Mr. Behrouz Varnamkhasty

Muswell Hill Dental Practice

Inspection Report

337a Muswell Hill Broadway
Muswell Hill
London
N10 1BX
Tel: 020 8883 1956
Website: N/A

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Overall summary

We carried out an announced comprehensive inspection on 08 February 2017 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 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.

Background

Muswell Hill Dental Practice is located in the London Borough of Haringey and provides NHS and private dental treatment to both adults and children. The premises are on the ground floor and consist of a treatment room, a decontamination room and a reception area. The practice is open Monday – Wednesday 8:30am – 5:30pm.

The staff consists of the principal dentist and a trainee dental nurse who is also the receptionist.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual 'registered person'. 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 reviewed 33 CQC comment cards and the NHS Friends and Family test. Patients 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.

Our key findings were:

- We found the dentist took X-rays at appropriate intervals.
- Patients were involved in their care and treatment planning so they could make informed decisions.

Summary of findings

- Equipment, such as the autoclave (steriliser) and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients were treated with dignity and respect.
- Patients indicated that they found the team to be efficient, professional, caring and reassuring.
- Patients had good access to appointments, including emergency appointments, which were available on the same day.
- The practice had not implemented clear procedures for managing comments, concerns or complaints.
- Leadership structures were not clear and there were limited processes in place for dissemination of information and feedback to staff.
- Risks related to undertaking of regulated activities had not been suitably identified and mitigated.
- Systems were not in place to assess, monitor and improve the quality of the service.

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

- Ensure the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Regulation19 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 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 the practice establishes an effective system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure systems are in place to assess, monitor and improve the quality of the service such as undertaking regular audits of various aspects of the service and ensuring that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

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

- Review its responsibilities as regards to the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the practice's safeguarding policy ensuring it covers both children and adults and all staff are trained to an appropriate level for their role and are aware of their responsibilities.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the storage of records related to people employed and the management of regulated activities giving due regard to current legislation and guidance.

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?

No action

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

The practice had systems in place for identifying and investigating incidents relating to the safety of patients and staff members.

We found the equipment used in the practice was maintained and in line with current guidelines. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency and stored safely; however improvements were required to ensure equipment as per national guidelines was available at all times.

X-rays were taken in accordance with relevant regulations.

The staff we spoke with described an open and transparent culture which encouraged honesty.

Improvements could be made to ensure that the practice had a whistleblowing policy. Staff were aware of their responsibilities under the Duty of Candour.

Are services effective?

Requirements notice

We found that this practice was not providing effective 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).

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). Improvements were required to ensure that whenever X-rays were taken they were justified, graded and reported upon.

Dental care records did not show that practice monitored patients' oral health, screen for gum disease or gave appropriate health promotion advice. Some staff members had not completed continuing professional development to maintain their registration in line with requirements of the General Dental Council.

Dental care records did not show treatment options, risks and benefits were given to patients to ensure they could make informed decisions about any treatment. Dental care records did not show that patients were referred for specialist treatment which was not provided at the practice.

The training, learning and development needs of individual staff members were not reviewed at appropriate intervals and the practice did not have an effective process for the on-going assessment and supervision of all staff.

Summary of findings

Are services caring?

No action

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

We reviewed 33 CQC comment cards and the NHS Friends and Family test. Patients were positive about the care they received from the practice. Patients commented they felt fully involved in making decisions about their treatment, they were listened to, were made comfortable and reassured. Patients told us they were treated in a professional manner and staff were very helpful.

We noted that patients were treated with respect and dignity during interactions at the reception desk and over the telephone. We observed that patient confidentiality was maintained. Improvements could be made to ensure patients' dental care records were stored securely.

Are services responsive to people's needs?

No action

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

The practice provided friendly and personalised dental care. Patients had good access to appointments, including emergency appointments, which were available on the same day. In the event of a dental emergency outside of normal opening hours details of the '111' out of hours service were available for patients' reference.

Patients had access to information about the service and the practice reviewed patients' comments from the NHS Friends and Family test.

Patients' complaints were acknowledged, recorded, investigated and responded to. Improvements could be made to ensure that the practice had a documented complaints policy which was accessible to patients. Improvements could be made to ensure that the learning from complaints were discussed in order to improve the service.

Are services well-led?

Enforcement action

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

The practice did not have adequate governance arrangements in place. Policies and procedures were not effective to ensure the smooth running of the service. The practice did not have adequate arrangements for identifying, recording and managing risks through the use of risk assessments such as for the use of COSHH products, fire risks, health and safety or handling of sharp instruments.

Quality improvement measures such as audits on the suitability of X-rays and infection control had not been undertaken.

Muswell Hill Dental Practice

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 08 February 2017. 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.

During our inspection visit, we reviewed policy documents and staff records. We spoke with the principal dentist and trainee dental nurse. 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.

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. The policy described the process for managing and investigating incidents. All staff we spoke with were aware of reporting procedures including recording them in the accident book. There were no reported incidents within the last 12 months.

Staff were aware of their responsibilities under the Duty of Candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

The practice had a reporting form for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). However, there was no practice protocol in place. Staff we spoke with did not understand the requirements of RIDDOR.

The practice had undertaken a risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH) in July 2007. However, the COSHH folder needed to be updated and the necessary risk assessments suitably completed. We observed risks had been identified but there was no record of how the risks should be mitigated. All staff we spoke with did understand the COSHH regulation requirements.

Reliable safety systems and processes (including safeguarding)

The practice did not have a safeguarding adults and child protection policy which would include details of the local authority safeguarding teams, whom to contact in the event of any concerns and the teams' contact details. Staff we spoke with were not aware of the local authority safeguarding teams, whom to contact in the event of any concerns and the teams' contact details.

All members of staff we spoke with were able to give us examples of the type of incidents and concerns that would be reported. There were no reported safeguarding incidents in the last 12 months.

We saw evidence that showed one member of staff had completed training in safeguarding adults and child protection. We did not see evidence of training for one clinical member of staff.

The practice had a health and safety policy and had undertaken its own risk assessments in July 2005. We asked staff for an updated health and safety risk assessment and this information could not be provided.

Staff told us that a rubber dam was not routinely used for root canal treatment in line with guidelines issued by the British Endodontic Society (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. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. Oxygen and manual breathing aids were available in line with the Resuscitation Council UK guidelines. We saw records which showed the practice had ordered an automated external defibrillator (AED) in January 2017. (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). A child size oxygen mask, buccal Midazolam and self-inflating bag and mask were not available at the practice on the day of our inspection. We noted the sterile needles had a use by date of May 2015 and two oropharyngeal airways of November 2015

All other emergency drugs and equipment were within the use by date ensuring they were fit for use. Improvements could be made to ensure that regular checks had been carried out to the emergency medicines to ensure they were not past their expiry and in working order in the event of needing to use them.

All staff were aware of where medical equipment was kept and knew how to respond if a person suddenly became unwell. We did not see evidence of up-to-date training in medical emergencies for all staff members.

Are services safe?

Staff recruitment

The practice did not have a recruitment policy. We reviewed the recruitment records for all members of staff. The records contained some of the evidence required to satisfy the requirements of relevant legislation including immunisation and evidence of professional registration with the General Dental Council (where required). There were records which showed that identity checks and eligibility to work in the United Kingdom, where required, were carried out for all members of staff.

The practice carried out Disclosure and Barring Service (DBS) checks for a member of staff. [The Disclosure and Barring Service carries out checks to 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].

We did not see evidence of DBS checks for one clinical member of staff and immunisation for one clinical member of staff. Staff told us these checks had been undertaken. When asked staff could not provide evidence of this. Following our inspection the practice sent us evidence of DBS checks and immunisation for one clinical member of staff. The practice did not provide evidence of immunisation and BDS check for one clinical member of staff.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies and the practice had a fire action plan in place. Fire safety signs were clearly displayed, and staff were aware of how to respond in the event of a fire. We noted the practice had an evacuation plan. However, fire drills had not been undertaken. The practice had not undertaken a fire risk assessment and did not have appropriate fire extinguishers..

Staff told us that the practice received the Medicines and Healthcare products Regulatory Agency (MHRA) alerts and alerts from other agencies. The principal dentist told us alerts were received and reviewed and disseminated by them to the staff, where appropriate. When asked staff could not provide records of this.

Infection control

There were effective systems in place to reduce the risk and spread of infection. 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 while instruments were decontaminated. Instruments were cleaned prior to being placed in an autoclave (sterilising machine). We saw instruments were placed in pouches after sterilisation.

We found daily and weekly tests were performed to check that the steriliser was working efficiently and a log was kept of the results. We saw evidence that 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 records which showed clinical waste and sharps were appropriately segregated and stored at the practice. 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.

The practice had not undertaken a Legionella risk assessment. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Staff told us a disinfectant was used and the dental water lines were flushed on a daily basis.

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 which was serviced in January 2017 and pressure vessel in January 2016. The practice had portable appliances and had carried out portable appliance tests (PAT) in February 2017.

Radiography (X-rays)

The practice had a well maintained radiation protection file. 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 and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment including the local rules. The radiation protection file contained the maintenance history of X-ray equipment along with the critical examination and acceptance test reports. We saw records which showed that the X-ray equipment was serviced in August 2015.

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.

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) and Faculty of General Dental Practice (FGDP). We did not see records which showed the dentist gave preventive advice in line with current guidance and regularly assessed each patient's gum health. The dentist took X-rays at appropriate intervals. We noted that that whenever X-rays were taken they were not justified, graded and reported upon in the dental care records.

During the course of our inspection we checked dental care records to confirm our findings. We saw evidence of assessments to establish individual patient needs. The assessments included completing a medical history, outlining medical conditions and allergies and a social history. We did not see evidence of an assessment of the periodontal tissue 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].

Health promotion & prevention

Staff told us appropriate information was given to patients for health promotion such as gum disease. Improvements could be made to ensure the practice had written information relating to health promotion such as brushing, flossing, caring for children's teeth, tooth decay and the benefits of regular dental examinations.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as dietary advice and smoking cessation. However, dental care records we checked confirmed oral hygiene advice was not always recorded.

Staffing

The practice did not have a documented 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. This would include training in areas such as health and safety, infection control, disposal of clinical waste, medical emergencies, and confidentiality.

We reviewed the training records for all members of staff including continuing professional development (CPD). There was limited evidence to show that staff were up to date with CPD and registration requirements issued by the General Dental Council.

The practice did not have a policy and procedure for staff appraisals to identify training and development needs. Staff told us appraisals had been completed in the last 12 months. When asked the principal dentist could not provide evidence of this.

Working with other services

The practice did not have a referral policy. We did not see records which showed that appropriate arrangements were in place for working with other health professionals to ensure quality of care for their patients. The principal dentist told us patients were referred to other practices or specialists if the treatment required was not provided by the practice. When asked staff could not provide evidence of this.

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.

Consent to care and treatment

Staff told us the practice ensured valid consent was obtained for care and treatment. However, the practice did not have a consent policy which detailed the procedures to follow in order to gain valid consent. Staff told us individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and estimate of costs.

Staff told us patients would be given time to consider the information before making a decision. The practice asked patients to sign treatment plans and a copy was kept in the patient's dental care records. We checked dental care records which showed treatment plans signed by the patient.

We drew to the attention of the provider the advice given in the General Dental Council's Standard (3.1.2) for the Dental Team about documenting discussions with patients in the process of gaining valid consent. The dental care records

Are services effective?

(for example, treatment is effective)

did not show that options, risks and benefits of the treatment were discussed with patients. The dental care records did not document consent was obtained prior to treatment.

Dental implants were provided at the practice. We did not see evidence of the information given to patients prior to implant treatment. We did not see records which showed that valid consent was obtained prior to implant treatment. When asked staff could not provide dental care records with evidence of this.

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. Some staff had not received training. Staff we spoke with did not demonstrate an understanding of the principles 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 saw records which showed that the practice sought patients' views through the NHS Friends and Family test. We reviewed 33 CQC comment cards completed by patients in the two weeks prior to our inspection. Patients 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. Patients commented that they were listened to and treated with dignity and respect. During the inspection we observed staff in the reception area. They were polite, courteous, welcoming and friendly towards patients**.**

Patients' dental care records were computerised and paper based. The computers were password protected, stored securely and regularly backed up. Staff told us patients were able to have confidential discussions about their care and treatment in the treatment room. The practice did not have a policy on confidentiality which detailed how a patient's information would be used and stored. We observed patients' paper based dental care records were not stored securely..

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

Comment cards completed by patients reflected that the dentists and staff had been very mindful of the patients' anxieties when providing care and treatment. Patients indicated the practice team had been very respectful and responsive to their anxiety which meant they were no longer afraid of attending for dental care and treatment.

Involvement in decisions about care and treatment

The dentist told us X-rays were used to demonstrate different treatment options 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 dentist 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 there 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. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

Tackling inequity and promoting equality

The demographics of the practice were mixed and 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.

The practice did not have an equality and diversity policy. Staff told us the practice had not undertaken a disability risk assessment and recognised the needs of different groups in the planning of its service.

Access to the service

We asked staff how patients were able to access care in an emergency. They told us that if patients called the practice in an emergency they were seen on the same day. Emergency appointments were available in the morning and afternoon for patients who required urgent treatment.

In the event of a dental emergency outside of normal opening hours, details of the '111' out of hours service were available for patients' reference. These contact details were 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 did not have a code of practice for patient complaints which described how formal and informal complaints were handled. Information about how to make a complaint was not accessible to patients, including the contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

The practice had received one complaint in the last 12 months. We reviewed the complaint that the practice received in the last 12 months. Improvements could be made to ensure 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 was no evidence to show that adequate governance arrangements were in place at the practice. The practice did not have adequate arrangements for identifying, recording and managing risks through the use of risk assessments. The practice had not undertaken adequate risk assessments around the safe use and handling of COSHH products. The practice had not undertaken a fire, Legionella or disability risk assessment. An up-to-date health and safety risk assessment had not been undertaken. The practice had not carried out a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

There were limited policies and procedures in place at the practice. Where policies and procedures were present they had not been regularly updated. The practice did not have policies for key aspects of service delivery such as obtaining valid consent, safeguarding, confidentiality, whistleblowing, data protection and complaints handling. We did not see evidence to show the practice discussed complaints with a view to improving the service.

We were told that the practice did not have formal staff meetings to discuss key governance issues and staff training sessions. Staff told us informal discussions took place on a regular basis.

Leadership, openness and transparency

Staff were aware of their responsibilities under the Duty of Candour. The staff we spoke with described an open and transparent culture which encouraged honesty.

The principal dentist had responsibility for the day to day running of the practice. Leadership in the practice was lacking. Responsibilities to undertake key aspects of service delivery had not been suitably delegated.

The practice did not have a recruitment policy and could not provide evidence to show that the appropriate recruitment checks had been undertaken for all members of staff.

Learning and improvement

The practice had not undertaken audits in infection control, X-ray and record keeping. Staff we spoke with were not aware of these requirements.

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

The practice had a procedure for monitoring the quality of the service provided to patients. We saw records that showed that the practice collected patients' response through the NHS Friends and Family test.

Staff commented that the principal dentist was open to feedback regarding the quality of the care.

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	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **How the regulation was not being met:** • The practice did not have, and implement, robust procedures and processes to ensure that people were protected from abuse and improper treatment • Not all staff had received safeguarding training that was relevant to their role • Staff were not aware of their individual responsibilities to prevent, identify and report abuse when providing care and treatment. **Regulation 13(1) (2)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** • The practice did not always ensure all staff members received appropriate support, training and supervision necessary for them to carry out their duties. • Staff did not receive regular appraisal of their performance in their role from an appropriately skilled and experienced person and any training, learning and development needs should be identified, planned for and supported. **Regulation 18 (2)**

Regulated activity	Regulation
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:**

This section is primarily information for the provider

Requirement notices

- 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)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person did not have effective systems in place to ensure that the regulated activities at the Muswell Hill Dental Practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **How the regulation was not being met:** **The provider did not have effective systems in place to :** • Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity • Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. • Ensure that their audit and governance systems remain effective. • Maintain securely an accurate and complete record relating to people employed and the management of regulated activities. **Regulation 17 (1)**