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Skintek Dental, Laser & Aesthetic Clinic

Inspection Report

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Date of inspection visit: 18 October 2018

Date of publication: 28/11/2018

Overall summary

We carried out this unannounced inspection on 18 October 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Skintek Dental, Laser and Aesthetic Clinic is in Crawley, West Sussex and provides private treatment to adults.

There is step free access for people who use wheelchairs and those with pushchairs. Car parking spaces for blue badge holders are available near the practice which is within a short walk of car parks.

Summary of findings

The dental team includes the principal dentist, one associate dentist, one dental hygienist one dental nurse and two part-time receptionists. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

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

The practice is open:

- Tuesday, Thursday and Friday 9.30am to 7pm
- Wednesday 9.30am to 6pm
- Saturday 9am to 5pm

Our key findings were:

- The clinical staff provided patients' care and treatment based on patients' needs.
- Staff took care to protect patients' privacy and personal information. Improvements were required to the storage of patients' dental care records.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The practice premises were clean and had recently undergone a total refurbishment.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. All life-saving equipment and most medicines were available as described in recognised guidance.
- The practice had limited systems to help them manage risk. Governance arrangements were poor and ineffective.
- The practice had limited safeguarding processes and not all staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice staff recruitment procedures required improving.

- The appointment system met patients' needs.
- The practice lacked effective leadership and there were limited systems in place to encourage continuous improvement.
- The practice asked staff and patients for feedback about the services they provided.
- The practice had systems to deal with patient complaints positively and effectively.
- Improvements were required to the information governance arrangements.

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

- Ensure patients are protected from abuse and improper treatment
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure specified information is available regarding each person employed.

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

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

- Review the practice's protocols and procedures for the use of X-ray equipment in compliance with the Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. Ensuring that local rules reflect the equipment in the practice, radiation warning signs are in place and recording in patient's dental care records the reason for taking X-rays and a report on the findings and quality of the image.
- Review the practice's responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010. Ensuring that a disability access audit is complete.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low. We have told the provider to take action (see full details of this action in the Enforcement Actions section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

The practice had a limited awareness and understanding of the importance of monitoring the potential for safety incidents within the practice, to help them improve. The practice systems and processes to provide safe care and treatment required review.

Four staff, including the principal dentist had received training in safeguarding but some staff lacked knowledge and awareness of how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles; the practice did not always complete essential recruitment checks.

The premises had recently undergone refurbishment which was near completion at the time of the inspection. The practice was awaiting final maintenance checks and certificates.

The practice followed national guidance for cleaning and sterilising dental instruments; improvements were made to the storage of dental instruments following the inspection.

Improvements were required to ensure that the practice complied with the Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 with respect to information available to staff, radiation warning signs and the recording of X-rays in patients' dental care records.

The practice had some arrangements for dealing with medical and other emergencies. We found improvements were required to ensure that logs of the checks of the medicines and equipment were effective.

Enforcement action



Are services effective?

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

Improvements were required to ensure that dental care records demonstrated that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

No action



Summary of findings

The patient population at the practice was very specific. Dental care records demonstrated that patients sought the services provided by the practice for one off treatments.

A dental hygienist had been employed at the practice to provide preventative and supportive care to patients to ensure care was in line with the Delivering Better Oral Health Toolkit.

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

The practice supported staff to complete training relevant to their roles but the practice systems to help them monitor this required improvement.

Are services caring?

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

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

The practice had systems in place to identify patients with specific needs such as those patients who were anxious about visiting the dentist.

No action



Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and ease of access for families with children. The practice was due to complete a disability access audit in order to comply with the requirements of the Equality Act 2010.

The practice took patients views seriously. They valued compliments from patients and told us that any concerns or complaints would be dealt with 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 Enforcement Actions section at the end of this report).

The practice had ineffective arrangements to ensure the smooth running of the service. There were limited systems to identify risks to the quality and safety of the care and treatment provided and limited systems for the practice team to discuss potential risks. However, staff reported feeling supported and listened to.

Enforcement action



Summary of findings

The practice team kept patient dental care records which were, clearly typed although improvements were required to ensure that these were always complete and stored appropriately.

Improvements were required to the systems in place to monitor clinical and non-clinical areas of their work to help them improve and learn.



Are services safe?

Our findings

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

The practice systems to keep patients safe required improvements to ensure that these were up to date and comprehensive.

The practice had a safeguarding policy but this had not been reviewed since May 2017, contained incorrect contact details for the local safeguarding authority and there was limited information for staff about the procedures for identifying, reporting and dealing with suspected abuse. Reception staff had not received any safeguarding training and staff, including the lead, lacked knowledge about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on the dental care records, such as those who required support with mobility.

The practice had a whistleblowing policy.

The dentists used rubber 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 suitably documented in the dental care records.

The practice had a staff recruitment policy to help them employ suitable staff. We found this was not always followed. We asked to look at all staff recruitment records. No records could be produced for two members of staff. We identified that records were kept in a manner which prevented ease of access, with missing documentation in the form of Disclosure and Barring Service (DBS) checks for two staff members, professional indemnity cover was not available for two staff and there was no evidence of immunisation status of two clinical staff. Following the inspection some items were located and sent to the inspector whilst others had yet to be obtained.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and following the

inspection we saw that all necessary staff had professional indemnity cover. This was not asked for by the provider during recruitment to ensure staff were suitably indemnified.

The practice had undergone a complete refurbishment which was close to completion at the time of the inspection. Some building works were outstanding and the practice had not identified the need to organise the appropriate certification for gas and electrics. We were later sent evidence that this was due to be completed upon building completion.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. Following the inspection, the practice organised a full fire risk assessment, to take place once building works were completed and we saw evidence of this.

The practice had arrangements to ensure the safety of the X-ray equipment. The required information was in their radiation protection file. The practice met current radiation regulations with the exception that the local rules did not refer to the equipment currently in the practice. We noted that the practice did not have signage related to the undertaking of radiographs. This was brought to the attention of the provider.

We saw evidence that the radiographs were not always justified, graded or reported on. The practice had carried out a radiography audit and improvements were underway to ensure that these were carried out yearly.

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

Risks to patients

There were ineffective systems to assess, monitor and manage risks to patient safety.

The practice had minimal health and safety policies, procedures and risk assessments. Those in place were not reviewed to help manage potential risk.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff had not followed relevant safety regulation when using needles and other sharp dental items. The practice was not using safer sharps and



Are services safe?

there were no plans to move towards these. A sharps risk assessment was not in place. No information was available for staff on what to do in the event of an inoculation injury; however, the practice had not reported any incidents involving sharps.

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 Midazolam. We saw evidence that this had been ordered prior to the inspection. Improvements were required to the systems in place to make sure that all equipment and medicines were available, within their expiry date, and in working order and that this was logged. We found logs of the checks of the medical oxygen were absent. Additionally, there was no signage relating to the use of medical oxygen in the practice.

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

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

The practice had an infection prevention and control policy and procedures. We found the policy was not dated and referred to a different practice. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking and sterilising instruments in line with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Improvements were required to the systems in place to ensure that stored instruments were dated and checked appropriately. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had systems to ensure that any dental laboratory work was disinfected prior to being sent to a laboratory and before the work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. Records of water testing and dental unit water line management were in place. The practice had not identified the need for a Legionella risk assessment to be carried out. We saw evidence that this had been completed following the inspection and there were no required actions as a result of the risk assessment.

We saw cleaning schedules for the premises. The practice was clean when we inspected.

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

The practice could not locate its most recent infection and prevention control audit. Primary care dental practices should complete audits of infection prevention and control twice a year in line with guidance. We were told that an audit would be completed at the earliest opportunity.

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 dentists 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. We noted that dental care records were not stored and shared appropriately. Dental care records could not always be accessed by members of staff at the practice in a timely manner. Improvements were underway to ensure that dentists had access to all records and that records were complete.

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

The practice stored and kept records of private prescriptions as described in current guidance.

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

Track record on safety



Are services safe?

We found that changes made following previous inspections had not been sustained. At this inspection we noted that practice risk assessments in relation to safety issues were either absent, not reviewed regularly or personalised to the practice.

Lessons learned and improvements

There were ineffective systems for monitoring the risk of safety incidents and reviewing when things went wrong.

The practice staff had a low level of understanding of risk and the provider was not aware of the regulatory requirements in mitigating the risks relating to the health, safety and welfare of service users.

The practice policy on the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR, 2013) contained inaccurate information and no information was available for staff on the reporting process.

There was a system for receiving and acting on patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We saw that improvements were required to ensure that dental care records demonstrated that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

The practice used radiograph images and clinical photographs to enhance the delivery of care.

Helping patients to live healthier lives

The dental care records we viewed demonstrated that the patient demographics of the practice were very specific. Patients sought the services provided by the practice for one off treatments. Therefore, we did not see evidence of continuing care.

A dental hygienist had been employed at the practice to provide preventative and supportive care to patients to ensure care was in line with the Delivering Better Oral Health Toolkit.

The dentists, where applicable discussed smoking, alcohol consumption and diet with patients during appointments. We noted that dental care records required improvements to ensure that this information was documented. The practice had a selection of dental products for sale.

Improvements were required to ensure that dentists documented assessments of patients' periodontal needs before carrying out treatment. The dental hygienist 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.

Consent to care and treatment

The practice team told us that improvements were underway to increase staff understanding of the importance of obtaining and recording patients' consent to treatment, and to ensure patients could make informed decisions. We saw that the level of information the dentists gave to patients about treatment options and the risks and benefits of these was inconsistent as was the documenting of this in patients' dental care records.

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.

Monitoring care and treatment

The practice dental care records required improving. Dental care records were incomplete and did not contain the necessary information to ensure they met the standards required by the dental professionals' body, the General Dental Council, current guidance or to ensure continuity of care.

Effective staffing

Following refurbishments and expansion, the practice was reviewing its staff knowledge and skills to enhance the dental service provision with the aim of increasing both the amount and complexity of the dental treatment provided.

Staff at the practice told us that the staffing level met patient demand.

Staff new to the practice had a period of induction. Improvements should be considered to formalise and document this.

Staff discussed training needs at annual appraisals. We saw evidence of completed appraisals. Improvements were required to ensure that the practice implemented a system to track the continuing professional development training needs of staff.

Following the inspection, we confirmed that clinical staff completed the continuing professional development required for their registration with the General Dental Council.

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 also 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.

Are services effective?

(for example, treatment is effective)

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

Are services caring?

Our findings

Kindness, respect and compassion

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

The practice displayed various information, for example, information on private fees and complaints.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the patient waiting area provided limited 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. Improvements were required to the ways in which patients' records were stored to ensure consistency and ease of access to all staff.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care although they lacked awareness of the requirements under the Equality Act 2010. Staff had considered the needs of their patient population. Patients were told about multilingual staff that might be able to support them.

The dentists helped patients to be involved in decisions about their care. They used models, clinical photographs and radiograph images to help patients understand treatment options discussed. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

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.

The practice had made reasonable adjustments for patients with disabilities. This included step free access for patients in wheelchairs and a wheelchair accessible toilet. A Disability Access audit had not yet been completed.

Staff recognised when nervous patients needed additional emotional support such as time and reassurance.

Timely access to services

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

Patients who requested an urgent appointment were seen the same day.

The practice displayed its opening hours in the premises, and included this information in its answerphone service.

Patients needing emergency dental treatment when the practice was not open were referred to the principal dentist. The practice answerphone provided telephone numbers for patients to contact.

Listening and learning from concerns and complaints

The principal dentist was responsible for dealing with complaints and would aim to settle complaints in-house and invite patients to speak with them in person to discuss these.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice displayed its complaints policy in the waiting room. This explained how patients could make a complaint and contained information about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice had received no complaints over the previous 12 months but told us that they would take any complaints or concerns seriously and respond to them appropriately to improve the quality of care.

Are services well-led?

Our findings

Leadership capacity and capability

The practice lacked clinical and managerial leadership capacity to lead on the delivery of high-quality, sustainable care. Changes made by the practice as a result of previous inspections had not been embedded or sustained. Leaders lacked knowledge and awareness of regulatory requirements.

Vision and strategy

The practice strategy was focused on providing cosmetic and facial aesthetic dental treatments and aimed to expand the dental services provided, increasing both the amount and complexity of dental care.

Culture

There was no evidence of a common set of values shared by staff; the practice lacked organisational culture.

The practice had a policy to address the requirements of the Duty of Candour.

Staff stated that they felt supported.

Governance and management

The principal dentist had overall responsibility for the management, clinical leadership and day to day running of the service.

Governance arrangements were poor, disorganised and ineffective. There were ineffective processes for identifying and managing risks.

Risks associated with building refurbishments, gas and electric certification, recruitment and training had not been identified prior to the inspection. Some policies and risk assessments were absent, for example, those related to health and safety, fire, Legionella and sharps. Policies and procedures were not always reviewed or personalised to the practice, for example, infection prevention and control and RIDDOR. Requested documents took time to be located or could not be found. There were no systems in place to identify the need to organise documents so that staff could access them in a timely manner.

The systems in place for dealing with medical emergencies were ineffective. Equipment was stored in a way which

prevented ease of access, logs of the checks of the medical emergency equipment and medicines were not dated or signed, and had not identified in a timely manner out of date midazolam. There were no logs of checks of the medical oxygen.

Systems in place to maintain dental care records were ineffective. Dental care records were incomplete and could not always be accessed by members of staff.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Improvements were still required to the storage of patients' dental care records to ensure ease of access for all staff.

Systems and processes supported the confidentiality of people using the service.

Engagement with patients, the public, staff and external partners

The practice used automated telephone patient satisfaction surveys and verbal comments to obtain patients' views about the service.

The practice gathered feedback from staff through informal discussions. We noted that staff meetings had been held infrequently over the previous 12 months although improvements were underway to ensure that these were held monthly.

Continuous improvement and innovation

There were limited systems and processes for learning and encouraging improvements within the practice. There was no system in place to ensure that required audits were undertaken. For example, an infection prevention and control audit had not been undertaken. We were sent evidence following the inspection that this had been completed.

The whole staff team had annual appraisals. The dentists had personal development plans in place.

There was no system in place to ensure that staff completed 'highly recommended' training as per General Dental Council professional standards. We saw evidence following the inspection that all staff had completed medical emergencies and basic life support training.

Enforcement actions

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 13 CQC (Registration) Regulations 2009 Financial position</p> <p>Health and Social Care Act 2008 (Regulated Activities)</p> <p>Regulations 2014</p> <p>Regulation 13 Safeguarding service users from abuse and improper treatment</p> <p>Service users must be protected from abuse and improper treatment</p> <p>How the regulation was not being met</p> <p>The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users.</p> <p>In particular:</p> <ul style="list-style-type: none">· The lead for safeguarding vulnerable adults and children did not have the knowledge or understanding to ensure effective safeguarding processes and procedures were in place and could be followed by all staff.· Two staff members lacked knowledge and awareness of safeguarding vulnerable adults and children.· Reception staff had not received any training in safeguarding vulnerable adults or children.

Enforcement actions

- The safeguarding policy had not been reviewed since May 2017 and the policy did not contain the correct contact details for the local safeguarding authority.

13 (1) (2) (3)

Regulated activity

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

Regulation

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 that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.

In particular:

- There was no system in place to ensure that required audits were undertaken. An infection prevention and control audit had not been undertaken.
- There was little demonstration of clinical or managerial leadership in the practice. Changes made by staff as a result of previous inspections were not embedded or sustained.

Enforcement actions

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

In particular:

- There were no systems to track the continuing professional development training needs of staff, to ensure that staff are up to date with the training requirements of their professional registration, and no system to document induction programmes were completed for new staff.
- The Hepatitis B status of two staff members was unknown. There were no risk assessments in place to mitigate this risk.
- No certification for gas and electrics within the practice had been completed, the need for such certification had not been identified by the practice.
- There were no health and safety risk assessments, including Legionella, sharps and fire.
- Policies were not reviewed on a regular basis, information contained within policies was not updated and policies were not always personalised to the practice.
- The provider's systems for checking that medical emergency medicines and equipment were present and in date was ineffective. Equipment and medicines to deal with medical emergencies were stored in separate bags which prevented ease of access.
- There was no signage pertaining to the use of medical oxygen in the practice.
- The practice policy on the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR, 2013) contained inaccurate information and failed to contain information such as all categories of reportable incidents; neither was any information available on the reporting process.

Enforcement actions

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

In particular:

- Dental care records were incomplete and did not contain the necessary information to ensure they met the standards required by the dental professionals' body, the General Dental Council, or to ensure continuity of care.
- Dental care records for X-rays taken showed that these were not always justified or reported on.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process.

In particular:

- Governance systems in the practice were disorganised. There were no systems to identify the need to organise documents so that staff could access them in a timely manner. Requested documents took time to be located or could not be found.
- The need to make required changes to the Statement of Purpose had not been identified.

Regulation 17 (1)

Enforcement actions

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014

Regulation 19 Fit and proper persons employed

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

How the regulation was not being met

The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work. In particular:

- Recruitment procedures were inconsistent and the practice recruitment policy was not being followed, documentation pertaining to recruitment was disorganised and stored in a way which prevented ease of access.

19 (2)

How the regulation was not being met

The registered persons 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:

- No staff recruitment records could be produced for two members of staff.
- Disclosure and Barring Service checks for two staff had not been completed.

This section is primarily information for the provider

Enforcement actions

- Evidence of qualifications relevant to the duties for which the person was appointed were not available for all staff.
- Up to date information on the medical indemnity of clinical staff was unavailable.

19 (3)