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Smiles 4 U Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 24 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 providing safe care in accordance with the relevant.

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

Smiles 4 U is located in the London Borough of Haringey and provides NHS and private treatment to both adults and children. The premises is on the ground floor and consists of three surgeries, a reception area and a dedicated decontamination room. The premises are wheelchair accessible and have facilities for wheelchair users, including an accessible toilet. The demographic of the practice is mixed and serves patients from different social and ethnic backgrounds. The practice is open Monday to Friday 9:30am – 6:00pm and Saturday 9:30am – 2:00pm.

The staff consists of the principal dentist, four associate dentists, three trainee dental nurses, one dental hygienist and a practice manager. 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.

We received 26 Care Quality Commission (CQC) comment cards completed by patients. Patients who completed the comment cards were positive about the service. They were complimentary about the friendly and caring attitude of the staff.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor

Summary of findings

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- There were effective processes in place to reduce and minimise the risk and spread of infection; however improvements were required in relation to following current infection control guidance.
- Staff had been trained to handle emergencies, and appropriate medicines and life-saving equipment were readily available. Staff knew where the equipment was stored
- There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, oxygen cylinder and the X-ray equipment.
- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system and the practice was open and transparent with patients if a mistake had been made.
- At our visit we observed staff were kind, caring and professional.
- Suitable checks had not been undertaken before employing staff.
- Governance arrangements were in place for the running of the practice; however 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.

- The practice had not carried out an infection control or X-ray audit in the last 12 months.
- No formal appraisals had been carried out with staff to discuss their role and identify additional training needs.

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

- 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 an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure the training, learning and development needs of individual staff members are reviewed at appropriate intervals and an effective process is established for the on-going assessment and supervision of all staff.
- 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.

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 providing safe care in accordance with the relevant regulations.

The practice had systems in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was maintained and in line with current guidelines. Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency and stored safely. X-rays were taken in accordance with relevant regulations.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence, (NICE) and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers. We saw examples of effective collaborative team working.

Are services caring?

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

We reviewed 26 completed CQC comments cards and patients were positive about the care they received from the practice. Patients commented they felt fully involved in making decisions about their treatment, were made comfortable and felt, their concerns, if any would be listened to.

We noted that patients were treated with respect and dignity during interactions at the reception desk and over the telephone.

Are services responsive to people's needs?

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

The needs of people with disabilities had been considered and there was wheelchair access to the practice. There was a clear policy in place which was used to handle complaints as they arose. We saw that that complaints had been dealt with promptly and in line with the practice policy. Patients had access to information about the service including via the practice website. There was a practice leaflet with relevant information for patients and also a patient information noticeboard.

The practice provided friendly and personalised dental care. Patients had good access to appointments, including emergency appointments, which were available on the same day.

Are services well-led?

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

Summary of findings

Staff told us the practice manager was always approachable and the culture within the practice was open and transparent. Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.

Staff told us they enjoyed working at the practice and felt part of a team.

However, we noted that the practice did not have robust systems in place to identify and manage risks such as those arising from employing staff without undertaking the required pre-employment checks. Policies were not frequently reviewed and updated. For e.g. we saw that the risk assessment for Control of Substances Hazardous to Health Regulations 2002 (COSHH) had been carried out in 2011 and hadn't been reviewed since.

There was no system in place for carrying out formal appraisals with staff to discuss their role and identify additional training needs. The provider was relying on staff to undertake their continued professional development and there were no assurance systems in place to confirm that all staff were up to date with their training. Audits such as those on infection control and suitability of X-rays and dental care records had not been undertaken in the last 12 months.

Smiles 4 U Dental Care

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 announced, comprehensive inspection on 24 November 2015. The inspection was carried out by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider and information available on the provider's website.

During our inspection visit, we reviewed policy documents and staff records. We spoke with four members of staff, which included the principal dentist and two dental nurses. We conducted a tour of the practice and looked at the

storage arrangements for emergency medicines and equipment. We reviewed the practice's decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area. We also reviewed 26 CQC comment cards completed by patients in the two-week period prior to our inspection visit.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had an incidents and accident reporting procedure. All staff we spoke with were aware of reporting procedures including recording them in the accident book. There were no reported incident or accidents within the last 12 months. There was a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) but staff were not aware of the requirements. The provider told us that training would be provided shortly. There were no RIDDOR incidents within the last 12 months.

The practice had carried out a Control of Substances Hazardous to Health, 2002 (COSHH) risk assessment in 2011. Some members of staff we spoke with however did not have an understanding of COSHH regulations. We discussed this with the principal dentist who told us that the risk assessments will be updated and shared with all members of staff.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for safeguarding adults and child protection. Details of the practice safeguarding leads, local authority safeguarding teams and other useful telephone numbers were however not in the policies. There was no identified safeguarding lead. Some staff had completed child protection and safeguarding training on 5 November 2015. Evidence was not available for us to confirm whether other staff were up-to-date with their training. All staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

The practice was following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [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 and protect the airway].

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. Oxygen and medicines for use in

an emergency were available in accordance with British National Formulary (BNF) guidance. We observed there were no child size oxygen mask available. We discussed this with the practice manager who immediately placed an order to arrive the following day.

Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use. Records showed that some staff had completed basic life support training on 05 November 2015. Evidence of training for other staff members like three of the associates and dental hygienist was not available for us to confirm if they were up to date with their training. All staff were aware of where medical equipment was kept and knew how to respond if a person suddenly became unwell.

Staff recruitment

There were recruitment and selection procedures in place. We reviewed the employment files for seven staff members. The files contained some evidence that satisfied the requirements of relevant legislation including employment history and evidence of qualifications. The practice had a recruitment policy which identified areas such as references, the employee's identification and eligibility to work in the United Kingdom where required. We observed that the practice recruitment policy was not always followed and we discussed this with the principal dentist.

Appropriate checks of staff's professional registration with the General Dental Council (where required) had been carried out.

However, we found that there were no application forms, references, identity checks or copies of qualification for staff prior to the commencement of their employment at this practice. One of the staff member's Disclosure and Barring Service Check (DBS) was done in 2010 and was from a previous location. None of the DBS checks we were shown were raised while staff were employed at this practice. The provider was in the process of updating the DBS checks for all members of staff. Evidence of only one updated DBS check was sent to us after the inspection. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

Monitoring health & safety and responding to risks

Are services safe?

There were arrangements in place to deal with foreseeable emergencies and the practice had a fire safety policy in place. We found the practice had been assessed for risk of fire in July 2013. We saw evidence that a fire risk assessment was booked for 2 December 2015. Fire safety signs were clearly displayed, and staff demonstrated to us how to respond in the event of a fire.

There was a business continuity plan in place which detailed the practice procedures for unexpected incidents and emergencies. This included loss of the computer system, electricity, gas and water supply.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments and hand hygiene. The practice had followed 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)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a dedicated decontamination room. A trainee dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated and rinsed prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches before vacuum sterilisation and dated to indicate when they should be reprocessed if left unused. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the

practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

The treatment rooms where patients were examined and treated and equipment appeared visibly clean. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective decontamination of hands. Patients were given a protective bib and safety glasses to wear when they were receiving treatment. There were good supplies of protective equipment for patients and staff members.

Records showed a risk assessment process for Legionella was carried out on 12 November 2015 and there was a recommended action plan. This process ensures the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was a good supply of environmental cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of spread of infection.

Equipment and medicines

There were appropriate service arrangements in place to ensure equipment was well maintained. There were service contracts in place for the maintenance of equipment such as the autoclave, compressor and X-ray equipment. The autoclave was serviced in June 2015. The air compressor and pressure vessel had been inspected in June 2015 and certified as passed. The practice had portable appliances and had carried out portable appliance tests (PAT) in April 2014. The practice informed us that a PAT test had been arranged and undertaken the following day.

Radiography (X-rays)

We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment at the practice and talked with

Are services safe?

staff about its use. We found there were arrangements in place to ensure the safety of the equipment. This included the local rules and critical examination and acceptance test report which was carried out in April 2013.

The quality of X-rays were graded and recorded in the notes but X-ray audits were not carried out. We discussed this with the principal dentist and they confirmed that audits would be completed in a way so that they could identify issues relating to individual dentists to ensure improvements.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor. There is a servicing contract which is valid until January 2016 and the practice has made arrangements to have this renewed.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) guidance and Delivering Better Oral Health toolkit. '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 dentists told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals.

During the course of our inspection we checked dental care records to confirm our findings. We saw evidence of comprehensive assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies a social history recording eating habits and an extra- and intra-oral examination. The reason for visit was documented and a full clinical assessment was completed. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums]. Dentists were also recording when oral health advice was given.

The practice held meetings to discuss ways in which they could improve the care and treatment offered to patients.

Health promotion & prevention

Appropriate information was given to patients for health promotion. There were a range of leaflets available in the patients' waiting room relating to health promotion including diet and toothbrushing.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. Notes we checked confirmed this; for example we saw that dentists had discussions with patients about the advantages of a good diet and preventive measures for decay. The practice routinely used diet analysis to assess the impact of diet on their oral health.

Staffing

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff are required to complete the induction programme. Some staff had undertaken training to ensure they were up to date with the core training and registration requirements issued by the General Dental Council. We were provided with evidence of the training for the principal dentist and one associate and the hygienist. The provider failed to provide us with evidence of the training undertaken by the other three associate dentists. This included areas such as responding to medical emergencies and infection control and prevention.

There was no formal appraisal system in place to identify training and development needs. Staff told us that they discussed training needs with the principal and had opportunities to learn and develop.

Working with other services

The practice had arrangements in place for working with other health professionals to ensure quality of care for their patients. Referrals were made to other dental specialists when required including orthodontics, oral surgery and restorative treatment.

The dentists referred patients to other practices or specialists if the treatment required was not provided by the practice. Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. We saw examples of the referral letters. All the details in the referral were correct for example the personal details and the details of the issues. Copies of the referrals had been stored in patients' dental care records appropriately, and where necessary referrals had been followed up.

Consent to care and treatment

The practice ensured valid consent was obtained for care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and estimate of costs. We checked dental care records which showed treatment plans signed by the patient. Patients were given time to consider and make informed decisions about which option they wanted.

Are services effective?

(for example, treatment is effective)

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated an understanding of the MCA and how this

applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received CQC comment cards from 26 patients. They were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. During the inspection we observed staff in the reception area. They were polite and courteous towards patients, welcoming and friendly.

Staff explained how they ensured information about patients using the service was kept confidential. Patients' electronic dental care records were password protected. Staff members demonstrated their knowledge of how to maintain confidentiality. Staff told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms.

The dentist told us that consultations were in private and that staff never interrupted consultations unnecessarily. We observed that this happened with doors being closed so that the conversations could not be overheard whilst patients were being treated. The environment of the surgeries was conducive to maintaining privacy.

Involvement in decisions about care and treatment

The dentist told us they used a number of different methods including tooth models, display charts, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was developed following discussion of the options, risk and benefits of the proposed treatment.

Staff told us the dentists and dental hygienists took time to explain care and treatment to individual patients clearly and were always happy to answer any questions.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We viewed the appointment book and saw that was enough time scheduled to assess and undertake patients' care and treatment. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. This included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate or if not they would contact a translator.

The practice had recognised the needs of different groups in the planning of its service

It was fully accessible to people using wheelchairs or those with limited mobility. A disability risk assessment had been carried out in February 2013 and the principal dentist confirmed that the practice was in the process of having this reviewed.

Access to the service

The practice had a website with information about their services, treatments, opening times and contact details. Opening times were also displayed on the practice door. There was a patient leaflet in the reception outlining the types treatment available, emergency out of hours' details and a list of staff working at the practice.

If patients required an appointment outside of normal opening times they were directed to the local out of hours' dental service. These contact details were advertised on the practice door and given on the practice answer machine message when the practice was closed.

Feedback received from patients indicated that they were happy with the access arrangements. Patients said that it was easy to make an appointment.

Concerns & complaints

The practice had a complaints policy which described how formal and informal complaints were handled. Information about how to make a complaint was displayed in the reception area and patients had easy access to it. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. We reviewed the complaints that the practice received in the last 12 months and saw that they were resolved in line with the practice complaints policy. The practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

Are services well-led?

Our findings

Governance arrangements

There were relevant policies and procedures in place. However, these policies were not frequently reviewed and updated. For example we saw that the risk assessment for COSHH had been carried out in 2011 and hadn't been reviewed since. The practice had not carried out a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Staff were not aware of some policies and procedures so they could not demonstrate how they would act in line with them.

The practice had not identified various risks such as those arising from employing staff without the necessary pre-employment checks. We discussed this with the principal dentist who informed us that they were in the process of carrying out these risk assessments and this would be discussed with all members of staff.

The principal dentist organised staff meetings on a quarterly basis, to discuss key governance issues and staff training sessions. Staff told us there were informal discussions on a daily basis. The practice manager had responsibility for the day to day running of the practice and was fully supported by the practice team. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns.

Dental care records we reviewed were complete, legible and accurate and stored securely on computers that were password protected.

Leadership, openness and transparency

The staff we spoke with described an open and transparent culture which encouraged honesty. Staff said that they felt comfortable about raising concerns with the principal dentist or practice manager. They felt they were listened to and responded to when they did so.

We spoke with the principal dentist about the future plans for the practice. This included recruiting a qualified dental nurse/receptionist and a treatment coordinator. The practice manager is also the full time receptionist so another qualified dental nurse/receptionist would allow more time for the practice manager to focus on this role.

Learning and improvement

There had been no recent formal staff appraisals to support staff in carrying out their role. However, staff told us they had access to development opportunities and their support needs were discussed with the principal dentist and practice manager.

Learning through incidents and complaints was a central part of the practice improvement process. Staff explained that when complaints occurred they were always discussed and analysed to see how things could have been conducted differently. These discussions were however not documented so we did not see evidence of this.

An infection control audit and an X-ray audit had not been carried out within that last 12 months. The practice did not carry out any other clinical audit. We discussed this with the principal dentist who confirmed that the infection control audit and radiographic audit would be carried out shortly. The learning from these audits would then be shared with staff.

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

There were four responses from the NHS Friend and Family test where patients stated the practice staff were polite, friendly and approachable. The practice had not carried out a patient satisfaction survey in the last 12 months. The staff told us the team was small and therefore all issues were discussed amongst the dentists and nurses regarding improvements in the service.

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 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> <ul style="list-style-type: none">• Assess, monitor and improve the quality and safety of the services provided• Ensure that they identify and asses risks to the health, safety and/or welfare of people who use the service• Ensure that where risks were identified, measures are put in place to reduce or remove the risks within a timescale that reflects the level of risk and impact on people using the service <p>Regulation 17 (1) (2) (a) (b) (f)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems in place to :</p> <ul style="list-style-type: none">• Ensure staff received regular appraisal of their performance in their role from an appropriately skilled and experienced person and any training, learning and development needs had been identified, planned for and supported. <p>Regulation 18 (2) (a)</p>
Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

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), (3)