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Highgrove Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 19 November 2019 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Highgrove Dental Care is in Reading and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice, via a ramp, for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes two dentists, two dental nurses, one dental hygienist and a receptionist. The practice has two treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist. 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.

On the day of inspection, we collected 44 CQC comment cards filled in by patients and spoke with two other patients.

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

The practice is open:

- Monday, Wednesday, Thursday and Friday 8.00am to 4.00pm
- Tuesday 10.00am to 7.00pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance but improvements were needed.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff but improvements were needed.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider did not operate staff recruitment procedures in line with current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.

- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had systems in place to deal with complaints efficiently.
- The practice did not have effective management leadership.

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

- Ensure all premises and equipment used by the service provider is fit for use. In particular, emergency lighting provision and testing; and portable appliance and fixed wiring electrical safety.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. Specifically, management of infection control, sharps and medicines.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Take action to ensure the service takes into account the needs of disabled people and to comply with the requirements of the Equality Act 2010. Specifically, arrangements to support patients who experience hearing loss.

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

Requirements notice 

Are services effective?

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

No action 

Are services caring?

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

No action 

Are services responsive to people's needs?

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

No action 

Are services well-led?

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

Requirements notice 

Are services safe?

Our findings

We found 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 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 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.

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

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They generally followed guidance in The Health Technical Memorandum 01-05:

Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care.

Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05 but improvements were needed to ensure adequate personal protective equipment (PPE) was worn by all staff who performed instrument cleaning tasks. We observed a nurse wearing unprotected loupes (magnifying glasses that dentists wear to enlarge everything that they

see in the mouth) to manually scrub, rinse and inspect instruments. HTM01-05 guidance recommends glasses should be further protected by wearing a visor or face shield.

The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of injury from a sharp instrument.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean. We noted that clinical uniforms were stored together with outdoor clothing. Following our inspection, the practice sent us photographic evidence to confirm this shortfall had been addressed and uniforms and outdoor clothing were stored separately.

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

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

An annual infection control statement was not available.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, for

Are services safe?

example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider did not have a recruitment policy and procedure to help them employ suitable staff. We looked at one staff recruitment record and found that this record did not have evidence of a health assessment having been carried out or references obtained. This shortfall indicated the provider did not have an effective recruitment procedure.

We observed clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff generally ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Improvements were needed to ensure a five yearly electrical installation check was carried out. Following our inspection, the practice sent us evidence to confirm this shortfall had been addressed and a test had been booked.

Evidence to confirm portable appliance testing had been carried out was not available. We were told this had been done but confirmation had not been received.

gas boiler was situated in a cupboard, next to the patient toilet, on the lower ground floor of the practice. The cupboard also contained tins of paint and Christmas decorations. A carbon monoxide detector was not present near the boiler. Since our inspection the practice has sent us photographic evidence to confirm this shortfall has been addressed and the materials have been removed.

We reviewed the most recent fire safety risk assessment which was carried out by the provider. They could not demonstrate competency to perform this task when questioned. Following our inspection, the practice sent us evidence to confirm this shortfall had been addressed and a fire risk assessment had been booked to be carried out by a person who had the relevant competency.

We found a number of fire safety shortfalls. Specifically, the rear fire escape from the first floor of the practice was compromised by garden waste, staff training was overdue

for five of the six staff and emergency lights were neither tested nor serviced. We referred our concerns to Royal Berkshire Fire and Rescue service who told us they would carry out their own investigation.

The practice had arrangements to ensure the safety of the X-ray equipment but improvements were needed. One X-ray machine did not have a rectangular collimator. A collimator is used to reduce the size and shape of the X-ray beam, thereby also reducing the volume of irradiated tissue in the patient.

We saw the required radiation protection information was available.

We were shown evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. Dentists told us they chose not to follow relevant safety regulation when using needles and other sharp dental items. We observed a nurse handling sharps in a way that did not follow the practice's sharps risk assessment. We were assured this action would cease and only the dentists would handle sharps in future.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. Records showed that the effectiveness of the vaccination was checked for four of the five clinical staff.

Staff had completed sepsis awareness training.

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

Are services safe?

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

We observed that the emergency oxygen cylinder held 425ltrs not 460lts as recommended in Resuscitation Council Guidance. The cylinder was 75% full.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health (COSHH). We noted the storage arrangements for cleaning equipment did not follow national guidance. Specifically, cleaning substances were stored in an unsecured under sink cupboard in the patient toilet. These were immediately moved to the staff room during our inspection. Following our inspection, the practice sent us photographic evidence to confirm this shortfall had been addressed and a lock had been placed on the cupboard where substances were stored.

Oxygen, radiation, electricity and gas danger warning signs were not present in the practice. Following our inspection, the practice sent us photographic evidence to confirm this shortfall had been addressed.

The staff toilet did not have a waste paper bin available for used paper towels. Following our inspection the practice sent us photographic evidence to confirm this shortfall had been addressed.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to corroborate our findings and observed that individual records were typed and managed in a way which kept patients safe.

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider did not have systems for appropriate and safe handling of medicines.

We were shown dispensed medicine labels contained prescribing information but they did not contain the name and address of the practice in line with medicine labelling regulations.

Medicines which were held on site were not managed by way of a stock control system.

We saw staff stored NHS prescriptions, but improvements were needed to ensure the pads were stored securely at all times. The practice did not keep a log of prescription pads held on site.

Antimicrobial prescribing audits were not carried out which meant the dentists could not demonstrate they were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand the potential risks and led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

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

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce preventative advice.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the

risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements. Patient dental care record audits were not carried out for the hygienist working at the practice.

Effective staffing

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

Staff new to the practice including locum/agency staff had a structured induction programme. We confirmed 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 for treatment the practice did not provide. Staff did not monitor referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were caring, helpful and professional. We saw staff treated patients politely calmly and respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

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

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. If a patient asked for more privacy, the practice would respond appropriately.

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.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act however; interpreter services were not available for patients who did not speak or understand English.

Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

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

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patient's needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of support which may be needed by more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Two weeks before our inspection, we sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

44 cards were completed, giving a patient response rate of 88%

100% of views expressed by patients were positive.

Common themes within the positive feedback were, friendliness of staff, easy access to dental appointments, and the caring manner of the dentists.

We shared this with the provider in our feedback.

We were able to talk to two patients on the day of inspection. Feedback they provided aligned with the views expressed in completed comment cards.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

The practice had made reasonable adjustments for disabled patients. This included step free access (via a portable ramp) and reading glasses.

The layout of the practice did not permit a wheelchair accessible toilet.

There were not arrangements in place to support hearing aid wearing patients.

Timely access to services

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

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patient's needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with the NHS 111 out of hour's service and patients were directed there when the practice was closed.

The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

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

The provider was responsible for dealing with complaints. Staff told us they would tell the provider about any formal or informal comments or concerns straight away so patients could receive a quick response.

The provider aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the provider had dealt with their concerns.

Are services responsive to people's needs?

(for example, to feedback?)

The provider had not received any complaints in the previous 12 months but had systems in place to respond to concerns appropriately and discuss outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

We have told the provider to take action (see full details of this action in the Requirement Notice 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.

Leadership capacity and capability

We found the provider had the capacity and skills to deliver high-quality, sustainable care but improvements were needed.

The provider was visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

Culture

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

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

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We saw the provider had systems in place to deal with poor staff performance.

The provider was aware of, and had systems, to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the day to day management and clinical leadership of the practice. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed regularly.

We saw there were processes for managing risks, issues and performance but these were not followed which resulted in poor risk management at the practice.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients and staff

The provider used patient surveys, comment cards and encouraged verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted upon.

Feedback from patients had prompted the practice to include new patient registration documents to its website

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback about NHS services they have used.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted upon. Feedback from staff had prompted the practice to replace the flooring in one of the treatment rooms.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dentist's dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

Hygienists dental care records were not audited.

Are services well-led?

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

Staff completed 'highly recommended' training as stated in the General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 15</p> <p>Premises and equipment</p> <p>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</p> <p>Premises and Equipment</p> <p>How the regulation was not being met</p> <p>The registered person had failed to ensure that all premises used by the service were properly maintained. In particular,</p> <ul style="list-style-type: none">• Emergency escape routes• Emergency lighting• Electrical fixed wiring risk assessments• Portable appliance testing <p>Regulation 15(1)</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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17</p> <p>Good governance</p>

Requirement notices

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

Good Governance

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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- Sharps protocols
- Infection control
- Medicines management

There was additional evidence of poor governance. In particular:

- Hepatitis B immunity was not checked for all staff.
- Audits of patient dental care records were not carried out for all relevant staff.
- Referrals were not tracked to ensure they were received in a timely manner.
- Interpreting services were not available
- Arrangements were not in place to support patients with hearing loss.

Regulation 17(1)

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

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 19

Recruitment

Requirement notices

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.

Fit and proper persons employed

How the regulation was not being met

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

Information missing included:

- Health Assessment
- Evidence of conduct in previous employment

Regulation 19(3)