Nationwide Healthcare

Dalton Dental Care

Inspection Report

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Overall summary

We carried out this announced focussed inspection on 17 May 2018 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 asked the following three questions:

- Is it safe?
- Is it effective?
- 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 not providing effective 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

Dalton Dental Care is in Rotherham and is part of the Nationwide Healthcare Limited group. Dalton Dental Care 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 near the practice.

The dental team includes two dentists, three trainee dental nurses and two receptionists. The practice has three treatment rooms and an instrument decontamination room. On the inspection day the regional clinical quality care manager and regional practice manager (area management team) joined the team to assist with the inspection.

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 Dalton Dental Care was one of the Directors.

On the day of inspection we collected 16 CQC comment cards filled in by patients.

Summary of findings

During the inspection we spoke with one dentist, two dental nurses, a receptionist and both regional managers. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday – Friday 9am – 6pm

Our key findings were:

- The practice appeared clean and maintained.
- The practice had infection control procedures which mostly reflected published guidance; staff awareness of procedures and why they were carried out was not effective and could be improved.
- Staff knew how to respond to a medical emergency. Not all appropriate medical emergency equipment was available.
- The practice had systems to help them manage risk but improvement was needed.
- The practice staff had suitable safeguarding processes in place. Improvements could be made to enhance staff awareness of responsibilities for safeguarding adults and children.
- Recruitment procedures reflected relevant legislation.
- The clinical staff provided patients' care and treatment mostly in line with current guidelines.
- Clinical awareness of the National Institute for Clinical Excellence (NICE), The Faculty of GeneralDental Practice UK (FGDP (UK) and British Society of Periodontology (BSP) guidance could be improved.
- The disposal of certain types of clinical waste was not carried out in line with recommended guidance.
- The practice was providing preventive care and supporting patients to ensure better oral health but this could be improved.
- The practice did not have effective leadership. Support, training, professional development, supervision and appraisal for junior staff could be improved
- The practice had a system in place to manage complaints effectively

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

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

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

- Review the practice's policy 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?

Are services safe?

No action

We found that this practice was 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).

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve. On the day of inspection we found improvements could be made to embed incident reporting fully. Staff were unsure of what constituted a reportable significant incident in areas which could cause harm. We were sent evidence after the inspection that refresher training had since been carried out.

Staff received training in safeguarding. Improvements could be made to ensure staff knew the signs of abuse and how to report concerns.

Clinical staff were qualified for their roles and the head office completed essential recruitment checks.

The practice was clean when we inspected and patients confirmed that this was usual.

Some areas of the infection prevention and control process did not follow recommended guidance for cleaning, sterilising and storing dental instruments. For example, instruments were not cleaned under temperature monitored water and staff were not aware of the reason for doing this.

The practice had arrangements for dealing with medical and other emergencies. The process was not managed in line with recognised guidance, several items of the medical kit were missing and this had not been identified.

Improvements could be made to ensure effective on-site supervision, mentoring and support for trainee staff was in place.

We noted some systems to manage trainee staff were not in line with General Dental Council requirements.

A current fire risk assessment was not available on the inspection day. Evidence of this was sent to us after the inspection.

Are services effective?

Requirements notice

We found that this practice was not providing effective 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).

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

Summary of findings

The dentists assessed patients' needs and provided care and treatment mostly in line with recognised guidance but there were areas during discussion, where knowledge of guidance was not embedded. For example, the National Institute for Clinical Excellence (NICE), The Faculty of General Dental Practice UK (FGDP (UK) and British Society of Periodontology (BSP) guidance could be improved.

Patients described the treatment they received as excellent and very good.

The dentist completed dental care records and recorded the current needs of patients and past treatment. We were not assured that gum bleeding scores were taken and recorded accurately.

Patients' oral health was not monitored in line with recommended guidance, for example, periodontal pocket charting as a means of monitoring progress of gum disease or response to treatment was not carried out. Since the inspection, the dentist has undertaken refresher training in these areas and further training is planned.

The dentist discussed treatment with patients so they could give informed consent and recorded this in their records. The level of understanding relevant to consent, the Mental Capacity Act 2005 and Gillick competence was limited. Since the inspection, the dentist has undertaken refresher training in these areas and further training is planned.

There was no system or process in place to identify and manage the risk of sepsis. The level of understanding of immediate action to take was limited.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices).

Requirements notice ✖

The practice had the capacity to deliver high-quality, sustainable care but improvement was required to ensure this was being delivered at all levels.

The dentist told us they would be open, honest and transparent when responding to incidents and complaints. The dentist was not fully aware of the requirements of Duty of Candour.

We identified areas in relation to governance where improvement was needed. For example, the practice did not provide effective on-site supervision, mentoring and support for trainee staff.

Improvement was required to align and embed systems and processes which were not fully understood by staff. For example, fire safety management and fire risk awareness, infection prevention and control and the management of emergency medical equipment.

Summary of findings

Sharps risk management required updating to reflect the process at the practice and action to take in the event of a sharps injury required embedding within the team. The sharps risk was updated after the inspection and refresher training has been carried out.

The practice's quality assurance and audit processes could be improved to ensure data was gathered and recorded accurately to encourage suitable outcomes, learning and continuous improvement.

Are services safe?

Our findings

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

The practice had systems to keep patients safe.

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse; we saw a list of contact numbers to report a safeguarding concern in reception. We discussed with staff what their responsibilities were if they had concerns about safety of children, young people and vulnerable adults; staff awareness of their responsibilities and immediate action to take if concerns were noted was not embedded. Staff told us they would report to head office. The practice's reporting process was not in line with local area reporting procedures and guidance. We saw that staff received safeguarding training during October 2017. Evidence seen on the inspection day showed that although staff had received training they were still unclear of correct action to take.

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

The dentist told us they used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that emergency lighting, fire detection and fire extinguishers were regularly tested. On the day of inspection there were no records to show that smoke detectors were tested regularly. We noted the carbon dioxide fire extinguisher was missing from its housing in the decontamination room. Upon investigation, the extinguisher was found in the reception area. The safety pin was out and the handle safety tie had been removed. We highlighted our concerns to the area management team, who agreed that this was not acceptable. The effectiveness of the extinguisher was in question. Whilst some areas of fire safety were in place we found fire safety management systems and risk awareness were not embedded. We were told that an external fire risk assessment had been carried out but no evidence of this was available on the inspection day. Evidence sent to us after the inspection showed an in-house fire risk assessment was carried out 1 May 2018.

The practice had arrangements to ensure the safety of the X-ray equipment but we were unable to review the critical examination paperwork for the newly installed X-ray machine. The practice radiation file contained an X-ray equipment log which reflected X-ray equipment for a different practice. No evidence has been sent to us to confirm that the critical exam document was in place at the time of inspection.

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

A practice risk assessment specific to dentistry was in place and reviewed annually. We reviewed the materials identified under the Control of Substances Hazardous to Health (COSHH) regulations; these were stored securely. Manufacturer's safety data sheets were present for all hazardous items. We found individual risk assessments had not been completed to identify the risks of using these materials at the practice. The provider sent evidence of two COSHH risk assessments dated 20 May 2018 after the inspection.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment.

The practice used a safe sharps system; staff told us the dentist handled sharps items in the treatment room. A risk assessment was in place but it was not specific to the

Are services safe?

practice and did not identify a responsible person. Other sharps items used at the practice were not included in the risk assessment. There were no recorded sharps injuries and staff told us there had not been any to date. We received evidence after the inspection to show that the sharps risk assessment dated 18 May 2018 had been updated and now specifically reflected the practice processes.

Staff were unable to describe the immediate actions to take should they encounter a sharps injury. We noted there was a sharps box in the decontamination room; we asked the reason for using the sharps box, when we were told used needles were discarded in the treatment room. Staff told us it was used to place extracted teeth which would sometimes contain amalgam filling material. This process was not in line with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Staff knowledge and awareness of correct sharps management and appropriate clinical waste segregation was not embedded. We were told by the provider after the inspection that refresher training was carried out to reinforce the correct disposal process for amalgam filled teeth.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

We found improvements could be made to the system for managing emergency medical equipment to bring the process in line with recognised guidance, for example:

- There was no child self-inflating bag with reservoir
- There was one adult size face mask where the rubber had deteriorated
- Clear face masks for self-inflating bag sizes 0 - 4 were not present.
- Automated external defibrillator pads had expired in November 2017
- The medical oxygen cylinder was large and difficult for staff to handle and carry upstairs if needed in an emergency.

Since the inspection, the provider told us that these items are now in place or exchanged; no evidence has been submitted to support this.

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

The practice had an infection prevention and control policy (IPC) in place. We identified some areas of the process were not carried out in line with recommended guidance, namely, The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. For example:

- On the day of inspection there was no risk assessment in place to protect the trainee dental nurses during the manual cleaning of instruments process. We received evidence after the inspection to support that the risks associated with manual cleaning had been assessed.
- Instruments were not cleaned under temperature monitored water and staff were not aware of the reason for doing this. Cleaning instruments under water above 45ºC may lead to coagulation of protein, making any deposits hard to remove.
- Non - foaming detergent was used when manually cleaning instruments, the amount used was not in line with manufacturer's instructions. Staff were not aware of the reason for using non-foaming detergent. Non-foaming detergents help the removal of biological debris prior to sterilisation.
- Instruments were not dried on lint-free cloths as recommended in relevant guidance
- We were told that contaminated instruments were processed at the end of each session, during which, instruments were soaked in a wet tray inside the dirty transportation box. This was not what we found during the inspection and this had not been identified or reported.

The infection control process was not embedded within the practice. We saw that staff had completed IPC training since we announced the inspection. Staff displayed a lack of knowledge and awareness of the correct process to follow. The area management team assured us that a more comprehensive system would be implemented and support and monitoring would be more thorough.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment dated October 2017.

Are services safe?

Records of water testing and dental unit water line management were in place. An updated risk assessment was carried out in June 2018 after the inspection to reflect the addition of a recently installed treatment room.

The practice was clean when we inspected and patients confirmed that this was usual.

We reviewed the clinical waste handing process and found the system could be improved. For example:

- Staff knowledge and awareness of correct segregation procedures were not effective.
- We identified that sharps boxes were used to dispose of extracted teeth, which could contain amalgam; this procedure was not in line with recommended guidance.

Clinical waste bags, sharps and amalgam pots were collected regularly by an approved contractor and we saw documentation to support this.

We highlighted these areas of concern with the area management team who agreed that a more comprehensive system to manage the clinical waste process was required.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards to 100%. We found areas of improvement during the inspection which could have been identified within the audit process including, waste segregation management and storage of contaminated instrument.

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 kept securely and complied with data protection requirements. We were not assured that gum bleeding scores were taken and recorded accurately.

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

NHS prescription pads were not stored securely in line with current guidance and no process was in place to monitor their use. Staff told us prescription pads were kept in a metal filing cabinet. We found the filing cabinet was unlocked and was told the key was lost. The provider has told us that since the inspection a new lockable storage cabinet has been supplied.

The process for prescribing antibiotic prophylaxis was not fully understood or carried out in line with recommended guidance. The dentist told us they would prescribe antibiotic prophylaxis automatically to patients with certain conditions and the dentist would consult the patients' doctor if they were unsure. The dentist told us that they would direct patients to take the antibiotic prophylaxis at home, one hour before their appointment. This process was not risk assessed; staff could not be assured the patient had taken the medicine as instructed and were unable to monitor the patient for side effects.

Antimicrobial prescribing audits were being carried out but the results were not being recorded correctly. Results showed that no antibiotic prophylaxis medicine had been prescribed despite being told otherwise by the dentist. We highlighted this to the area management team who assured us the audit process would be reviewed.

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements

There were adequate systems for reviewing and investigating when things went wrong but staff were unfamiliar with what constituted an incident that could result in harm. For example, the identification and reporting process mainly reflected productivity matters such as appointment system failure and appointment delays. We identified areas of concerns during the inspection which were not considered reportable as an incident by the staff, for example, the misplaced fire extinguisher without its safety tags in place. We discussed this with the area management team who agreed that a revision of this process was needed.

Are services safe?

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentist assessed patients' needs and provided care and treatment mostly in line with recognised guidance but there were areas during discussion, where knowledge of guidance was limited. For example, awareness of the National Institute for Clinical Excellence (NICE), The Faculty of GeneralDental Practice UK (FGDP (UK) and British Society of Periodontology (BSP) guidance could be improved. Since the inspection the provider has submitted evidence to show that refresher training courses have been sought in these areas.

Helping patients to live healthier lives

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

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments.

We identified improvements could be made to ensure oral health preventive care and support to patients was delivered in line with the Delivering Better Oral Health toolkit and the British Society of Periodontology. For example:

- The dentist told us they did not carry out periodontal pocket charting as a means of monitoring progress of gum disease or response to treatment as recommended by the British Society of Periodontology.
- The dentist told us that basic gum bleeding scores were recorded mostly for patients above the age of 18.
- The instrument packs used for inspection purposes did not contain any periodontal probes which would be used to accurately measure gum health and bleeding scores. We found no periodontal probes in the dentist treatment room. We were unable to determine on the inspection day by what method the dentist used to accurately measure gum bleeding scores.

Consent to care and treatment

The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. This was evidenced in the patients care records we reviewed.

The dentist told us they obtained consent to care and treatment. A consent policy was in place which included information about the Mental Capacity Act 2005, the legislation and guidance relevant to consent; this was not clearly understood by the dentist.

The level of understanding in respect to staff responsibilities under the Mental Capacity Act 2005 when treating adults who may not be able to make informed decisions was not effective. For example, the dentist was not aware of 'best interest decisions' for patients who may lack capacity. We also identified a limited level of understanding in relation to Gillick competence, by which a child under the age of 16 years of age can consent for themselves.

The dentist told us they had not received consent and Mental Capacity Act 2005 training. Records received from the provider's head office after the inspection showed the dentist had received training during Oct 2017. We received evidence after the inspection to show that refresher training has been undertaken and further training will be taking place in these areas.

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories.

Effective staffing

At the time of inspection there were three trainee dental nurses in post. All three trainees were on a training pathway. There were no qualified dental nurses within the practice to support and mentor the trainee nurses. The GDC states a named supervising GDC registrant should take full responsibility for providing direct supervision of the individual dental nurse trainee. The supervising registrant should also have appropriate indemnity which covers them for training staff. Whilst this can be delegated (if appropriate), to other GDC registrants we were told that the supervising person at head office was not GDC registered and therefore was not appropriately indemnified.

On the inspection day we saw no records to confirm that trainee dental nurses had completed the appropriate

Are services effective?

(for example, treatment is effective)

immunisation course prior to undertaking exposure prone procedures. We were sent evidence after the inspection which showed that all staff had received effective immunisation.

On the inspection day we saw that no system was in place to risk assess and protect the trainee whilst undergoing their immunisation process. We were sent evidence after the inspection which showed that a risk assessment process was in place to protect staff during their immunisation course.

Staff did not have all of the skills, knowledge and experience to carry out their roles. We identified areas where the trainee dental nurses displayed gaps in their knowledge. We identified system failures which were not an obvious concern to staff and were not acted upon; these could have had a direct impact on patient safety and on the practice. For example, the compressor was not switched on whilst patients were being treated and there was a misplaced fire extinguisher.

The General Dental Council (GDC) states employers who employ trainee's to meet certain criteria. The employer had responsibilities which we found were not being met. For example, formal structured induction requirements were not being fulfilled. Specific induction topics required to be covered, such as how to deal with medical emergencies were not carried out and infection prevention and control induction was not carried out effectively to ensure procedures were embedded with junior staff.

Employers are expected to ensure that the individual trainee had a log book of the training they received which should include information about the induction received; the log book should be signed off by the supervisor. We did not see any evidence of this process on the inspection day.

We reviewed staff induction and saw that whilst there was a system in place to induct new staff, it was not always followed. For example, a trainee dental nurse was originally employed as a receptionist and we saw they were inducted by the other receptionist. The staff member then changed their role to train as a dental nurse but no dental nurse specific induction was evident in their staff file.

Due to the lack of on-site supervision of junior and trainee staff, we found the induction process was not comprehensive or effective. Since the inspection the provider has sent evidence to show that a more comprehensive induction process is now in place. Additional evidence sent to us supports that infection prevention and control refresher training has been carried out.

We were sent evidence after the inspection which showed that clinical staff had completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

We discussed the systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections. The dentist was unable to give us assurance there was a system or process in place to enable assessment of patients with presumed sepsis in line with NICE guidance and Quality Standards.

The practice had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

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

Are services well-led?

Our findings

Leadership capacity and capability

The dentists had the capacity to deliver high-quality, sustainable care. We found improvement was required to ensure clinical procedures were brought in line with recommended guidance.

The principal dentist was approachable to staff but on-site leadership and support was not apparent. We highlighted areas where there were reduced levels of understanding of systems and processes amongst the junior and trainee staff. These had not been identified by the dentist or the area management team.

The director of the company and the area management team had the capacity to support the delivery of high-quality, sustainable care but were not effectively engaged to ensure this was delivered.

Culture

We found that improvements could be made to fully understand the practice's responsibility in relation to the Duty of Candour requirements. The dentist told us they would be open, honest and transparent when responding to incidents and complaints.

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

Governance and management

We identified areas in relation to good governance where improvements could be made.

The principal dentist had overall responsibility for the clinical leadership of the practice. The area management team were responsible for the day to day running of the service.

The practice did not provide effective on-site supervision, mentoring and support for trainee staff. The area management team would monitor their development and ability to follow systems and processes by visiting the practice periodically throughout the month but we found a more comprehensive system was needed to ensure these were embedded.

The practice had some systems of clinical governance in place which included policies, protocols and procedures. Processes supporting these were not fully understood by junior or trainee staff and were not always carried out correctly or effectively monitored to ensure the practice was performing in accordance with recommended guidance and legislation. For example:

- Fire safety awareness was not embedded
- The system in place to manage emergency medical equipment was not effective
- The process to manage Infection Prevention and Control was not embedded
- The system in place to manage clinical waste was not in line with recommended guidance and not embedded within the practice
- Relevant documentation and certification was missing from the radiation protection file
- The systems in place to manage the security of prescriptions were not effective
- On the day of inspection we found the process to identify what constituted an incident which could cause harm was not embedded, we were sent evidence after the inspection that refresher training had since been carried out.

There were processes for managing risks but these required embedding and updating to reflect the practice procedures. For example,

- The sharps risk assessment did not reflect the process carried out at the practice
- A risk assessment for manual instrument cleaning was not in place on the inspection day
- We saw no evidence of a practice fire risk assessment on the inspection day
- Individual risk assessments had not been carried out for materials identified under the Control of Substances Hazardous to Health Regulations
- The risk of patients taking antibiotic prophylaxis at home prior to their appointment had not been assessed

Appropriate and accurate information

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

Continuous improvement and innovation

The practice's quality assurance processes did not ensure data was gathered and recorded accurately to encourage

Are services well-led?

appropriate outcomes, learning and continuous improvement. We found some inaccuracies corresponding to audit data for antibiotic prophylaxis and infection, prevention and control.

We were told that staff discussed training and welfare needs during one of three appraisals carried out throughout the year. We did not see formal records of these meetings. We saw evidence of only one completed appraisal in the staff file and we were told this was a financial appraisal. On the inspection day we were unable to see how the practice addressed the training and welfare requirements of staff. We were told after the inspection that other appraisal documentation was kept at head office.

We saw that dentists and staff completed 'highly recommended' training as per General Dental Council professional standards. There were no systems in place to ensure that staff had understood the training they had undertaken. We noted there were knowledge gaps and a lack of understanding in some areas where recent training had taken place. We highlighted this to the area management team who agreed to review the training process to ensure staff participated fully and learning was embedded.

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	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The registered person did not have effective systems in place to ensure that the regulated activities at Nationwide Healthcare Limited were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met: The provider failed to ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences. In particular: • The guidance relevant to the National Institute for Clinical Excellence and Quality Standards was not embedded. • The guidance relevant to the British Society of Periodontology was not embedded. • The legislation and guidance relevant to consent, which includes the Mental Capacity Act 2005 and Gillick competence was not embedded. • Patients' oral health was not monitored in line with the Delivering Better Oral Health toolkit. • The process in place for prescribing antibiotic prophylaxis was not fully understood or being carried out in line with recommended guidance. Regulation 9(1) Regulation 9(3)

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have effective systems in place to ensure that the regulated activities at Nationwide Healthcare Limited were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

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 systems and processes in place to ensure fire safety management and awareness of risks associated with fire safety were not effective.
- The risks associated with manual cleaning of dental instruments had not been assessed.
- The systems and processes in place to ensure infection control procedures were embedded, understood and carried out in accordance with recommended guidance were not effective. In particular:
- Instruments were not cleaned under temperature monitored water and staff were not aware of the reason for doing this.
- Non - foaming detergent was used when manually cleaning instruments, the amount used was not in line with manufacturer's instructions. Staff were not aware of the reason for using non-foaming detergent.
- Instruments were not dried on lint-free cloths as recommended in relevant guidance.
- We were told that contaminated instruments were processed at the end of each session, during which, instruments were soaked in a wet tray inside the dirty transportation box. This was not what we evidenced during the inspection.

This section is primarily information for the provider

Requirement notices

- The process in place for prescribing antibiotic prophylaxis was not fully understood or being carried out in line with recommended guidance.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

The system for checking that emergency medical equipment was in line with recognised guidance, in date and fit for purpose was not effective. In particular:

- There was no child self-inflating bag with reservoir.
- There was one adult size face mask where the rubber had deteriorated.
- Clear face masks for self-inflating bag sizes 0 - 4 were not present.
- Automated external defibrillator pads had expired in November 2017.
- The medical oxygen cylinder was large and difficult for staff to handle and carry upstairs if needed in an emergency.

The process in place to ensure staff were aware of what constituted a significant incident that could cause harm was not effective.

The systems in place to manage audit processes were not effective.

The systems in place to ensure that prescriptions were kept secure and its use was monitored and tracked were not effective.

There was additional evidence of poor governance. In particular:

The systems in place to ensure correct clinical waste processes were understood and carried out in line with relevant guidance were not effective. In particular:

This section is primarily information for the provider

Requirement notices

- The appropriate disposal of amalgam filled teeth.

The sharps risk assessment did not identify a responsible person to handle used needles or include other sharp instruments in use at the practice.

Staff awareness of the action to take in the event of sustaining a sharps injury was not embedded.

No evidence was available to confirm the X-ray critical exam documentation.

Staff training was carried out but learning was not reflected in the day to day running of the practice as this was not embedded.

Leadership, support and mentoring were not effective.

The Duty of Candour requirements were not fully embedded.

Regulation 17(1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person did not have effective systems in place to ensure that the regulated activities at Nationwide Healthcare Limited were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met: • The provider failed to ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties. In particular:

This section is primarily information for the provider

Requirement notices

The process in place to induct new staff was not effective.

- No dental nurse induction was evidenced for the staff member who changed role from receptionist to dental nurse.
- Medical emergency training pertinent to the practice was not part of the induction process.
- Infection prevention and control induction was not embedded.
- Safeguarding awareness and reporting procedures were not embedded.

- The system in place to appraise staff to address training and welfare requirements was not effective.
- The system in place to supervise and monitor training for junior and trainee staff was not effective and was not in line with General Dental Council requirements.
- Junior and trainee staff did not have all of the skills, knowledge and experience to carry out their roles.

Regulation 18(2)