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Dental Practice - Barkingside

Inspection Report

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Overall summary

We carried out an unannounced comprehensive inspection on 18 November 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 not 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.

Dental Practice – Barkingside is located in the London Borough of Redbridge. The practice is on two floors, with one treatment room and a patients' toilet on the ground floor and another treatment room on the first floor. There is also a reception and waiting area.

The practice provides NHS and private dental services and treats both adults and children. The practice offers a range of dental services including routine examinations and treatment.

The staff structure of the practice comprises of the principal dentist, an associate dentist, a specialist dentist, a dental nurse and two trainee dental nurses. The practice was open Monday to Friday from 9.am-5.30pm and Saturday from 9am-1pm.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons 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 inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We were unable to review Care Quality Commission (CQC) comment cards completed by patients as this was an unannounced inspection. We did review feedback from patients who had completed the 'Friends and Family Test' comment cards and found that the feedback was mostly positive.

Summary of findings

Our key findings were:

- Patients were able to make routine appointments and emergency appointments when needed.
- Equipment, such as the air compressor, autoclave (steriliser), and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients indicated on the 'Friends and Family Test' comment cards that they felt they were listened to and that they mostly received good care from the practice team.
- There was a complaints procedure available for patients.
- Patients' needs were not always assessed and care not planned in line with best practice guidance, such as from the National Institute for Health and Care Excellence (NICE).
- Staff were not aware of following the correct protocols while cleaning and decontaminating used dental instruments.
- Medicines and equipment to manage medical emergencies was not available on the day of the inspection.
- Governance arrangements were limited and the practice did not have a structured plan in place to assess various risks arising from undertaking the regulated activities and to effectively audit quality and safety.

We identified regulations that were not being met and the provider must:

- Ensure that persons providing care and treatment to service users have the qualifications, competence, skills and experience to do so safely.
- Ensure the practice's recruitment policy and procedures are suitable and 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.

- Ensure 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.
- Ensure the practice's infection control procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Ensure an effective system is established to assess, monitor and mitigate the risks arising from undertaking of the regulated activities.
- Ensure audits of various aspects of the service, such as radiography, infection control and dental care records are undertaken at regular intervals to help improve the quality of service. The practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.

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

- Review the protocols and procedures for use of X-ray equipment giving due regard to Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Establish a system for recording the induction of agency staff.
- Review the storage of dental care records to ensure they are stored securely.
- Review the practice's policies and ensure they are up to date.
- Review its current systems to seek and act on patient feedback.
- Review its audit protocols to ensure audits of various aspects of the service, such as radiography and dental

Summary of findings

care records are undertaken at regular intervals to help improve the quality of service. Practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.

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 practice did not have systems in place to minimise the risks associated with providing dental services. The practice did not have adequate policies and protocols related to the safe running of the service. There was a safeguarding lead and most of the staff understood their responsibilities in terms of identifying and reporting any potential abuse. Most equipment was being maintained and checked for effectiveness. However, we found that some dental materials and drugs were out of date.

The practice had systems in place for waste disposal.

We were provided evidence by the principal dentist after the inspection that necessary steps, including risk assessments had been undertaken, and additional training for staff arranged.

Are services effective?

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

The practice could not fully demonstrate they followed guidance, for example, issued by the National Institute for Health and Care Excellence (NICE). The practice monitored patients' oral health and gave appropriate health promotion advice. However, periodontal tissues were not always assessed and the justification, quality and report of X-rays taken was not always documented.

Staff records were incomplete in relation to continuous professional development (CPD). We found that staff had not had training in the Mental Capacity Act.

Are services caring?

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

We observed staff being welcoming and friendly when patients came in to book an appointment. We noted that the feedback on the 'Friends and Family Test' was mostly positive. Patients felt that the staff were kind and caring; they told us that they were treated with dignity and respect at all times.

Are services responsive to people's needs?

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

Patients had good access to appointments, including emergency appointments, which were available on the same day. Staff had access to translation services, if required. The needs of people with disabilities had been considered in terms of accessing the service. Patients were invited to provide feedback via the 'Friends and Family' Test. However, the test results had not been reviewed by the practice.

The practice had a complaints policy and procedure in place. We were told no complaints had been received in the past year.

Are services well-led?

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

There were limited governance arrangements in place to guide the management of the practice. This included not having appropriate policies and procedures. We were told staff meetings took place and saw minutes of the last two

Summary of findings

meeting; however staff told us that their views were not always taken on board. There were no risk assessments in place, recruitment records were incomplete, Control of Substances Hazardous to Health 2002 COSHH and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) policies were not available and there was out of date dental materials and drugs.

Dental Practice - Barkingside

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an unannounced, comprehensive inspection on 18 November 2015 as a result of a complaint in regards to safety standards at this practice. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

During our inspection visit, we reviewed policy documents. We spoke with the principal dentist, associate dentist, dental nurse and a trainee dental nurse. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment.

We observed the trainee dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the reception area.

We spoke with one patient on the day and reviewed the 'Friends and Family test' survey. They were mostly complimentary about the friendly and caring attitude of the dental staff.

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

There had been no incidents reported in the past year. The staff we spoke with were unable to find a policy in relation to incident reporting, which described the actions that staff needed to take in the event that something went wrong or if there was a 'near miss'. The principal dentist confirmed that if patients were affected by something that went wrong, they would be given an apology and informed of any actions taken as a result, however, was unable to provide evidence of this.

Two members of staff we spoke with understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We were told that there was a RIDDOR policy; however the policy and associated forms were not available on the day of the inspection.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team and social services. The principal dentist was the lead in managing safeguarding issues. There was evidence that the principal dentist and one of the associate dentists had completed safeguarding training in the past year. Most of the staff we spoke with were able to tell us signs of abuse and how they would raise concerns. There had been no safeguarding issues reported by the practice to the local safeguarding team.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. Staff told us they were confident about raising such issues with the principal dentist; however were not confident that they would be listened to.

The practice did not have risk assessments in place to keep staff and patients safe. For example, there were no risk assessments relating to fire safety, safe use of sharps (needles and sharp instruments) and legionella.

The principal dentist told us rubber dam was used for root canal treatments. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth].

Medical emergencies

The practice did not have suitable arrangements in place to deal with medical emergencies. There was no evidence that three members of staff had received training in emergency resuscitation and basic life support in the past year. The practice did not have a protocol for responding to an emergency.

The practice did not have had suitable emergency equipment in accordance with guidance issued by the Resuscitation Council UK. One of the emergency medicines was missing and another out of date. The two oxygen cylinders on site had expired in January 2015 and there was no spacer device for use by asthmatic patients. There was also no self-inflating bag and mask apparatus to manage a patient's airway and staff did not have access to an automated external defibrillator (AED). (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). There were no records that emergency equipment was checked and tested regularly. The principal dentist obtained a new oxygen cylinder and replaced the out of date drugs on the day of the visit.

Staff recruitment

There was no recruitment policy in place. We asked to look at the recruitment files for the six members of staff working at the practice. We found that the practice had carried out a check with the Disclosure and Barring Service (DBS) for four members of staff. These checks are to ensure that the person being recruited was suitable for the role. However, there were no references and induction records to ensure that the person was competent to do the job. Two of the files looked at did not contain up to date evidence of professional indemnity. Three files contained proof of identity and records of hepatitis B immunisation. However, there was no employment history and one file did not contain evidence of professional registration. There were no recruitment records, including DBS checks, for the two trainee dental nurses who worked at the practice.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies in relation to health and safety. We saw that there was a health and safety policy in place, smoke detectors and fire extinguishers. The staff we spoke with told us fire safety checks and drills were not carried out

Are services safe?

periodically and that they had not received basic fire safety training. The provider told us that this was not needed as they had smoke detectors and firefighting equipment onsite.

There were no arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was no COSHH file where risks to patients, staff and visitors that were associated with hazardous substances had been identified, and actions were described to minimise these risks. The principal dentist told us that there was a COSHH file however; it was at another practice on the day of the visit.

The practice did not receive alerts from Medicines and Healthcare products Regulatory Agency (MHRA). MHRA alerts highlight the risks associated with drugs and equipment. The principal dentist told us they relied upon the Commissioners at NHS England to pass any relevant safety alerts or information on to them. However, they had no evidence to demonstrate this was happening.

Infection control

There were limited systems in place to reduce the risk and spread of infection. There was an infection control policy on display in the surgeries which included hand hygiene and use of protective equipment. However, we found the staff not following this. There was no evidence that the dental nurses had received up to date training. According to the records we looked at, one of the specialist dentists last had infection control training in 2012.

The practice was not following the guidance on 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)'. In accordance with HTM 01-05 guidance, an instrument transportation system had been implemented; however, the container used was not lockable, therefore did not ensure the safe movement of instruments between treatment room and the decontamination room therefore, the risk of infection spread was not minimised.

There was a dedicated decontamination room; however, it was not being used effectively as instruments were still being decontaminated in the treatment room. The trainee dental nurse showed us how they decontaminated instruments and cleaned the surgery. We noted that they wore suitable personal protective equipment, such as

heavy duty gloves and eye protection but not a disposable apron. The water temperature was not checked at the beginning of the procedure for cleaning instruments manually and lint-free cloth was not used for instrument drying. We saw that an illuminated magnifier was used to check for any debris during the cleaning stages. Items were placed in an autoclave (steriliser) after cleaning. We observed the trainee using 'dirty' heavy duty gloves to operate the autoclave and to pouch clean instruments that had already been sterilized. We observed 'dirty' gloves being used for setting up the surgery for the next patient. We also saw that a single-use treatment tray was sprayed with disinfectant with the intention of re-use. The principal dentist did intervene to stop this happening.

Most instruments were placed in pouches for storage; however, a number were not sealed and did not have the date stamp to indicate how long they could be stored for before the sterilisation became ineffective.

The practice had two autoclaves. There was a daily test carried out on one of the autoclaves to check its performance, however the test carried out was not in accordance with HTM01-05, for example, temperature and pressure checks were not undertaken and documented to ensure that the autoclave was functioning correctly. We were told the second autoclave was not used. We were told regular infection control audits were carried out by the practice; the last one was carried out in August 2015. However, the audit protocol used was out of date and not in line with current guidance.

The practice had an on-going contract with a clinical waste contractor. Waste was being segregated prior to disposal. Staff demonstrated they understood how to dispose of single-use items; however, we found items recommended as single-use, such as steel burs and root canal instruments, were being re-used. This was raised with the provider on the day of the inspection and we were assured that these instruments would no longer be re-used.

A Legionella risk assessment had been not been carried out. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The principal dentist told us they had been told this was not necessary as they did not have a water tank.

Are services safe?

We were told that the dental nurses cleaned the practice at the end of the day. We saw that the appropriate colour-coded mops buckets and clothes were not in use and mops and buckets were not stored appropriately.

There were good supplies of protective equipment for patients and staff members including gloves, masks, eye protection. There were hand washing facilities in the treatment room, decontamination room and the toilets.

All of the staff were required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. However, there were no records that the trainee dental nurses and the principal dentist had been immunised.

Equipment and medicines

We found that most of the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, autoclaves and X-ray equipment had all been inspected and serviced in the past year. We saw portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process during which electrical appliances are routinely checked for safety.

The practice did not keep medication on site. We found prescription pads were stored securely.

Radiography (X-rays)

The practice kept a radiation protection file in relation to the use and maintenance of X-ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) within the recommended timescales. The principal dentist was the radiation protection supervisors (RPS). However, there was no evidence in the staff files we checked that all clinical staff had completed radiation training. X-rays were not audited for quality. There was also no evidence that the practice had notified the Health and Safety Executive that they were using radiation in accordance with the Ionising Radiations Regulations 1999 (IRR99). The principal dentist told us that they thought that this had been done by the person who installed the machine.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we checked seven dental care records to confirm the findings and discussed patient care with the principal dentist. The dentists always checked people's medical history and medicines they were on prior to initiating treatment.

As part of the assessment we noted that the dentist regularly assessed soft tissues (including lips, tongue and palate) and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). However, the dentist did not always record the justification, quality and findings of X-ray images taken. The records showed that an assessment of periodontal tissues was not periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentist to indicate the level of treatment need in relation to a patient's gums

The dentist was aware of the Delivering Better Oral Health Toolkit when considering care and advice for patients. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The practice did not keep up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice did not refer to National Institute for Health and Care Excellence (NICE) guidelines in relation to deciding appropriate intervals for recalling patients.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Staff told us they discussed oral health with their patients, for example, effective tooth brushing or dietary advice. The dentist did not always identify the patients' smoking status and alcohol intake and record this in their notes.

We observed health promotion materials in the waiting area to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition.

Staffing

We reviewed staff files and saw that the principal dentist and the associate dentist had completed continuing professional development (CPD) in the subjects recommended by the General Dental Council, which included responding to emergencies and infection control. However, the specialist dentist did not have evidence in their file of recent training. We were told that the specialist dentist was leaving the practice imminently. There was a system in place to cover staff absenteeism by using a locum nurse. This nurse was still in training however, there were no records of induction for this person.

Staff told us that they had never had an appraisal and that there was no process whereby their training needs were identified and performance evaluated.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. The dentist used a system of onward referral to other providers, for example, for periodontal surgery. The practice did not keep a copy of the referral forms for local secondary and tertiary providers.

Consent to care and treatment

The practice staff were unable to explain how valid consent was obtained for all care and treatment. Our check of the dental care records found that these discussions about treatment options and consent were not always recorded.

Staff were not aware of the Mental Capacity Act (MCA) 2005 and there was no training planned in this subject. They could not accurately explain the meaning of the term mental capacity and describe to us their responsibilities to act in patients' best interests, if patients lacked some decision-making abilities. The MCA 2005 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. We were told that staff had not received training in this area.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

As this was an unannounced inspection patients were unable to provide us feedback using CQC comment cards.

We observed staff were welcoming and helpful when patients arrived to query appointments. The nurse spoke politely and calmly to all of the patients. Doors were always closed when patients were in the treatment room.

Dental care records were stored in a paper-based format. Some paper records were not stored securely; they were being stored in a box under a desk. Staff understood the

importance of data protection and confidentiality. They described systems in place to ensure that confidentiality was maintained. The computer screen at reception was positioned in such a way that it could not be seen by patients. Staff also told us that people could request to have confidential discussions in the treatment room, if necessary.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area which gave details of NHS charges or fees. There was information in the waiting area with details of what to do in the event of a dental emergency.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The dentist specified the timings for some patients when they considered that the patient would need an appointment that was longer than the typical time.

Staff told us they had enough time to treat patients and that patients could generally book an appointment in good time to see them. The reviewed the appointment system and found that patients could get an appointment within a reasonable time frame and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff told us that they had access to a translation service.

The practice was located on the ground and first floor. We were told patients in wheelchairs or with prams could access the treatment room on the ground floor and the toilet.

Access to the service

The practice was open Monday to Friday from 9am-5.30pm; opening hours were on the practice website. Patients could book an appointment in advance.

We asked the dental nurse about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message and the website gave details on how to access out of hours emergency treatment. Staff told us that the patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated.

Concerns & complaints

The practice had a complaints policy describing how the practice would handle complaints from patients and there was information for patients about how to make a complaint in the waiting area. We were told there had been no complaints recorded in the past year.

The practice had started using the NHS 'Friends and Family Test'. We looked at 20 feedback forms and found that most of the feedback was complementary and positive. The practice had not yet reviewed the results of the 'Friends and Family Test' and did not have any other system in place to obtain patient feedback.

Are services well-led?

Our findings

Governance arrangements

The practice had a clear management structure. However, there were limited policies and procedures in place. Staff were not being supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council. Records relating to patient care and treatment were not all kept accurately.

There were inadequate arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. There was no risk assessment in place for fire safety and a legionella.

We were told practice meetings took place and were provided with minutes of meetings held in November and July 2015. We were told these meetings were held to discuss concerns or changes to practice.

Leadership, openness and transparency

The staff we spoke with told us that they enjoyed their work and had enough time to do their job appropriately. However, they did not always feel listened to.

There was no system for appraising staff to support them in carrying out their roles to a high standard.

Learning and improvement

We saw evidence that two members of staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC); however records were incomplete for other members of staff.

The practice did not have an adequate programme of clinical audit in place. An infection control audit was being carried out however; the audit document used was not up to date. There were no audits of dental care records or X-rays.

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

The practice had a system to gather feedback from patients through the use of the 'Friends and Family Test' survey. However, results had not been reviewed by the practice.

Staff said they could approach the principal dentist with feedback at any time; however they told us that their feedback was not listened to.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems in place to :</p> <p>Ensure that persons providing care and treatment to service users have the qualifications, competence, skills and experience to do so safely.</p> <p>Assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated.</p> <p>Regulation 12 (1) (2) (c) (h)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems in place to :</p> <p>Assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.</p> <p>Ensure that their audit and governance systems were effective.</p> <p>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</p> <p>Regulation 17 (1) (2) (b) (c) (f)</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

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

How the regulation was not being met:

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 (Schedule 3) relating to persons employed at the practice was obtained.

Regulation 19 (1), (2)