

We reviewed with the dentists the information recorded in five patient care records regarding the oral health assessments, treatment and advice given to patients. In some cases the clinical records were brief notes and did not always include routine charting and BPE score. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were however not updated for each patient regular intervals.

The practice did not consistently use current guidelines and research in order to continually develop and improve their system of clinical risk management. For example not recording BPE scores at least annually as recommended in guidance from the Faculty of General Dental Practice (FGDP).

Health promotion & prevention

The medical history form patients completed included questions about smoking and alcohol consumption. The dentists we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. There were health promotion leaflets available in the practice to support patients look after their general health.

The practice had a focus on preventative care and supporting patients to ensure better oral health in line with 'The Delivering Better Oral Health toolkit' (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). The practice had a selection of dental products on sale in the to assist patients with their oral health. Patients were given advice regarding maintaining

good oral health and if appropriate were referred to the dental hygienist for more support regarding general dental hygiene procedures. Where required dental fluoride treatments were prescribed.

Staffing

No new staff had been employed since the new management had taken the practice. Staff had completed an induction as was evidenced by a checklist present in the staff files.

Staff told us they had good access to ongoing training to support their skill level and they were encouraged to maintain the continuous professional development required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going continuous professional development. Mandatory training included basic life support and infection prevention and control. Records showed staff had completed this in the last 12 months.

Dental nurses were supervised and supported by the dentists. Staff told us the principal dentist were readily available to speak to at all times for support and advice. Staff told us they had received appraisals and reviews of their professional development.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed referral letters to ensure the specialist service had all the relevant information required. Dental care records contained details of the referrals made and the outcome of the specialist advice.

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

Are services effective?

(for example, treatment is effective)

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to dental treatment. The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Staff ensured patients gave their consent before treatment began. Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at 28 CQC comment cards that patients had completed prior to the inspection and spoke with four patients on the day of inspection. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. We observed staff were helpful, discreet and respectful to patients.

The practice had policies and procedures to support staff maintain patient confidentiality. These included confidentiality and data protection policies. Patient records were stored in the reception area. However we noted that these were not in lockable cupboards and could be accessible if the reception area was left unattended.

Staff we spoke with were aware of the importance of providing patients with privacy and told us that if a room was not available to talk confidentially, the dentist would request that they return at a quieter time.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Patients were also informed of the range of treatments available and their cost. However information leaflets and notices were not available in the reception area and waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice provided patients with information about the services they offered in leaflets and on their website. The services provided include preventative advice and treatment and routine and restorative dental care. We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours. Patients we spoke with confirmed they had been given an emergency appointment on the same day they contacted the practice. Staff told us each dentist had at least three emergency appointment slots each day.

Dentists told us the appointment system gave them sufficient time to meet patient needs and they could determine the length of the appointment times. Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Patients we spoke with told us (and comments cards confirmed) they had flexibility and choice to arrange appointments in line with other commitments. We observed the practice arranged appointments for family members at consecutive appointment times for their convenience.

Tackling inequity and promoting equality

The practice had equality and diversity policies to support staff in understanding and meeting the needs of patients. The practice had made adjustments to meet the needs of patients, including having a surgery that was suitable for wheelchair users to access.

Access to the service

The practice displayed its opening hours in their premises and on the practice website. Opening hours were Monday to Friday from 9.00am to 5.30pm. The practice opened up to 6.30pm on a Thursday to allow access for those patients that worked. The practice had clear instructions in the practice and via the practice's answer machine for patients requiring urgent dental care when the practice was closed. Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours. CQC comment cards reflected patients felt they had good access to routine and urgent dental care.

The practice had treatment rooms on the ground floor of the premises. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility, including installing gentle ramps into and within the practice. However the patient toilet was down a short flight of stairs which was not very accessible for patients with restricted mobility.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us that patients could raise any formal or informal comments or concerns with the principal dentist to ensure responses were made in a timely manner.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. Information for patients about how to raise a concern or offer suggestions was available in the waiting room and on the practice website. The practice had not received a complaint in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The principal dentist was responsible for the day to day running of the service and took the lead for all aspects of governance such as complaints, equipment maintenance, risk management and audits within the practice.

We found that limited governance arrangements were in place to guide the management of the practice. We found key policies to help run the service effectively were out of date or did not exist. There was no clear process in place to ensure all policies and procedures had been reviewed as required to support the safe running of the service. For example, the policy for the disinfection of dental impressions was due for review in February 2014 and was still to be addressed. The practice did not have a recruitment policy.

We also found that there was lack of an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. We noted risks arising from the lack of robust recruitment procedures, sharps handling, lack of essential emergency equipment had not been appropriately identified and mitigated.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff told us there was an open culture at the practice and they felt valued and well supported. They reported the principal dentist was very approachable. The dental nurse who was the lead infection control professional told us they had good support to carry out this role both from within the practice and from their external infection control lead.

The principal dentist provided a clearly defined leadership role within the practice. Staff told us there were informal and formal arrangements for sharing information across the practice, including informal chats between patients and practice meetings

We saw the minutes of the most recent practice meeting in March 2015 which included an infection control update as well as a staff protocol update.

Management lead through learning and improvement

Staff told us they had received training to carry out the roles they were employed for. However we found that staff were in need of adult safeguarding training. Clinical staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

The dentists, dental nurses and hygienist working at the practice were registered with the GDC. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. The practice kept a record to evidence staff were up to date with their professional registration.

The practice had completed audits of radiography-both the quality of X-ray images and compliance with the Faculty of General Dental Practice (FGDP) regarding appropriate selection criteria. We found evidence that the issues found with some poor radiographs being taken had been addressed and learning shared within the practice. Audits of other areas were also taken such as application of fluoride varnish and infection control procedures. The audits included the outcome and actions arising from them to ensure improvements were made.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had systems in place to seek and act upon feedback from patients using the service and staff, including carrying out annual surveys. The most recent patient survey in January 2015 showed a high level of satisfaction with the quality of service provided. The practice gave patients the opportunity to complete the NHS family and friends test, which is a national programme to allow patients to provide feedback on the services provided.

Staff we spoke with told us their views were sought and listened to informally and at meetings.

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

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
The provider had not provided care and treatment in a safe way because appropriate equipment to manage medical emergencies was not available.
Regulation 12 (1) (2) (e and g).

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
The practice did not have effective systems in place to;
· Assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.
· Ensure accurate and contemporaneous dental care records are always maintained.
Regulation 17 (1)(2)(a)(b)(c)(f)

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
The provider did not have an effective recruitment procedure in place to assess the suitability of staff for their role. Not all the specified information as required in the Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to persons employed at the practice was obtained for staff at the time of recruitment.
Regulation 19 (1), (2), (3)