

# Mr. Christopher Reid

# The Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 9 January 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**

The Dental Practice is in Bolton and provides NHS and private treatment to adults and children.

A portable ramp is provided for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

The dental team includes three dentists, four dental nurses (one of whom also manages the practice) and a dental hygiene therapist. The practice has three treatment rooms.

The practice is owned by a partnership but is registered as an individual provider. They have legal responsibility

# Summary of findings

for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. We highlighted the need to ensure the practice is registered correctly.

On the day of inspection, we collected 21 CQC comment cards filled in by patients. Patients were positive about staff, the premises and the services provided.

During the inspection we spoke with the principal and an associate dentist, dental nurses and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 8.45am to 12.15pm and 1.45pm to 5.15pm

## **Our key findings were:**

- The premises were clean but in need of refurbishment.
- The provider had infection control procedures which reflected published guidance. Improvements could be made to the treatment environment and processes to validate equipment.
- Staff knew how to deal with emergencies. Emergency medicines and life-saving equipment were not in line with Resuscitation Council UK standards.
- The systems to identify and manage risk required improvement.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures. With the exception of DBS checks and obtaining references.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.

- The appointment system took account of patients' needs.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had systems to deal with complaints positively and efficiently.
- The governance arrangements required improvement.

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

- Ensure care and treatment is provided in a safe way to patients.
- 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:**

- **Review the practice's systems for environmental cleaning taking into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.**
- **Review the practice's referral procedures to ensure referrals are monitored and dealt with promptly.**
- **Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.**

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

### **Are services safe?**

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

The practice had systems and processes to provide safe care and treatment. Staff were encouraged to report any incidents, the systems to prevent further incidents could be improved.

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

Staff were qualified for their roles and the practice completed essential recruitment checks with the exception of obtaining references for the most recently employed clinical staff. Action was taken in response to the inspection being announced to obtain Disclosure and Barring Service (DBS) checks.

Premises and equipment were properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. Areas of the premises would benefit from renovation and de-cluttering to facilitate effective cleaning.

The practice did not have suitable arrangements for dealing with medical and other emergencies. This was addressed immediately after the inspection.

**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. The dentists discussed treatment with patients so they could give informed consent. We found this could be more clearly recorded in their records. Patients praised the service and the treatment and advice they received.

The practice had arrangements when patients needed to be referred to other dental or health care professionals. Referrals were not monitored by the practice.

**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 21 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, helpful and caring.

**No action**



# Summary of findings

They said that they were given helpful, honest explanations about dental treatment, 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.

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's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children.

The practice took patients views seriously. They valued compliments from patients and had systems to respond to concerns and complaints quickly and constructively.

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 provider showed a commitment to learning and improvement, and valued the inspection as an opportunity to review practice processes. They were open to discussion and feedback during the inspection, and took immediate action where possible to address the concerns highlighted.

The process to ensure that governance was up to date and relevant to the systems at the practice was ineffective. Policies had been updated in October 2018 but the information was out of date in several ones we viewed.

Systems to identify and manage risks were not operated effectively to improve the quality and safety of the services. For example, in relation to medical emergencies, servicing of equipment, assessing hazardous substances, patient safety alerts, sharps safety, recruitment procedures and the immunity of staff.

The practice team kept patient dental care records which were clearly written or typed and stored securely. We highlighted where improvements could be made to ensure the dentists maintain consistently high standards of record keeping.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. Clinical audits were carried out but these lacked clear conclusions and improvement plans.

The practice did not have a system to ensure that staff completed 'highly recommended' training as per General Dental Council professional standards.

Requirements notice



# Summary of findings

The practice asked for, and listened to the views of patients and staff.	
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# Are services safe?

## Our findings

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

The practice had 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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We were told that staff received safeguarding training but the practice did not have evidence of this. Evidence of training was sent after the inspection for five members of staff. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We discussed the requirement to notify the CQC of any safeguarding referrals as staff were not aware.

The practice had 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.

The practice had a whistleblowing policy. The information to raise concerns externally was out of date. Staff felt confident they could raise concerns without fear of recrimination.

The dentists did not consistently use dental dams, or alternative methods to secure endodontic files to protect the patient's airway, in line with guidance from the British Endodontic Society when providing root canal treatment.

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

The practice 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 the staff recruitment records. These showed the practice followed their recruitment procedure with the exception of references for the newly appointed associate dentist and dental therapist. In response to the inspection being announced, the practice

had identified that a process was not in place to obtain Disclosure and Barring Service (DBS) checks at the point of employment to prevent unsuitable people from working with vulnerable groups, including children. Action had been taken prior to the inspection to obtain these for all staff.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had appropriate professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We noted that the dental compressor was booked in to be serviced the week after the inspection. Prior to this it had not been serviced since 2017.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice could not evidence how they ensured the safety of the X-ray equipment. Evidence provided after the inspection included arrangements to access the services of a Radiation Protection Advisor (RPA) and carry out three yearly routing inspections of the X-ray equipment (We highlighted these should have been carried out in January 2018). We highlighted the need to include the required information in their radiation protection file. The practice had registered their practice's use of dental X-ray equipment with the Health and Safety Executive in line with the Ionising Radiation Regulations 2017 (IRR17). The practice principal confirmed the local rules would be updated to include the necessary information of the RPA.

We saw evidence that the dentists justified, graded and reported on the radiographs they took.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography. We only saw evidence of this for one of the dentists after the inspection.

### **Risks to patients**

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

The practice had health and safety policies, procedures and risk assessments to help manage potential risk. These

# Are services safe?

were not up to date and did not include information for staff to assess if incidents should be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice had current employer's liability insurance in place.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulations when using needles and other sharp dental items. A sharps risk assessment had been undertaken and steps had been taken to improve safety by providing safe re-sheathing devices. We highlighted where the sharps risk assessment could be improved, for example, by including processes for the safe handling of dental matrices and identifying single use items.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. The most recently recruited member of staff did not have evidence of the effectiveness of these vaccinations, this was raised with the practice manager to obtain from the individual and risk assess as appropriate.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. The emergency equipment and medicines available were not as described in recognised Resuscitation Council UK guidance which we made the provider aware of. For example:

- Self-inflating bags and masks, oropharyngeal or alternative pocket masks were not available.
- The oxygen masks and tubing available had expired and the portable suction did not have the necessary tubing to be effective.
- Glucagon, which is required in the event of severe low blood sugar, was kept in a refrigerator but the temperature was not monitored in line with the manufacturer's instructions.
- Adrenaline auto-injectors were available but there was no provision for additional doses of adrenaline as required by the practice's medical emergencies policy.

The practice took immediate action to obtain the missing and expired items during the inspection. The process for checking emergency equipment had not highlighted the

missing and expired items. The practice principal confirmed this process would be reviewed to ensure all items are available as described in recognised guidance, within their expiry date, and in working order.

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

We asked to see evidence that hazardous substances in use had been risk assessed appropriately. A selection of product safety data sheets were available but we could not be assured that these included all hazardous substances. The provider had some risk assessments in place to minimise the risk that can be caused from substances that are hazardous to health. The majority of these were dated 2013 and had not been reviewed since. We discussed this with the practice manager who gave assurance that all hazardous substances would be identified and risk assessed.

The practice had an infection prevention and control policy and procedures but this was not appropriate to the equipment and processes in the practice. 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. We asked how the practice were assured that staff completed infection prevention and control training and received updates as required. Evidence of this was not obtained.

The practice 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 maintained and used in line with the manufacturers' guidance. The process to carry out and record validation of the sterilising equipment could be improved by recording the correct temperature parameters and sterilisation cycle time. Staff told us they were in the process of obtaining a new steriliser which included digital validation and records of sterilisation cycles.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Most of the



# Are services safe?

recommendations had been actioned and records of water testing and dental unit water line management were in place. The practice had not implemented a legionella management plan, identified responsible persons and ensured that staff completed legionella awareness training. This was raised with the practice manager to action.

We saw cleaning schedules for the premises. Most of the practice was visibly clean when we inspected. Some areas were heavily cluttered and had visible damage to floors and surfaces, and a sink in the therapist's treatment room was not sealed. As a result of this, effective cleaning in these areas could not be assured.

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

The process to audit standards of infection prevention and control audits twice a year was ineffective. The audit tool was not in line with up to date recognised guidance. There was no evidence that the findings of audits were reviewed or used to make improvements to ensure the practice meets 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 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.

The practice stored NHS prescriptions as described in current guidance. We asked how the practice could assure the safe and secure use of prescriptions. A process was not in place to monitor the use of prescriptions or identify if any were missing.

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

## **Track record on safety and Lessons learned and improvements**

There were risk assessments in relation to safety issues. Staff were aware of the need to report accidents and incidents. The practice reviewed individual incidents.

We noted there had been several recent sharps injuries reported. There was no evidence the practice had reviewed this trend of incidents or taken steps to learn from and prevent further re-occurrences happening again in the future.

The system for receiving and acting on safety alerts could be reviewed. We highlighted several recent relevant alerts, including ones relating to electrical socket covers, emergency Glucagon and the automated external defibrillator had not been received and acted upon. The items were checked to confirm they were not affected and we highlighted the need to remove electrical socket covers. We also highlighted safety alerts for discussion with the dental team, including the safe use of emergency medical oxygen and emergency buccal midazolam. The practice manager gave assurance that they would ensure future alerts are received, acted upon and retained for reference.



# 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 patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We noted some inconsistencies in the dentists' record keeping which we discussed with the practice principal to review.

### 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 prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

The dentists and dental therapist 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.

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

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

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

The practice 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. We discussed how the dentists could improve the documentation of this. 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 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 may give 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 detailed 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.

### Effective staffing

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. The practice told us that clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs informally and at one to one meetings. There was a process to complete appraisals.

### 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.

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

# Are services effective?

(for example, treatment is effective)

The practice 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.

The practice did not monitor all referrals to make sure they were dealt with promptly. We highlighted this to the practice principal.

# 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 were friendly, helpful and caring. 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. They confirmed staff were kind and helpful when they were in pain, distress or discomfort.

Practice information was available for patients to read in the reception and waiting area.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. Staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients and 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. They stored paper records securely.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and were aware of the

requirements under the Equality Act. We highlighted the need to review their communication provisions in line with the Accessible Information Standard. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given.

Interpretation services were not available for patients who did not understand or speak English but staff told us these had never been needed.

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

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

# 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 some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they were unable to access the first-floor surgery. Staff assisted patients with the portable ramp if necessary.

A disability access audit had not been completed but the practice had made some reasonable adjustments for patients with disabilities. These included the provision of a portable ramp and a hearing loop.

Staff telephoned all patients the day before their appointment to make sure they could get to the practice. Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice. Staff also telephoned patients after complex treatment to check on their well-being and recovery.

### 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 the NHS Choices website.

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

The practice's 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 took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. Information was displayed which 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 dealt with their concerns.

The practice had not received any complaints in the previous 12 months.

There were systems to respond to concerns appropriately and discuss outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Leadership capacity and capability

We found leaders had the capacity and skills to deliver high-quality, sustainable care.

They were knowledgeable about issues and priorities relating to the quality and future of services. We highlighted some areas for improvement. The practice manager took immediate action to address these areas of risk and provide us with evidence of this. They understood the challenges and were addressing them.

Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### Culture

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

The practice focused on the needs of patients.

We saw the provider had systems to take effective action to deal with poor performance.

Openness, honesty and transparency were demonstrated when responding to concerns we highlighted during the inspection. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

### Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The registered manager 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. The process to ensure that governance was up to date and relevant to the systems at the practice was ineffective. Policies updated in October 2018 contained information that was out of date.

Staff were not sure if some policies were in place. For example, incident reporting and infection prevention and control, these were found whilst looking through the governance folders.

The processes for identifying and managing risk required improvement. For example:

- Systems to ensure that emergency medical arrangements were in place were ineffective.
- Hazardous substances were not effectively risk assessed
- Systems were not in place to receive and action patient safety alerts
- The sharps risk assessment did not include the risk from all sharps. Learning had not occurred from previous sharps injuries to prevent future occurrences
- There was no system to ensure the security of NHS prescriptions
- Three-yearly routine testing of the X-ray equipment and servicing of the dental compressor had been an oversight.
- Recruitment processes to obtain references and evidence of immunity for newly employed members of staff were inconsistent.
- The practice had not implemented a legionella management plan, identified responsible persons and ensured that staff completed legionella awareness training.
- Areas of the practice needed de-cluttering and renovation to ensure effective cleaning. One of the downstairs treatment rooms was used only for taking X-rays. This room was cluttered with trolleys and equipment. There was visible damage to the floor, dental chair, operator stool, drawers and surfaces. The provider had not assessed the suitability of this room to ensure it is fit for the purpose for which it is being used.

On the day of the inspection, all staff were open to feedback, immediate actions were taken to address the concerns raised during the inspection and evidence of this was provided to confirm that action had been taken. For example, the companies who provided equipment servicing were contacted and medical emergency equipment obtained. They demonstrated a commitment to continuing the work and engagement with staff and external organisations to make further improvements.

### Appropriate and accurate information

# Are services well-led?

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

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

The practice gathered feedback from staff through meetings and informal discussions.

## **Continuous improvement and innovation**

The systems and processes for learning, continuous improvement and innovation could be improved.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control (IPC). The IPC audit tool was not up to date with current recognised guidance and had not been completed correctly. There was no evidence that the findings of the IPC audit had been analysed to make improvements. Audits of radiography and dental care records lacked clear conclusions and plans for improvement to address the inconsistencies noted during the inspection.

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

The practice did not have a system to ensure that staff completed 'highly recommended' training as per General Dental Council professional standards. We saw evidence that staff were undertaking medical emergencies and basic life support training annually. The provider did not ask for evidence that staff were up to date with continuing professional development and training in areas including safeguarding and IPC.

## 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</b></p> <ul style="list-style-type: none"><li>• The medical emergency equipment was not as described in Resuscitation UK guidance and required by General Dental Council standards.</li><li>• Hazardous substances were not effectively risk assessed.</li><li>• Systems were not in place to receive and action patient safety alerts.</li><li>• The sharps risk assessment did not include the risk from all sharps. Learning had not occurred from previous sharps injuries to prevent future occurrences.</li><li>• There was no system to ensure the security of NHS prescriptions.</li></ul> <p><b>Regulation 12 (1)</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</b></p> <p><b>The registered person had not ensured the systems for identifying and managing risk were effective. For example:</b></p>



## Requirement notices

- Systems to ensure that emergency medical arrangements were in place were ineffective. Medical emergency equipment was not as described in Resuscitation UK guidance as required by General Dental Council standards.
- Systems to identify and respond to risk were ineffective. In particular, in relation to sharps and learning from previous incidents, patient safety alerts, hazardous substances and prescription security.
- Three-yearly routine testing of the X-ray equipment and servicing of the dental compressor had been missed.
- Recruitment processes to obtain references for newly employed members of staff were inconsistent. References had not been obtained for the newly appointed associate dentist or the dental therapist. Evidence of immunity was not consistently obtained.
- The registered person had not assessed the suitability of one of the ground floor treatment rooms to ensure it is fit for taking X-rays. Areas of the practice needed de-cluttering and renovation to ensure effective cleaning and a suitable environment for patients.
- The registered person did not ensure that processes to audit standards of care were effective. The IPC audit tool was not up to date with current recognised guidance and had not been completed correctly. There was no evidence that the findings of the IPC audit had been analysed to make improvements. Audits of radiography and dental care records lacked clear conclusions and plans for improvement to address record keeping inconsistencies noted during the inspection.

**There was additional evidence of poor governance. In particular:**

- The process to ensure that governance was up to date and relevant to the systems at the practice was ineffective. Policies had been updated in October 2018 but the information was out of date in several ones we viewed.
- The practice had not implemented a legionella management plan, identified responsible persons and ensured that staff completed legionella awareness training.

This section is primarily information for the provider

## Requirement notices

- There was no system to ensure that staff completed and were up to date with 'highly recommended' training as per General Dental Council professional standards.

**Regulation 17 (1).**