

Redbridge Associates Limited

Deepdale Dental Health Center

Inspection Report

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Overall summary

We carried out this announced inspection on 3 October 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 CQC inspector who was supported by a specialist dental adviser.

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

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

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

Background

Deepdale Dental Centre is in the Deepdale area of Preston and provides NHS and some private dental treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available behind the practice.

The dental team includes six dentists, seven dental nurses three of whom are trainees, one dental hygiene therapist and two receptionists. The practice has six treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Deepdale Dental Centre is the senior partner.

On the day of inspection, we collected seven CQC comment cards filled in by patients.

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

Summary of findings

The practice is open:

9.00 to 17.00 Monday to Friday

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- 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.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- There were limited recording systems for incidents, accidents and near misses which occurred in the practice.
- The provider had thorough staff recruitment procedures.
- Not all 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 did not have effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider did not have suitable information governance arrangements.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- Improve and develop the practice's **current performance review systems** and have an effective process established for the on-going assessment and supervision of all staff.

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.

No action ✓

Are services effective?

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

No action ✓

Are services caring?

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

No action ✓

Are services responsive to people's needs?

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

No action ✓

Are services well-led?

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

Requirements notice ✗

Are services safe?

Our findings

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

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 that staff 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 limited systems to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for 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 had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the provider followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. The fire safety log book was not available on the premises on the day of inspection. It had been removed by a member of staff who was presently not available. This meant that the practice could not demonstrate that all fire safety checks had been performed.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. We noted that one dentist continued to use manual x-rays. There was no evidence that this equipment had undergone any quality assurance tests in the last three years.

We saw evidence that 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 (CPD) in respect of dental radiography.

Risks to patients

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

The practice's 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. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a limited system in place to ensure clinical staff had received appropriate vaccinations. From

Are services safe?

the four files we looked at there were no consistent records which showed staff had received vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

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

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

A dental nurse worked with the dentists and the dental hygiene therapists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

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

The practice occasionally used agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

The provider had an infection prevention and control policy and procedures. They 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 suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We found staff had systems in place to ensure that any work was 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 had been actioned and records of water testing and dental unit water line management were in place.

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

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

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

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 a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

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

Track record on safety, and lessons learned and improvements

Are services safe?

There were comprehensive risk assessments in relation to safety issues. Staff did not report, monitor and review incidents. Incidents were investigated if they were reported as part of a complaint. There was no documentation to support incident or RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) reporting. This did not help the practice staff to understand risks or give a clear, accurate and current picture that may require improvements to safety systems.

There were limited systems for reviewing and investigating when things went wrong. There was no evidence that the practice learned, and shared lessons, identified themes and acted to improve safety in the practice unless this was reported as a complaint.

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

Effective needs assessment, care and treatment

The practice had limited systems to keep dental practitioners up to date with current evidence-based practice. Review of patients records showed that treatment modalities varied and were not evidence based.

We saw that clinicians did not assess patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We saw periodontal treatment provided by two dentists was not based on the 2017 classification of periodontal disease. No appropriate pocket charting was being carried out by one dentist when periodontal disease was found. Some treatment provided was not evidenced based and did not reflect current National Institute for Health and Care Excellence (NICE) guidance for dental treatments.

There was no evidence that the corporate provider laid down effective clinical guidelines and we were told that dentists were left to their own devices.

Helping patients to live healthier lives

The practice was providing 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 toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

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

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This

involved providing patients preventative advice. We saw that dentists did not consistently carry out treatment in line with the British Society of Periodontology (BSP). For example, the dentists do not consistently complete pocket or gum bleeding charts

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care 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 dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who 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. 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 electronic dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. We saw one dentist continued to use paper based records which were not accurately transferred on the electronic dental notes. These hand written records had not been subject to audit.

We saw the practice audited the electronic patients' dental care records to check that the dentists/clinicians recorded the necessary information.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals and at one to one meetings. It was the clinical director's role to undertake clinical supervision for the dentists. We saw limited evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

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

Are services caring?

Our findings

We found that 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 helpful, professional and would go out of their way to ensure treatments are carried out to the patient's satisfaction. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

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. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Closed-circuit television (CCTV) was used in the exterior areas in the practice. There was clear signage throughout the practice about the use of CCTV. The exterior CCTV was managed by the attached GP practice.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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's 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 dental models, video's and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that 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 patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop, a magnifying glass and accessible toilet with hand rails and a call bell.

A disability access audit had been completed and an action plan formulated to continually improve access for 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 patients' 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.

Text messages to remind patients of their appointment were sent at one week before, then three days prior, to the patient appointments. Patients are also contacted by

phone to remind them when a check-up was due. The corporate patient contact centre audited instances when patients failed to attend for their appointments. These were shared with staff and were used to help reduce instances of patients non-attendance.

The staff took part in an emergency on-call arrangement with the NHS 111 out of hour's service.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. 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

The practice manager 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 on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager 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 practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received during the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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 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 management team had limited capacity and skills to deliver high-quality, sustainable care. They could not demonstrate they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

Managers were knowledgeable about issues and priorities relating to future of services. They understood the challenges and were addressing them. Management were concerned about business and paperwork compliance but had little, if any, control or enough understanding of the quality of clinical care provided.

Managers and leads at all levels were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. A new management structure and lead nurse roles had recently been introduced into the practice. The practice manager was currently undergoing CQC registration for the registered manager role.

Vision and strategy

There was a clear vision and set of values.

The strategy was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

The practice did not seem to have a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued by practice members but there seemed minimal support from higher management. They were proud to work in the practice.

The staff focused on the needs of patients.

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

Openness, honesty and transparency were demonstrated when responding to complaints, but there was a lack of reporting mechanisms for incidents and near misses. 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, and they had confidence that these would be addressed.

Governance and management

There were no clear responsibilities, roles and systems of accountability to support good governance and management.

The corporate organisation had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. 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 on a regular basis.

The practice was part of a small corporate group which had a support centre where teams including human resources, finance, clinical support and patient support services were based. These teams supported and offered expert advice and updates to the practice when required.

We saw there were limited processes for managing risks, issues and performance; for example

- There were ineffective systems in place to report incidents that affect the health, safety and welfare of people using the service. There was no monitoring or oversight to ensure learning could be shared to prevent further occurrence.
- There was no evidence that one X-ray machine had undergone any quality assurance checks in the last three years.

Are services well-led?

- The provider had ineffective systems to ensure all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- There was no evidence that ongoing fire safety checks were effective.
- Dentists did not consistently carry out treatment in line with the British Society of Periodontology. For example, the dentists do not consistently complete pocket or gum bleeding charts.
- Some treatment provided was not evidenced based and not within up to date National Institute for Health and Care Excellence (NICE) guidance for dental treatments.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support high-quality sustainable services.

The provider used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. The practice also has a patient participation group where patients meet face to face with the provider to discuss any concerns. Information was put on notice board inviting patients to meetings to enable them to provide feedback. The last patient meeting was in July 2019. Minutes had been taken from this meeting.

We saw examples of suggestions from patients the practice had acted on. For example;

- More emergency appointments were requested. As a result, the surgery increased the number of emergency appointments they held each day.

- Patients complained about the difficulty they experienced getting through to the practice on the phone. The practice employed two receptionists on the front desk to cover busier days, for example, Mondays and Tuesdays.

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 on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The provider had limited quality assurance processes to encourage learning and continuous improvement. Audits of radiography and infection prevention and control were not undertaken at regular intervals to improve the quality of the service. Practice should ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Audit of electronic clinical records was conducted from the corporate office. The practice did not have clear records of the results of these audits and the resulting action plans and improvements had not been acted upon. There had been no audit of hand-written dental care records.

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

We could not see that all the staff team had annual appraisals, where they could discuss learning needs, general wellbeing and aims for future professional development. We saw evidence of some completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.

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>Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.</p> <p>How the regulation was not being met</p> <p>There were no systems or processes that enabled 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</p> <ul style="list-style-type: none">• Incidents that affect the health, safety and welfare of people using the service must be reported, reviewed and investigated and staff who were involved in incidents should receive further information about them. Findings from incidents investigations should be shared with others to promote learning.• There were ineffective systems in place to ensure all X-ray equipment was serviced and safety checked routinely.• The provider had ineffective systems to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.• There was no system in place to ensure that ongoing fire safety checks are effective.• Audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.• Audits of patient dental care records was conducted off site and only included the electronic records. There was no audit of the hand-written treatment records which were kept in the practice.

This section is primarily information for the provider

Requirement notices

There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Dentists did not consistently carry out treatment in line with the British Society of Periodontology. For example, the dentists do not consistently complete pocket or gum bleeding charts

Regulation 17(1)