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Chesham Dental

Inspection Report

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Date of inspection visit: 05/03/2019

Date of publication: 09/04/2019

Overall summary

We carried out this unannounced inspection on 5 March 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.

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 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

Chesham Dental is based in Chesham and provides NHS and private treatment to patients of all ages.

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

Chesham Dental has leased space in a building occupied by two GP practices and several health support agencies. The building is owned by a property management company. We will refer to the property company as the landlord in this report.

Summary of findings

The dental team includes six dentists, five trainee dental nurses, two hygienists, three receptionists and a part time practice manager.

The practice has three treatment rooms, a decontamination room, office and reception.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

The provider has chosen to appoint a registered manager at Chesham Dental. This person is the practice manager.

On the day of our inspection we obtained the views of 19 patients.

During the inspection we spoke with three dentists, one trainee dental nurse, the practice manager and the provider. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- 8.30am to 5.30pm Monday, Wednesday and Friday
- 8.30am to 8.00pm Tuesday and Thursday
- 8.30am to 1.00pm Saturday

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance but improvements were needed.
- Staff knew how to deal with emergencies. Improvements were needed to ensure appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk but did not operate these effectively.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children but training required improvement.
- Improvements were needed to staff recruitment procedures.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.

- The practice did not ask for patient feedback about the services they provided.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The management of staff training was not effective.
- Staff felt involved, supported and worked well as a team.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.
- The practice did not have effective clinical and management leadership or a culture of continuous improvement.
- We have been provided evidence to confirm all but two of the shortfalls identified have been addressed. The two areas outstanding are management of staff training and effective staff recruitment processes.

We identified regulations the provider was not meeting. They must:

- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

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

- Review the practice protocols for ensuring that all clinical staff have adequate
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Review the practice's processes and systems for seeking and learning from with a view to monitoring and improving the quality of the service.

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.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles.

The practice needed to make improvements to its recruitment procedure.

Premises and equipment appeared clean and properly maintained.

Improvements were needed to the management of Infection control. We have since been provided evidence to confirm this shortfall has been addressed.

Improvements were needed to ensure emergency medicine and equipment was available and within its use by date. We have since been provided evidence to confirm this shortfall has been addressed.

Fire safety management needed reviewing to ensure the safety of patients and staff. We have since been provided evidence to confirm this shortfall is being addressed

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as thoroughly explained. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. We noted informed consent was not routinely recorded in patient records. We have since been provided evidence to confirm this shortfall is being addressed.

Improvements were needed to the management of staff training and the effectiveness of clinical audits. We have since been provided evidence to confirm clinical audit management is being addressed.

No action



Are services caring?

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

We received feedback about the practice from 19 people. Patients were positive about all aspects of the service the practice provided. They told us staff were lovely and friendly.

No action



Summary of findings

They said that they were given patient focused care by helpful staff, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

The provision of closed circuit television cameras required checking to ensure the system in place took into account the guidelines published by the Information Commissioner's Office. We have since been provided evidence to confirm this shortfall has been addressed.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

The practice appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services.

Improvements were needed to the provision of equipment to assist patients with hearing loss. We have since been provided evidence to confirm this shortfall has been addressed.

No action



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 section at the end of this report).

The practice had arrangements to ensure the smooth running of the service but these were not operated effectively.

We wish to note the provider has worked hard to address the shortfalls we found.

Areas that remain outstanding are staff training and recruitment.

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept patient dental care records which were, clearly written or typed and stored securely.

The lack of management and clinical leadership at the practice resulted in shortfalls in the effectiveness of audits and risk assessments. We have since been provided evidence to confirm this shortfall has been addressed.

Requirements notice



Summary of findings

Whilst audits had been undertaken they had not been completed as there were no action plans or available evidence to demonstrate improvements had been made following the audit results for example, a health and safety monitoring had not been completed. We have since been provided evidence to confirm this shortfall has been addressed.

There was limited opportunity for patient feedback.

Are services safe?

Our findings

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

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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

We saw evidence that five of the sixteen staff had completed child safeguarding training and six of nine staff had completed vulnerable adult safeguarding training. Of these we could not identify to which level the training was for one staff.

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

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, a risk assessment was not available for dentists to complete.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. We examined three staff recruitment records and found none contained a full employment history, one record had the reason for leaving last employment, a reference from a previous employer and evidence of an induction being carried out.

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

A fire risk assessment specific to Chesham Dental was unavailable. We advised that whilst fire safety management was under the care of the landlord the provider had responsibility to ensure this was effective.

The practice could not satisfy themselves that the electrical fixed wiring, emergency fire escape lighting and fire alarm system was maintained effectively by the building landlord. Records we requested to see on the day were not available. We have since been provided evidence to confirm a fire risk assessment has been booked for 13 March 2019.

We saw evidence that four of the 16 staff had completed training in fire safety.

The practice had suitable arrangements to ensure the safety of the X-ray equipment however, they did not have the required information in their radiation protection file. Local rules did not reflect current radiation protection supervisor arrangements. We have since been provided evidence to confirm this shortfall has been addressed.

We examined nine patient care records and found that where X-rays were appropriate these were not recorded as having been taken for two patients who had been at the practice for many years. X-rays allow the dentist not only to identify existing problems which might not be visible during a routine dental examination yet, but to alert them to potential problems that may present in the future. The practice did not carry out radiography audits which meant they could not demonstrate how they quality assessed the X-rays to ensure patient safety and implantation of improvements if or where required. We have since been provided evidence to confirm this shortfall is being addressed.

Evidence of training was unavailable which meant the practice could not confirm that clinical staff completed continuing professional development (CPD) in respect of dental radiography. We have since been provided evidence to confirm this shortfall has been addressed.

Risks to patients

The practice had current employer's liability insurance.

We looked at the practice arrangements for safe dental care and treatment. The staff followed the relevant safety

Are services safe?

regulation when using needles and other sharp dental items. The practice used ultra-safe sharps which conformed to UK legislation on 'Safer Sharps Regulations 2013'.

The provider did not have a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. The effectiveness of the vaccination had not been checked for six staff.

We saw evidence that only three of the 16 staff had completed training in emergency resuscitation and basic life support (BLS) in the last 12 months. We have since been provided evidence to confirm staff training has been booked to take place on 18 April 2019.

The management and availability of emergency medicines and equipment required improvement. Medicines and equipment were not checked weekly in line with national guidance. Emergency oxygen and an AED was available but the frequency of checks was inappropriate. We have since been provided evidence to confirm these shortfalls have been addressed.

Several pieces of emergency equipment were either out of date or missing from the emergency bag. These included a self-inflating bag with reservoir, Volumatic spacer, an oxygen mask with reservoir and clear face masks sizes 0,1,2,3,4. We have since been provided evidence to confirm this shortfall has been addressed.

Oral glucose was not available. Glucagon was stored in a fridge which also contained the manager's lunch and cosmetic teeth whitening products. We reminded the manager that it is not appropriate for staff food to be stored in the fridge as this is a risk to infection control. The food was immediately removed. We have since been provided evidence to confirm this shortfall has been addressed.

The temperature of the fridge was not monitored. We noted the fridge was not working on the day of our inspection which meant that the effectiveness of the Glucagon could have been affected. As temperatures were not monitored the manager could not say when they last knew the fridge was working. We have since been provided evidence to confirm this shortfall has been addressed.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

We noted the hygienists worked alone and a risk assessment was not available. We have since been provided evidence to confirm this shortfall has been addressed.

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

The practice had an infection prevention and control policy and procedures but improvements were needed.

We saw evidence that seven of the 13 clinical staff had completed training in infection prevention and control.

The records seen showed one of the two autoclaves used by staff for cleaning and sterilising instruments had been maintained and was being used in line with the manufacturers' guidance. We were unable to verify this for the second machine as evidence was not available.

Test result strips to indicate the effectiveness of the practice autoclaves were available but a log of these together with evidence of additional checks was not maintained. We have since been provided evidence to confirm this shortfall has been addressed.

Manual cleaning of instruments was carried out prior to being sterilised. We wish it to be noted that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of sharps injury. We have since been provided evidence to confirm this shortfall has been addressed.

We noted a long-handled brush was not being used, the water temperature was not tested to ensure it was below 45 degrees Celsius and the ratio of cleaning fluid to water was not measured. We have since been provided evidence to confirm this shortfall has been addressed.

An annual infection control statement was not available. We have since been provided evidence to confirm this shortfall has been addressed.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with the risk assessment carried out by the landlord. The practice was unable to demonstrate that the

Are services safe?

actions from the audit had been addressed. We have since been provided evidence to confirm a legionella risk assessment has been booked to take place on 12 March 2019.

We saw cleaning schedules for the premises. The practice appeared clean when we inspected and patients confirmed that this was usual. We were told the landlord arranged the environmental cleaning but standards were not checked by the provider. We have since been provided evidence to confirm this shortfall has been addressed.

Procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We found this required improvement. A number of clinical waste bins were available in the car park in a fenced and gated area. During the inspection we found bins that were not locked and the area was not secure. We have since been provided photographic evidence to confirm this shortfall has been addressed.

The practice provided us with their most recent infection prevention and control audit dated 18 January 2019. The previous audit was dated 14 May 2015. We were advised the practice could not locate any other audits.

The latest audit had not been analysed to determine any required remedial actions. We have since been provided evidence to confirm this shortfall has been addressed.

We inspected the drawers in surgeries and found many items were out of date. We recommended that all surgery drawers were inspected. Local anaesthetics were stored outside their blister packs which increased the potential risk for cross infection during treatments. We have since been provided evidence to confirm this shortfall has been addressed.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded.

Records were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information.

Safe and appropriate use of medicines

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

Improvements were needed for the management of NHS prescriptions to reflect adherence to the current guidance. We have since been provided evidence to confirm this shortfall has been addressed.

An antimicrobial prescribing audit was not available which meant the practice could not determine if antibiotics prescribed were appropriate for the clinical condition. We have since been provided evidence to confirm this shortfall has been addressed.

Track record on safety

In the previous 12 months there had been no safety incidents.

Lessons learned and improvements

The practice had systems in place to learn and made improvements if things went wrong.

The staff were aware of the Serious Incident Framework.

There was a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

Helping patients to live healthier lives

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

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale.

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

We spoke with the dentist who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice team understood the importance of obtaining patients' consent to treatment but improvements were needed to ensure verbal consent was recorded in patient care records. We have since been provided evidence to confirm this shortfall is being addressed.

The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may 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 can consent for themselves. The 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 dental care records but improvements were needed to ensure a consistent standard across all the dentists working at the practice.

We looked at eight dental care records to confirm our findings and noted that an updated patient medical history had not been completed for four patients.

In one record verbal consent was recorded as was the mouth cancer risk status but occlusal information was not recorded in any records seen.

A patient record card audit was not available which meant the practice was unable to check that the dentists and hygienists recorded all the required information. We have since been provided evidence to confirm this shortfall is being addressed.

Effective staffing

Records were not available to confirm that staff new to the practice had a period of induction based on a structured induction programme.

Improvements were needed to the management of staff training. Clinical staff did not have evidence of five hours of radiography training in the previous five years. We have since been provided evidence to confirm this shortfall has been addressed.

One of the eight dentists and hygienists had evidence of training in legal and ethical issues, complaints handling but none had evidence of training in oral cancer detection.

Are services effective?

(for example, treatment is effective)

Evidence of completed appraisals for staff were not available.

Co-ordinating care and treatment

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

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

The practice also had systems and processes 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.

The practice did not monitor all referrals to make sure they were dealt with promptly. We have since been provided evidence to confirm this shortfall has been addressed.

Are services caring?

Our findings

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 gave patients very thorough explanations of treatment. We saw that staff treated patients in a welcoming way and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they 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.

Privacy and dignity

The practice 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. Staff told us that if a patient asked for more privacy they 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.

The practice had CCTV present in the reception area. We noted this required checking to ensure the system in place took into account the guidelines published by the Information Commissioner's Office. We have since been provided evidence to confirm this shortfall has been addressed.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

Interpretation services were available for patients who did not have English as a first language but these were not advertised in the practice.

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

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

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 had made reasonable adjustments for patients with disabilities. This included step free access, via a lift, an accessible toilet with hand rails and a call bell.

A Disability Access audit had been completed but the practice did not have arrangement in place to support patients with hearing loss. We have since been provided evidence to confirm this shortfall has been addressed.

Timely access to services

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

The practice displayed its opening hours in the premises and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice took part in an emergency on-call arrangement with the NHS 111 out of hour's service for NHS patients and their own internal out of hours provision for private patients.

The practice answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed.

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 took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaint 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 told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they 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 dealt with their concerns.

We looked at comments, compliments and complaints the practice had received. Information for patients showed that a complaint would be acknowledged within two days and investigated within 10 days.

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

Leadership capacity and capability

Leaders at all levels were visible and approachable. They worked closely with staff and others.

Improvements were needed to ensure the practice delivered high-quality, sustainable dental care and treatment. The practice manager and provider fully acknowledged the many clinical and managerial shortfalls in the efficiency of the practice.

We were told that the shortfalls were due to the lack of time the practice manager had available to dedicate to Chesham as they were part-time and managed another dental practice owned by the provider.

As a result of our inspection the provider advised us they are going to recruit a clinically trained lead to support the practice manager.

Culture

Staff stated they felt respected, supported and valued.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be considered.

Governance and management

The provider had overall responsibility for the clinical leadership of the practice. The practice manager had overall responsibility for the day to day management.

Staff knew the management arrangements and their roles and responsibilities.

We found the practice fell short of effective clinical and managerial leadership.

This became apparent when we noted shortfalls in the effective management of infection control, fire safety, clinical audits and risk management.

Clinical audits had either not been completed or had not been undertaken effectively which meant, resultant actions for improvements could not be demonstrated. We have since been provided evidence to confirm these shortfalls are being addressed.

Improvement was needed to the management of staff training and effective staff recruitment.

Appropriate and accurate information

The practice 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

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, staff feedback prompted more support on reception.

The practice did not carry out patient or staff surveys to obtain staff and patients' views about the service.

Continuous improvement and innovation

Evidence of staff appraisals were not available. We have since been provided evidence to confirm this shortfall is being addressed.

We noted the system for monitoring staff training required improvement to ensure staff could evidence competency in core CPD recommended subjects.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

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 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person had systems or processes in place that were ineffectively operated in that they failed to ensure persons employed in the provision of the regulated activity receive the appropriate training to enable them to carry out the duties.</p> <p>This was in breach of regulation 18(2) in particular: Records were not available to confirm that training had been carried out by:</p> <ul style="list-style-type: none">• Five staff in infection control• Ten staff in safeguarding children• Nine staff in safeguarding vulnerable adults• Seven staff in Oral Cancer• Seven staff in Legal & Ethical issues• Eight staff in Complaints handling
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person had systems or processes in place that were ineffectively operated in that they failed to ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.</p> <p>This was in breach of regulation 19(1&2) in particular: Pre-employment checks missing included:</p> <ul style="list-style-type: none">• Full employment history• Reason for leaving previous employment• References