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# Wednesfield Dental Practice

## Inspection Report

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Date of inspection visit: 9 July 2019  
Date of publication: 17/09/2019

### Overall summary

We carried out this announced inspection on 9 July 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**

Wednesfield Dental Practice is in Wolverhampton and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available immediately outside the practice in their own car park but there are no designated spaces for blue badge holders.

The dental team includes five dentists, five dental nurses, one practice manager and one receptionist. The practice has three treatment rooms and a separate room for carrying out decontamination.

# Summary of findings

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

On the day of inspection, we collected 12 CQC comment cards filled in by patients. We spoke with two dentists, two dental nurses, one 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 to Friday: 9am to 5pm

Saturday/Sunday/Bank Holidays: 9am to 12pm (emergencies only).

## Our key findings were:

- The practice appeared clean and well maintained.
- 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.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.
- The provider had infection control procedures which reflected published guidance although we identified some necessary improvements.

- Appropriate medicines and life-saving equipment were available. Staff training in the management of medical emergencies was significantly overdue.
- The practice had limited systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Several staff members had not completed training to the recommended level.
- The provider's staff recruitment procedures required improvements.
- Immunisation records were missing for some staff members.

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

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

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

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

- Review the practice's protocols for domiciliary visits taking into account the 2009 guidelines published by British Society for Disability and Oral Health in the document "Guidelines for the Delivery of a Domiciliary Oral Healthcare Service".
- 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.
- Review the practice's system for recording, investigating and reviewing incidents with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's protocol and staff awareness of their responsibilities in relation to the duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>Requirements notice</b> ✗

# 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)**

The practice had systems to keep patients safe. However, improvements were required.

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. Safeguarding contact details and flow charts were displayed in the waiting room and treatment rooms. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Information about domestic abuse was displayed in the patient toilet. The provider also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation. Not all staff had completed the training in safeguarding to the recommended level. Some staff had not received any training for over three years. We saw evidence that the recommended training was completed by three staff members within 24 hours of our visit. However, evidence was not forwarded to us for one clinical staff member.

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.

Staff shared an anonymised example of a patient where there were safeguarding concerns. This demonstrated excellent team-working skills and appropriate action by the practice.

The practice did not have a whistleblowing policy. The practice manager did locate a pro forma on whistleblowing but this was not easily accessible to staff. Within 48 hours, the policy was printed and displayed in the staff room. Staff felt confident they could raise concerns without fear of recrimination.

The British Endodontic Society recommends that dental dams are used when providing root canal treatment. Not

all the dentists used dental dams at the practice. Risk assessments were not completed when dental dams were not used. Within 48 hours of our visit the practice manager forwarded us some information for staff about the use of dental dams. This document also provided information about alternative precautions that staff would take to protect the patients' airways in the event of dental dams not being used.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. It did not include details of an alternative dental practice to refer patients to in the event of practice closure.

The practice manager was unable to locate the practice's recruitment policy upon request. They eventually located it towards the end of the inspection visit. The policy did not reflect the relevant legislation as there was no mention of essential recruitment checks such as Disclosure and Barring Service (DBS) checks. We reviewed five recruitment records and found they were not consistently in line with current legislation. For example, one staff member was recruited without a DBS check and there was no risk assessment either. The practice manager told us that all staff at the practice had undergone DBS checks between February 2019 and April 2019 and we saw evidence of this in the recruitment records.

The practice manager told us the provider had only used locum/agency staff on one occasion. They said that the agency was responsible for carrying out essential recruitment checks but they did not have any specific written information to confirm this. Within 48 hours, the practice manager sent us evidence of a document that was dated March 2019 and this stated that the agency was responsible for carrying out essential recruitment checks.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC). The practice did not hold evidence of professional indemnity cover for one dentist but this was requested and shown to us during our visit.

Staff had completed some checks to ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Portable appliance testing had been carried out one day before our visit and the previous test had expired in May 2018. A gas safety check had also been completed one day

# Are services safe?

before our visit. The previous certificates(s) were not available so there was no evidence that this essential check was regularly completed. Portable appliance testing at the practice had been completed the day before our visit and was due to be completed in May 2019. The electrical 5-year fixed certificate was completed in line with guidance. One recommendation was made but the practice was uncertain whether this had been actioned.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. The practice had not carried out any fire drills since August 2018 to ensure that staff were well rehearsed in evacuation procedures.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. Maintenance tests were carried out on the units but one unit had a different maintenance check from the other two units. It was difficult to ascertain whether this third check was sufficient and in line with the recommended checks. The provider informed us that this was in line with recommendations. We requested that they obtain confirmation from the company that performed the maintenance checks that mandatory checks had been completed on all three units and all results were satisfactory. However, this information had not been sent to us within the requested timeframe.

All treatment rooms were fitted with intra-oral X-ray machines. One of these did not use rectangular collimation to reduce radiation exposure to the patients. Appropriate warning signs should be placed in the relevant areas to alert others that X-rays are being taken within a specific area. None of the doors of the treatment rooms had this signage displayed. Within 48 hours the practice manager sent us evidence that this had since been carried out. One of the dentists used a hand-held X-ray unit from another dental practice as they were awaiting repair of the unit within their treatment room.

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

We saw that all clinical staff completed continuing professional development in respect of dental radiography apart from one dentist whose training certificate was not available.

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety. We identified necessary improvements.

The practice's health and safety policies, procedures and risk assessments were reviewed in June 2019 to help manage potential risk. The practice 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 recently but it did not include a list of specific sharps items that were used within the practice. We saw evidence of a written protocol for staff in the event they sustained an injury from sharp instruments. These were displayed in the treatment rooms for ease of access but did not have contact details for an organisation that would be available outside normal opening hours. The practice manager said all staff were aware they would need to attend the A&E department in the local hospital but this was not displayed on the protocol.

We reviewed staff's vaccination records and found that the principal dentist had a system in place to check clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw evidence that most clinical staff had received the vaccination and the effectiveness of the vaccination had been checked. However, the immunisation records were missing for one staff member and incomplete for another two staff members. We found that risk assessments had not been completed where there were gaps in assurance around this. The completed record was forwarded to us within 48 hours of our visit but the other two records remained outstanding.

It is recommended that staff complete training in medical emergency resuscitation and basic life support every year. However, this was significantly overdue as the practice had not arranged this since October 2017. The practice manager told us they had booked the next training for the week after our visit.

# Are services safe?

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. However, these checks were not individualised to medicines, equipment or the automated external defibrillator. Within 48 hours the practice manager sent us evidence of log sheets that would be used to check individual medicines. We reviewed these and found that one essential medicine had not been added to the list on one of the log sheets.

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

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 risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We reviewed these and the records stated they had not been reviewed since February 2017. However, the practice manager told us it was reviewed each time a new material was introduced to the practice and was certain it had been reviewed since 2017.

The practice rarely used locum or agency staff. The practice manager told us that any locum/agency staff received an induction to ensure that they were familiar with the practice's procedures. However, there was no evidence that the induction procedures were documented. The practice manager told us they would ensure that any future locum/agency staff would receive an induction that would be documented.

The practice had an infection prevention and control policy and procedures. They mostly 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 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 validated, maintained and used in line with the manufacturers' guidance. The container used for storing used sharp implements was not dated. Current guidance

states that sharps containers should be disposed of every three months even if they were not three quarters full. Within 48 hours the practice manager sent us evidence to show that the current date had been added to the containers.

Staff manually cleaned the used instruments prior to sterilisation in the autoclave. This is appropriate and current guidance states that the temperature of the cleaning solution should be checked to ensure it does not exceed 45°C. The practice manager told us it was not necessary to check the water temperature as staff only used the water from the cold tap.

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

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

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

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

An infection prevention and control audit had been completed in June 2019 and it showed the practice was meeting the required standards. We were told that staff had completed an infection prevention and control audit in October 2018 but the practice manager was unable to locate this during our visit. Guidance recommends these audits are completed every six months and it had been eight months since the previous audit (which was not available for review). The audit did not have an action plan or any learning outcomes. Within 48 hours the practice manager sent us evidence of an action plan that was dated October 2017. No other action plans were forwarded to us. They also sent us evidence that a reminder had been added to complete the next audit in December 2019 to ensure they were carried out every six months.

## **Information to deliver safe care and treatment**

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

# Are services safe?

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**

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

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

Antimicrobial prescribing audits had not been carried out to ensure dentists were prescribing according to national guidelines.

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

There were comprehensive risk assessments in relation to safety issues.

In the previous 12 months there had been no safety incidents. We were informed that any incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

The practice had policies and procedures to report, investigate, respond and learn from accidents and significant events. Staff knew about these and understood their role in the process. However, they were not recording all incidents to support future learning. Examples of incidents were discussed with the practice manager and we were assured that these would be documented with immediate effect. Within 48 hours, the practice manager forwarded us a photo of a book that would be used to record incidents.

The practice manager described their system for receiving and acting on safety alerts. This is essential so that staff can learn from external safety events as well as patient and medicine safety alerts. We did not see any evidence that recent alerts were shared with the team or 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 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 provider took into account guidelines as set out by the British Society for Disability and Oral Health when providing dental care in domiciliary settings such as care homes or in people's residence. Staff did not take emergency medical equipment with them as they relied upon the equipment present in the care homes. However, there were no written risk assessments to mitigate any risks associated with this. Also, this arrangement would not provide any equipment in the event of a medical emergency taking place within a patient's home.

### **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 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. Free toothbrushes and brushing timers were handed to the parents of children to help with their oral health.

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

The 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.

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.

No written information was available about the Mental Capacity Act 2005. [SK1][CP2]One dentist had not completed training about this Act. We spoke to staff and they understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. Gillick competence is when 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. Within 48 hours the practice manager forwarded evidence to us which showed that the relevant dentist had completed the training within one day of our visit.

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

### **Monitoring care and treatment**

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. We reviewed a selection of records and found that some dentists' record keeping required improvements. Within 48 hours the practice manager forwarded some evidence which showed a modified template that the dentists would use to record essential information as part of the patient's dental examination. This modified template included all the necessary information.

# Are services effective?

(for example, treatment is effective)

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

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. For example, some of the dental nurses had further qualifications in radiography, sedation and oral health education.

Staff new to the practice had a period of induction. We reviewed a selection of records and found that some staff had a structured induction programme but others did not. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at appraisals. We requested evidence of completed appraisals and were given one completed appraisal which was dated December 2017. We also saw that current staff were in the process of having new appraisals carried out. Regular appraisals help the practice to address 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 polite, lovely and thorough. We saw that staff treated patients professionally and respectfully 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. The practice manager told us they spent more time speaking with patients and reassuring them when needed. Several staff were longstanding members of the team and told us they had built strong professional relationships with the patients over the years.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

### 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 practice had installed CCTV (Closed Circuit Television) at the practice to improve security for patients and staff. Cameras were not present in the treatment rooms. The CCTV Code of Practice (Information Commissioner's Office,

2008) states that signs should be prominently displayed to inform visitors that surveillance equipment has been installed and this signage was present throughout the practice.

### Involving people in decisions about care and treatment

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

Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpretation services were available online for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them. Additional languages spoken by staff included Punjabi, French and Italian. We were informed that patients could invite family relations to attend to assist. This could present a risk of miscommunication between staff and patients.
- Staff communicated with patients in a way that they could understand.

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

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

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included models and X-ray images.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care. The practice manager told us that the dentists were all very patient and understanding. The practice manager would also spend further time with patients in a non-clinical room to reassure patients when required. The practice manager shared examples of how the practice met the needs of more vulnerable members of society such as patients with dental phobia, vulnerable people, adults and children with a learning difficulty, people with drug and alcohol dependence and people living with autism and long-term conditions.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The receptionists supported patients that were unable to read and write to complete forms and physically assisted patients by opening doors upon entry and exit.

The practice had made reasonable adjustments for patients with disabilities. These included steps free access, a hearing loop, reading glasses and accessible toilet with hand rails and a call bell. Two of the treatment rooms could accommodate patients in wheelchairs.

A disability access audit had been completed one week before our visit.

The practice sent appointment reminders via text message to all patients that had consented.

### 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.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen on 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.

Reception staff informed patients immediately if there were any delays beyond their scheduled appointment time.

The provider held a contract which enabled staff to provide emergency dental services to patients on the NHS. 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 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 patients could 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.

We looked at comments, compliments and complaints the practice received in the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The practice manager told us that no verbal complaints had been received at the practice. Many positive comments had been made about staff by patients at the practice.

# 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

Staff told us that the practice manager was visible, approachable and had excellent dental knowledge. Staff told us that the provider rarely worked at this practice but that they were contactable on the telephone. Staff told us that the practice manager worked closely with staff. The provider was not present during our visit.

### Culture

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

Some staff we spoke with were not aware of the requirements of the Duty of Candour. This requires staff to demonstrate openness, honesty and transparency with patients. We were told that staff worked alongside its principles. The practice manager was aware of this regulation and shared examples of when staff had acted in accordance with this regulation.

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

The practice was small and friendly and had built up a loyal and established patient base over the years. Staff told us they enjoyed their job and felt valued in their work.

### 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. Staff told us that the practice manager had made many positive changes to the practice since joining the practice.

The provider had a limited system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. Some policies were overdue and other documents were missing or undated.

There were some processes for managing risks, issues and performance but these needed to be more robust. Risk assessment was limited, and we noted a few identified hazards within the practice that had not been addressed.

The practice held monthly staff meetings where learning was disseminated.

### Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

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

### Engagement with patients, the public, staff and external partners

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

The provider used comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. One example included new chairs for the waiting room.

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. One example included the provision of a new fridge for staff use.

### Continuous improvement and innovation

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

## Are services well-led?

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. The infection control audits were not completed as frequently as current guidance recommends. Previous audits were not available to review on the day of our visit. Not all audits had the resulting action plans and improvements.

The practice manager showed a commitment to learning and valued the contributions made to the team by individual members of staff. The practice manager told us that personal growth was encouraged at the practice. They were keen to support staff in furthering their development.

The practice had limited arrangements to ensure the smooth running of the service. Some governance arrangements were in place but many areas identified during our visit indicated a lack of oversight and effective leadership.

The whole staff team had annual appraisals but these were not carried out regularly. We reviewed one appraisal that was carried out in December 2017. We were shown evidence of one completed appraisal. The practice manager explained that some staff had not received appraisals due to being on leave. None of the staff received regular appraisals so it was not clear how their performance was assessed, or their training needs identified. The practice manager informed us that staff were due to receive appraisals shortly and we saw evidence that one was already in progress.

Not all staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually as this was significantly overdue for many staff members. The General Dental Council also requires clinical staff to complete continuing professional development. The leaders did not have oversight of the staff's CPD records so could not be assured they were completing the recommended CPD.

This section is primarily information for the provider

## 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 data-bbox="810 658 1385 725">Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p data-bbox="810 748 1517 815"><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p data-bbox="810 904 995 927"><b>Regulation 17</b></p> <p data-bbox="810 949 1043 972"><b>Good governance</b></p> <p data-bbox="810 1061 1506 1240">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 data-bbox="810 1330 1506 1509">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 data-bbox="810 1599 1506 1912" style="list-style-type: none"><li data-bbox="810 1599 1506 1688">· Not all staff had completed training to an appropriate level in the safeguarding of children and vulnerable adults.</li><li data-bbox="810 1711 1506 1823">· Audits in infection prevention and control had no action plans and learning outcomes. They were not carried out regularly.</li><li data-bbox="810 1845 1506 1912">· Not all staff were up to date with their mandatory training and their continuing professional development.</li></ul>

## Requirement notices

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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

In particular:

- The practice had not completed essential recruitment checks such as Disclosure and Barring Service checks at the time of recruitment. There were no risk assessments to mitigate any risks relating to this.
- There was no evidence of adequate immunity for vaccine preventable infectious diseases for two clinical staff members at the time of our visit.
- The availability of equipment in the practice to manage medical emergencies was not in accordance with guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Essential staff training in medical emergency resuscitation and basic life support was significantly overdue.

### **Regulation 17(1)**