

The Dental Touch

The Dental Touch

Inspection Report

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Overall summary

We carried out this announced inspection on 18 September 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 Touch is in Kingsdown, Bristol and provides private dental treatment to adults and children and NHS treatment to children.

There is level access for people who use wheelchairs and those with pushchairs. There are short stay parking spaces including designated disabled parking spaces allocated near the practice.

The dental team includes two dentists, two dental nurses, two dental hygienists; one of which is also a dental therapist. One of the dental nurses, also acts as the practice manager and receptionist. The practice has three treatment rooms, two of which were currently in use.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager.

Summary of findings

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 The Dental Touch is the principal dentist.

On the day of inspection, we collected 58 CQC comment cards filled in by patients and spoke with two other patients.

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

The practice is open:

Monday 9-6pm

Tuesday and Thursday 8-4pm

Wednesday 8-5pm

Friday 8-2pm

Our key findings were:

- The provider had infection control procedures which reflected published guidance.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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 provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider asked patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

- Staff knew how to deal with medical emergencies. However, there was one emergency medicine that was not appropriate and some life-saving equipment was not available, in line with recognised guidance.
- The provider had ineffective systems to help them manage risk to patients and staff, such as fire safety and radiation.
- The provider had ineffective staff recruitment procedures.
- Staff worked well as a team. The provider would benefit from providing more opportunities for staff as a team to feedback to continually improve the service.
- The practice appeared clean and well maintained. Although some equipment required servicing.

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

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure specified information is available regarding each person employed.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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:

- Implement protocols and procedures in relation to the Accessible Information Standard to ensure that the requirements are complied with.
- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.
- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services caring?	No action	✓
Are services responsive to people's needs?	No action	✓
Are services well-led?	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 some systems to keep patients safe. Although these required review.

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 a whistleblowing policy, which included all relevant information.

The dentists used dental dams 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. We saw not all emergency contact details were available within the plan and we were advised that copies of plan for main contacts would be distributed.

The provider had a recruitment policy, but this was limited in detail. It did not include relevant legislation or information on how agency and temporary staff would be recruited. Following the inspection, we have received an updated recruitment policy. We looked at two staff recruitment records. These showed the provider did not always follow legislation requirements. For example, there was either evidence missing or not appropriate for the

following; Disclosure and Barring Service checks, verification of why employment ended and evidence for any gaps in employment, relevant qualifications and satisfactory conduct in previous employment.

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

Systems to ensure that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including dental and gas appliances required improvement. At the time of the inspection the practice had not carried out a five-year electrical installation check. Following the inspection, we were sent evidence that this had been completed. The provider was unclear on how often the practice air-conditioning unit should be serviced after it had been installed in 2017 and the X-ray developer service was overdue.

Records showed that some fire detection and firefighting equipment were regularly tested and serviced. This included the fire alarm and fire extinguishers. We saw there had been a fire risk assessment completed in July 2017. Some required actions had not yet been completed, for example, the practice was required to carry out an electrical installation check within six months of the assessment. There were no records of emergency lighting checks and no evidence of the practice having completed fire evacuation drills. We noted within the basement that documents were stored in an area that was a potential fire risk and documents were stored on unsecured shelving. We were informed this would be addressed.

Improvements were required to the arrangements to ensure the safety and full working use of the X-ray equipment. We saw no evidence of servicing and in-house functional checks of the X-ray equipment having been completed since March 2015. The provider has informed us since the inspection that they have re-implemented the in-house checks. The practice had not followed a report recommendation from the Medical Physics Expert (MPE) to fit a rectangular collimator to one of the X-ray's.

Whilst we saw evidence that the dentists justified, graded and reported on the radiographs they took. We reviewed six OPG radiographs taken in the last year and confirmed with the provider that they were not clinically useable. The provider had informed us they decided they would not use

Are services safe?

the OPG until it had been serviced and was working appropriately. The provider had carried out a radiography audit in 2019 but improvements were underway to ensure that this was effective in identifying areas for improvements.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

Some improvements were required 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.

Improvements were required to the 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. We saw that two staff members did not have evidence of the effectiveness of their vaccine, neither were risk assessments in place for these staff; therefore, the practice was not following their policy on Hepatitis B. Since the inspection we have received confirmation of effectiveness for one member of staff.

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 one of the emergency medicines was not available as described in recognised guidance. For example, we found there was missing equipment including oropharyngeal airways, face masks for self-inflating bags and a child self-inflating bag. Additionally, we found the medicine available to treat a seizure was not in accordance to the resuscitation council guidelines. We found staff were checking the medicines and equipment on a monthly basis, not weekly as recommended by national guidance. Checks to ensure that the Glucagon (medicine to treat low blood sugars) was

stored in a fridge at a consistent temperature were ineffective. Since the inspection, the provider has sent us confirmation that the medicine and equipment have now been purchased.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. We were told that the hygienists worked without a dental nurse. A risk assessment was in place for when the dental hygienists worked without chairside support.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Although we saw that the assessments were not complete as they did not include the data product details. We were informed after the inspection that these were now in place. We have seen no evidence to support this.

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 sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. Improvements were underway to ensure that records of validation of the sterilisation equipment were maintained appropriately. 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

Are services safe?

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.

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 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.

We saw that medicines in stock were within their expiry date and there were enough medicines available.

We saw staff stored and kept records of NHS prescriptions as described in current guidance. However, there was no system in place to monitor unused prescription pads.

The dentists were aware of current guidance with regards to prescribing medicines. We did note that a high fluoride toothpaste used for decay prevention had not been prescribed taking into account current guidelines.

An antimicrobial prescribing audit had been carried out in 2017. It indicated that pain was often the most common reason for prescribing. We were informed that a re-audit would be completed when appropriate.

Track record on safety, and lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been one safety incident. We saw this had been acted upon and improvements made to the service to prevent such occurrences happening again in the future. We noted that the incident had been recorded but the learning from the incident to the service had not been documented and there was no record of it being shared with the team.

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 systems to keep dental professionals 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.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants which was in accordance with national guidance.

Staff had access to an intra-oral camera to enhance the delivery of care.

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. We saw that records did not include full prescription terms for patients for when they wanted to re-order their prescription. We have been informed following the inspection that this has now been rectified. They also used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentists, 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 not aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. We were informed that following the inspection they would establish what local services were available to patients, so they could be signposted.

The dentists 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.

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. The practice carried out detailed oral health assessments which identified patient's individual risks.

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. Although it was limited in detail and did not include information about power of attorneys. 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 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 the practice audited patients' dental care records to check that the dentists and hygienists recorded the necessary information.

The practice had recently reviewed their systems for conscious sedation of patients who were nervous. The

Are services effective?

(for example, treatment is effective)

practice decided they were in not a position to carry out sedation safely in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015. They told us they would cease this service.

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. 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. We saw 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.

We noted there was no system to monitor referrals to ensure these were followed up in a timely manner. Following the inspection, the practice manager sent us a new referral protocol and referral log for managing referrals.

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 knowledgeable, caring and excellent. 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 for patients was displayed within the waiting rooms. Further information about the service was included within the practice website.

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 area did not provide 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. However, we saw patient record cards left on the reception desk and the computer screen unlocked when reception was unattended during our inspection.

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

The requirements under the Equality Act and The Accessible Information Standard (AIS) 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. The dentists told us that they sometimes used family/friends of the patient to interpret for the patient. The practice manager informed us they would review this service to ensure they were meeting the requirements of the AIS and to ensure there were translation services available for private patients.
- Staff communicated with patients in a way that they could understand, and communication aids such as larger font documents could be made available, if required.
- Staff did not have access to information on how to access community and advocacy services for patients and their carers. We were informed that they would look into this.

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 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 photographs, study models, X-ray images and an intra-oral camera. The intra-oral camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient to help them better understand the diagnosis and treatment.

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 provided feedback to us that the staff were empathic and understanding with their needs and one patient described the ease of changing their appointment time due to carer issues. Patients, where required, were given longer appointment slots particularly if they were anxious.

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 and accessible treatment rooms for patients.

A disability access audit had been completed and an action plan formulated to continually improve access for patients. We observed that it did not include the relevant requirements from the Accessible Information Standard. We noted that there was no contact information sourced for patients who may require assistance through British Sign Language. We found there had been no assessments made to determine what adjustments could be made for patients with visual impairment and hearing loss.

Staff telephoned patients on the day before their appointment to make sure they could get to the practice. Patients who had opted to receive a text message also received a reminder.

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 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.

The practice had an emergency on-call arrangement with some other local practices for private patients and all patients could also contact the NHS 111 out of hour's service.

The practice's website 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 provider and 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 provider was responsible for dealing with these. Staff told us they would tell the practice manager and/or the provider about any formal or informal comments or concerns straight away so patients received a quick response.

The provider aimed to settle complaints in-house and invited patients to speak with them in person or on the telephone to discuss these. Information was available about organisations patients could contact if not satisfied with the way the provider had dealt with their concerns.

We looked at comments, compliments and complaints the practice received within 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 partners had the skills to deliver high-quality, sustainable care and the practice strategy. The partners were knowledgeable about issues and priorities relating to the quality and future of services. Although it was noted that they did not always have the capacity, because of other commitments to act on the concerns identified within this report in a timely manner.

Culture

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

The staff focused on the needs of patients. We received 58 comment cards from patients who told us about their care and treatment. These showed a high level of satisfaction and dedication from the staff to ensure patients were the priority of the service provided.

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

Openness and honesty were demonstrated when responding to incidents and complaints. The provider was aware of the requirements of the Duty of Candour. However, they did not have a policy detailing how as a practice they would deal with the requirements of it. We have since been informed that the practice now has a policy.

Governance and management

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

The principal dentist 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. We saw that some policies/procedures were not up to date with current guidelines/procedures or were not available. For example, there was no system for managing unused prescription pads and the consent policy did not include all relevant information for the Mental Capacity Act requirements.

We saw there were some improvements required for managing risks, issues and performance. For example, some actions had not been addressed following the X-ray report and fire risk assessments. Monitoring of some of the equipment had not been maintained according to manufacturer's instructions. There were ineffective systems in place to ensure the X-ray equipment had received servicing and checks at the appropriate intervals. We noted the practice had implemented a new referral monitoring system since our inspection. Medical emergencies systems had not identified missing equipment and ensured all medicines were available according to current guidelines. Checks of the medical emergency equipment and the medicine used to treat low blood sugars had not been completed according to current guidelines. Improvements were required to the system in place to ensure clinical staff had received appropriate hepatitis vaccinations and the effectiveness of it had been checked.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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 and staff to support high-quality sustainable services.

The provider used a website review service and patient survey to obtain patients' views about the service. Patients described a high level of satisfaction from the service provided. The practice had changed the waiting room chairs following an incident to improve patient experience.

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.

Are services well-led?

The provider gathered feedback from staff through informal discussions. The provider informed us that they had not had regular staff meetings recently due to changes that had been made to the practice. For example, they had been completing a renovation programme of the practice. This had included adding a decontamination area and more recently adding a new treatment room. The provider recognised that staff meetings needed to be reintroduced.

Continuous improvement and innovation

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

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, periodontal care, dental implant placements, antibiotic use, radiographs and infection prevention and control.

The partners and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. However, staff team meetings did not occur regularly, and the team was not kept up to date with what happened in the practice. The sharing of information and learning from incidents and complaints did not always happen to support improvements in the service.

The dental nurses and hygienists had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of 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>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that were operating 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:</p> <ul style="list-style-type: none">• The provider had ineffective systems to ensure the appropriate medical emergency medicines and equipment were available, as required by recognised guidance.• Fire safety was not managed effectively. Some fire risk assessment actions had not been addressed.• An electrical installation certificate had not been actioned.• Validation of the steriliser had not been recorded to ensure this was working effectively.• Unused prescription pads were not monitored.• Incident reporting did not follow the practice policy.• The consent policy did not include all relevant information on the Mental Capacity Act 2005.• The X-ray OPG equipment had produced OPGs of poor diagnostic value and there was no system to prevent further use of this equipment until adequate investigations occurred.• Equipment was not monitored effectively to ensure it was maintained at appropriate intervals to ensure its safety.• Improvements were required for the system to manage hepatitis B vaccines and the effectiveness of them. <p>There were no systems or processes that enabled the registered person to seek and act on feedback from</p>

Requirement notices

relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

- There was no formal procedure for the provider to gain feedback from staff to continuously improve the service provided.

Regulation 17 (1)

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons

How the regulation was not being met

The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:

- The recruitment policy and procedure did not reflect current legislation.

Regulation 19(1)&(2)

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

In particular:

The staff recruitment records did not have -

- A satisfactory written explanation of any gaps in employment.
- Verification of why employment ended when previous work had involved children and/or vulnerable adults.
- Satisfactory evidence of any relevant qualification.
- Where necessary, satisfactory evidence of Disclosure and Barring Service checks.

Regulation 19(3)