

Hopwood Corporation Limited

Hopwood Dental Practice

Inspection Report

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Date of inspection visit: 22 August 2019
Date of publication: 04/10/2019

Overall summary

We carried out this announced inspection on 22 August 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 not 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

Hopwood Dental Practice is in Lancashire and provides private treatment for adults and private and NHS treatment for children.

The premises are not accessible for people who use wheelchairs. Wheelchair users can be seen at the provider's sister practice. On street parking is available near the practice.

The dental team includes three dentists, three dental nurses (one of which is the practice manager and one is the receptionist) and a part-time dental hygienist. The practice has three treatment rooms.

Summary of findings

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

On the day of inspection, we collected 18 CQC comment cards filled in by patients. Comments about the service suggested patients were treated with care, respect and dignity. They described a professional, friendly and responsive staff team.

During the inspection we spoke with two dentists, two dental nurses, the receptionist 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 and Friday 9am to 1pm and 2pm to 4.30pm

Tuesday, Wednesday and Thursday 9am to 1pm and 2pm to 5.30pm

Our key findings were:

- The practice appeared clean, tidy and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Immediate action had to be taken to obtain life-saving equipment. Emergency medicines were available but two items affected by safety alerts had not been identified and removed from the kit.
- The systems to help them identify and manage risk to patients and staff were ineffective.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice did not have appropriate radiographic safety tests and protocols in place.
- The provider had staff recruitment procedures. These did not include Disclosure and Barring Service (DBS) checks or evidence of thorough induction processes.

- The clinical staff provided and documented 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.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had systems to deal with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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 regulations the provider is not meeting are at the end of this report.

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

- 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 products are stored securely.
- Implement protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.
- Take action to ensure all clinicians 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.

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?	Requirements notice	✗
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 not providing safe 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.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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

Staff had some systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We discussed the requirement to notify the CQC of any safeguarding referrals where the concerns were witnessed, as staff were not aware.

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. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

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

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at two recent staff recruitment records. These showed the provider followed their recruitment procedure. DBS checks had not been obtained or a suitable risk assessment documented. We noted that employment history and references had been obtained for these individuals.

The practice occasionally used agency staff. We asked the practice manager how they ensured these individuals are suitable to work in the practice. They presumed that the agency carried out all the necessary checks but sought no confirmation of this. The practice manager told us they would introduce them to staff and show them round the practice but there was no evidence that these staff received a suitable induction to ensure that they were familiar with the practice's procedures.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover, although the provider did not have evidence that dental nurses were included in their indemnity cover. They were able to seek written confirmation that dental nurses were included in their policy during the inspection.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. The practice did not have a current gas safety certificate. This was addressed after the inspection and evidence sent to us.

A fire risk assessment had been carried out in December 2018. The report included recommendations which had been partially acted on. For example, additional fire extinguishers had been obtained and electrical fixed wiring testing had been carried out. There were recommendations to install a smoke detector in a back room, install a fire door and carry out annual servicing of fire detection and emergency lighting systems which had not been acted on. Records showed that fire detection and fire extinguishers were regularly tested by staff and fire extinguishers were serviced annually. Evacuation plans were in place and staff understood these.

The practice did not have suitable arrangements to ensure the safety of the X-ray equipment. There was no evidence of a critical examination or acceptance test for an X-ray machine installed in the ground floor surgery in 2015. In

Are services safe?

addition, the acceptance test report for an X-ray machine in the first-floor surgery included a recommendation that the wall between this room and the hygienist surgery be lined with lead protection. Staff explained they had devised informal arrangements for a staff member to prevent access to the hygienist room (and the upstairs waiting room which had a door directly into the surgery) when exposures took place. This explanation did not take into account days when all three surgeries were in use which could be difficult to impose.

The provider had not sought advice from their radiation protection adviser in relation to this, or before the X-ray machine on the ground floor was put into use, particularly as the ground floor surgery has an unprotected window in line with the dental chair.

The practice had not ensured that they were up to date with three-yearly routine examinations of the X-ray equipment. We saw reports for two machines in 2015. There was no evidence of routine tests for the X-ray machine in the ground floor surgery. We were shown test reports for this machine but these were electromechanical tests only. We highlighted to the provider that these stated they were not routine tests.

The practice manager told us they had reviewed the information sent to the practice when the notice of the inspection was received. This had prompted them to carry out routine tests of the X-ray machines, and they were waiting for the results from these. The practice had registered with the Health and Safety Executive for the use of radiography. After the inspection we were sent evidence that the provider had contacted their RPA for advice.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

The systems to assess, monitor and manage risks to patient safety require improvement.

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. A safer needle system was in use, the staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken but this focused on needles and did not include the risks from other sharp items including dental matrices and endodontic files that were reprocessed to be used on the same patient (single patient use).

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. Evidence of the effectiveness of the vaccination had not been checked for one clinical member of staff. There was one clinical member of staff whose vaccination history was unknown. This individual should be reviewed to ensure they have undergone a pre-employment health assessment, which should include a review of immunisation needs as described in the Green Book chapter 12, Immunisation of healthcare and laboratory 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 medicines were not available as described in recognised guidance. We found staff did not check these regularly to make sure these were available, within their expiry date, and in working order. They relied on the person who delivered annual training to check the kit and inform them of any required changes. The pads for the automated external defibrillator (AED) had expired in 2009 and staff were unaware that these had an expiry date. Immediate action was taken to order these.

A child-sized self-inflating oxygen bag and mask was not available and there was only one (adult) size of oxygen mask. We found two adrenaline auto-injectors were affected by a recent drug alert and these were removed from the kit immediately, we identified that additional adrenaline was available. Glucagon was refrigerated but the temperature of this was not monitored. On the day of the inspection, we highlighted to staff that the thermometer for the fridge was at 8°C which is the maximum for this medicine.

Are services safe?

The provider sent evidence the missing and expired items had been obtained. They also relocated the emergency kit in response to our feedback that this may be difficult to access in the event of an emergency.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. Staff told us that the dental hygienist sometimes worked without chairside support. They had informal systems to manage this process. For example, when the dental hygienist was carrying out full periodontal assessments the practice ensured a dental nurse was available to support them. We discussed that a risk assessment should be documented.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We highlighted how this could be improved by securing a cupboard containing hazardous substances in the bathroom and reviewing where hazardous substances were stored and if they could be mistaken for another substance.

The provider had 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.

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.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The practice had a washer disinfectant and a back-up autoclave. Staff confirmed that these were occasionally used but there was no evidence that they carried out the required daily and monthly validation checks of these devices before use. We saw evidence that they were serviced and validated annually. We highlighted that the decontamination room door should be marked private and kept closed when the room was left unattended.

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

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned with the exception of training for members of staff responsible. We highlighted that records of monthly water temperature testing showed that the outlets tested differed from the ones stated in the risk assessment report. Dental unit water line management was in place but not all staff were familiar with the process for the bactericidal agent used. Instructions for the use of this product were provided to staff but this did not include instructions not to remove the bottles at the end of each day.

We saw cleaning schedules for the premises. The practice was visibly clean and tidy when we inspected. Patients also commented on the high standards of cleanliness and hygiene they observed.

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

The provider did not ensure that infection prevention and control (IPC) audits were completed twice a year. We saw that daily checklists were used to evidence that staff carried out IPC checks and tasks as part of their daily set up and close down procedures. For example, cleaning surfaces and equipment, and waste segregation.

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.

Are services safe?

Safe and appropriate use of medicines

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

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

We saw staff stored NHS prescriptions securely. We noted that these were pre-stamped with the practice name and address; and the system to track these would not identify if a prescription went missing. Private prescriptions were written on a practice compliment slip when required following assessment of the patient. Staff gave different accounts of how this process was managed. For example, whether these were stamped at reception or any control measures in place. We discussed this with the provider who confirmed this would be reviewed.

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

Track record on safety and Lessons learned and improvements

The systems to risk assess in relation to safety issues required improvement. Staff were aware of the importance of reporting any incidents, accidents or significant events.

We noted that no sharps injuries had occurred since March 2018. Incident reports of previous sharps injuries did not include an investigation of risk, seeking further advice or evaluation of whether the individuals involved required follow up or testing.

During the inspection we discussed a recent significant event where a window in the practice had been broken. This had not been documented to show how the practice had responded to this.

There were some systems for reviewing and investigating when things went wrong. For example, incident reports were completed after the inspection for the medical emergency arrangements and radiographic safety. These gave details of the immediate actions taken to address these concerns and how re-occurrence would be prevented in the future.

There was a system for receiving safety alerts but these were not reviewed and acted on appropriately. For example, the medical emergency kit included adrenaline auto-injectors. We found two of these were affected by a safety alert in July 2019; the AED at the practice had been subject to a safety alert in December 2018 but the practice had not reviewed their equipment to ensure it was not affected. A check during the inspection confirmed that this item had not been affected.

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 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.

The practice offered dental implants. These were placed by the one of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

The practice could arrange conscious sedation for patients who were nervous. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. We confirmed this had not occurred since 2015 and no further sessions were planned. The practice did not have systems to help them do this safely in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015. A sedationist attended the practice with medicines, equipment and support staff as required. The provider had no oversight of the competencies of the individuals who came into provide this, including whether they had up to date Immediate Life Support training; or how this service was assessed, carried out, or how patients were monitored during treatment and recovery or the discharge process. The provider confirmed that no further sedation would be offered until this had been reviewed.

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 patients based on an assessment of the risk of tooth decay.

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

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

A dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved coordinating care with the dental hygienist, 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.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

Are services effective?

(for example, treatment is effective)

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/clinicians recorded the necessary information.

Effective staffing

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

Staff new to the practice were given a practice tour and introduced to the team but there was no evidence of a period of induction based on a structured programme for employed or orientation processes for agency staff. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs informally and 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.

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, helpful and courteous. 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, understanding and kind when they were in pain, distress or discomfort. They described how staff put them at ease during treatment and helped them to relax when anxious.

Practice information, price lists, health promotion resources and a large selection of magazines were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

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

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

The provider had recently installed a closed-circuit television system, (CCTV), internally in the waiting room, reception area and back office. Notices were displayed to inform people that CCTV was in use. We discussed with the practice manager the need to carry out a privacy impact assessment to ensure that the use of CCTV footage complied with General Data Protection Regulation (GDPR) requirements.

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.

Staff did not know how to access interpretation and translation services for patients who did speak or understand English but these had never been required.

Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

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

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

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

The dentist conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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

The practice had made some reasonable adjustments in line with a disability access audit. These included a higher chair in the waiting room and a hearing loop. The layout of the premises limited the adjustments that could be made. The provider has a sister practice which is wheelchair accessible. Wheelchair users were offered treatment at this location.

Staff told us that they currently 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 surgeries.

Timely access to services

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

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Staff telephoned all patients before their appointment to make sure they could get to the practice. 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 website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and had systems to respond to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff would tell them 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 had dealt with their concerns.

The practice had not received any complaints in several years. When compliments about the service were received, these were shared with staff.

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

Action was needed to ensure they addressed these and identify roles and responsibilities to deliver the practice strategy and address risks to it. We found leaders were responsive to the concerns identified during the inspection. For example, they responded immediately to urgent concerns raised during the inspection and provided evidence that these had been addressed, and processes put in place to prevent reoccurrence.

Leaders were open to discussion and feedback during the inspection where concerns were identified. They understood that systems required improvement and we had confidence they understood the challenges and were taking action to address them and introduce systems to prevent their reoccurrence.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The staff focused on the needs of patients, and patient comments confirmed this.

We saw the provider had systems to identify and deal with staff poor performance.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. The systems to ensure that incidents were documented, investigated and followed up required improvement.

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

Governance and management

The practice should ensure 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 system of clinical governance included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Clear and effective processes were not in place to identify and manage risks, issues and performance: This had resulted in several issues arising that were identified through the inspection process.

- Systems were not in place to act on relevant patient safety alerts, recalls and rapid response reports.
- Systems were not in place to ensure the suitability or safety of radiography in the practice.
- The provider did not ensure that emergency equipment and medicines were available and checked as described in recognised guidance.
- Systems were not in place to ensure that conscious sedation was carried out in accordance with guidelines.
- The systems to assess, monitor and manage risks in relation to sharps, fire safety, hazardous substances, incidents, the validation of decontamination equipment before use, Legionella control and prescription security and monitoring require improvement.
- The registered person did not ensure that all relevant essential recruitment checks were carried out or that staff were provided with a structured induction programme for employed staff and sufficient orientation processes for agency staff.
- Systems were not in place to ensure evidence of the effectiveness of Hepatitis B vaccinations were checked for clinical staff members, or a review of immunisation needs as described in the Green Book chapter 12, Immunisation of healthcare and laboratory staff.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Are services well-led?

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

Engagement with patients, the public, staff and external partners

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

The provider used patient surveys and verbal comments to obtain patients' views about the service. For example, the practice had replaced low sofas in the waiting room in response to patient feedback.

NHS 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 provider 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.

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 and radiographs. They had clear records of the results of these audits and the resulting action plans and improvements. Audits of infection prevention and control were not undertaken.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff described a family atmosphere at the practice.

The dental nurses and dental hygienist 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 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: • Items were identified that were affected by safety alerts issued by the Medicines and Healthcare products Regulatory Agency. • The practice did not have suitable arrangements to ensure the safety of the X-ray equipment. • Recommendations in the fire risk assessment had not been actioned. • Appropriate security and control measures were not in place for NHS and private prescriptions • The emergency equipment and medicines were not as described in recognised guidance. • Staff did not carry out validation tests on back up decontamination equipment before use. Regulation 12(1)
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person 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: • The registered person did not ensure that a system was in place to act on relevant patient safety alerts, recalls

Requirement notices

and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

- Systems were not in place to ensure the suitability or safety of radiography in the practice in line with Ionising Radiation (Medical Exposure) Regulations 2017.
- The registered person did not ensure that emergency equipment and medicines were available and checked as described in recognised guidance from the Resuscitation Council (UK), British National Formulary and General Dental Council standards.
- The registered person did not have systems to ensure that conscious sedation was carried out in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.
- The systems to document, investigate and follow up incidents were not effective.
- The registered person had not ensured that the recommendations in the fire safety report had been reviewed and actioned appropriately.
- The systems to assess, monitor and manage risks in relation to sharps, hazardous substances, the validation of decontamination equipment before use, Legionella control and prescription security and monitoring require improvement.
- The registered person did not ensure that all relevant essential recruitment checks were carried out on employed and agency staff in line with Schedule 3 Information Required in Respect of Persons Employed or Appointed for the Purposes of a Regulated Activity. In particular, DBS checks or suitable risk assessments had not been carried out on two newly employed members of staff.
- The registered person did not ensure that staff undertook a period of induction based on a structured programme for employed staff or sufficient orientation processes for agency staff.

Requirement notices

- Systems were not in place to ensure evidence of the effectiveness of Hepatitis B vaccinations were checked for clinical staff members, or a review of immunisation needs as described in the Green Book chapter 12, Immunisation of healthcare and laboratory staff.
- The registered person did not ensure that infection prevention and control (IPC) audits were carried out twice a year in line with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care.

Action taken in response to the concerns raised during the inspection was not yet embedded.

Regulation 17 (1)