

## Bamford Dental Practice Limited

# Bamford Dental Practice

### Inspection Report

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### Overall summary

We carried out this announced inspection on 16 January 2020 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 Care Quality Commission, (CQC), inspector who was supported by a second CQC inspector and 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 this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

We found this practice was not providing well-led care in accordance with the relevant regulations.

#### **Background**

Bamford Dental Practice is in Rochdale and provides NHS and private dental care and treatment for adults and children. The practice also provides private dental implants, sedation, endodontics, orthodontics and NHS orthodontic care to children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. A large car park is available, including dedicated parking for people with disabilities.

# Summary of findings

The dental team includes 12 dentists, 19 dental nurses (two of whom are clinical managers), a treatment co-ordinator, five dental hygiene therapists, an orthodontic therapist, six receptionists and a business manager. The practice has 10 treatment rooms.

The practice is owned by an organisation and as a condition of registration must have a person registered with the CQC 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 Bamford Dental Practice is one of the partners.

On the day of inspection, we collected 47 CQC comment cards filled in by patients. These provided a positive view of the dental team and care provided by the practice.

During the inspection we spoke with six dentists, dental nurses including a clinical manager, a dental hygiene therapist, the orthodontic therapist, a receptionist and the business manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday and Thursday 9am to 5.30pm

Wednesday and Friday 9am to 5pm

Saturday 9am to 12.30pm (by appointment only)

## Our key findings were:

- The practice appeared to be visibly clean, tidy and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The systems to identify and manage risk to patients and staff could be reviewed.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

- The recruitment procedures did not ensure all essential checks were carried out for new employees and agency staff. Evidence of professional indemnity was not consistently obtained from clinical staff.
- 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.
- Systems to obtain evidence of training and competency were not effective.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked 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 information governance arrangements.

## 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.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

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

- Implement protocols and procedures in relation to the Accessible Information Standard to ensure that the requirements are complied with.

# 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 this practice was providing safe care in accordance with the relevant regulations.

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

Staff had 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, procedures and flowcharts to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence the practice monitors when staff complete safeguarding training through a tracker, but training certificates were not available for some members of staff. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records. Staff also described how they safeguard patients with severe allergies to ensure they can access care safely.

The provider was in the process of implementing a system to identify where children and vulnerable patients were not brought to their appointments.

The provider had an infection prevention and control (IPC) 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. Evidence was not obtained from all clinical staff that they completed infection prevention and control training and received updates as required. IPC training certificates were not available for four clinical members of staff.

The provider had 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 provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were 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 in the assessment had been actioned and records of water quality testing and dental unit water line management were maintained. We noted monthly water temperature testing had ceased in September 2019. Staff told us they had booked training to ensure they carried these out appropriately. We highlighted the importance of monthly water temperatures as hot water temperatures during the inspection and previously documented posed a scalding risk.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean and tidy. Patients commented on the high standards of cleanliness they observed.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice's Speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. The practice had access to a Freedom to Speak Up Guardian and staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where 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 recruitment policy and procedure to help them employ suitable staff and had checks in place for

# Are services safe?

agency and locum staff. These reflected the relevant legislation. We looked at staff recruitment records. These highlighted that the practice could not demonstrate that some essential checks were carried out on new members of staff. For example, References were not obtained for the most recent employees. We were informed that photographic identification had been requested at the point of employment but copies not retained in the employment records of nine members of staff. Evidence of Disclosure and Barring Service (DBS) checks for five members of staff was not available. The business manager had recognised they could not access the records to show us evidence these were carried out at the point of employment. We saw evidence that new DBS checks were underway as a result. DBS checks or an adequate risk assessment should be undertaken at the point of employment to ensure the employee is suitable to work with children and vulnerable adults.

Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover. Evidence of up to date professional indemnity was not available for five members of staff. This was obtained and sent the following day.

The practice occasionally used a dental nurse agency when they were short staffed. No checks were carried out by the practice to confirm the agency carried out essential recruitment checks or ask for ID, GDC registration, immunity and indemnity for agency staff.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. Checks on equipment servicing highlighted that a washer disinfectant had not been serviced and validated since 2018. After the inspection the provider sent evidence they had taken action to book this and take the equipment out of service until then.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Two members of staff had received fire marshal training.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We highlighted recommendations in the routine test reports for X-ray

machines in six treatment rooms that the walls should be assessed for adequate radiation protection. These recommendations had not been acted on. Immediately after the inspection the practice sought advice from their radiation protection adviser who suggested the practice carry out specific tests to identify if the X-ray beam will penetrate the walls.

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

Evidence that clinical staff completed continuing professional development in respect of dental radiography was not obtained for three members of staff.

The practice had a cone beam computed tomography (CBCT) X-ray machine. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff. We were sent evidence after the inspection that advice had been sought from their radiation protection adviser before the installation of the CBCT machine and their recommendations acted on.

We noted the most recent routine tests of the CBCT equipment were carried out in 2017 and the week prior to the inspection. Guidance on the safe use of CBCT equipment published by the Health Protection Agency specifies that dental CBCT units should be subjected to an annual routine test. Appropriate monthly quality assurance checks on images and regular patient dose audits were carried out.

## Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. A safer sharps system was in use and the staff followed relevant safety laws when using needles and other sharp dental items and processes were underpinned by a formal risk assessment. Staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles where necessary to

# Are services safe?

minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. A process was not in place to ensure the effectiveness of the vaccination was checked for all clinical staff. The results of Hepatitis B vaccinations were not available for 16 clinical members of staff. The provider took immediate action to request this information from these individuals.

Staff had completed sepsis awareness training and attended a sepsis awareness event organised by the provider which staff from other dental practices were also invited to attend. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support (BLS) every year. Evidence of up to date training and competency in BLS was not available for four clinical members of staff. We saw evidence that Immediate Life Support training with airway management was completed by staff providing treatment under sedation.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygiene therapists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

## **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 dental care records with clinicians to confirm our findings and observed that individual records were typed 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 requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

## **Safe and appropriate use of medicines**

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

There was a 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 and kept records of NHS prescriptions. We noted the logs of prescriptions would not identify any fraudulent activity or if any were missing as described in current guidance. Staff confirmed this would be addressed.

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

## **Track record on safety, and lessons learned and improvements**

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

Where there had been safety incidents we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again. We saw evidence these were well documented and demonstrated that staff followed up with any patients involved after the event to check on their wellbeing. Safety incidents were discussed with the rest of the dental practice team to prevent such occurrences

## Are services safe?

happening again. Improvements had been made in response to incidents. These included the addition of anti-slip mats and ensuring staff followed triage procedures to ensure patients were seen quickly if needed.

We saw the provider had a system for receiving safety alerts. Staff learned from external safety events as well as

patient and medicine safety alerts. A system was not in place to document the actions taken after reviewing these. We discussed this with the business manager who confirmed this would be addressed.



# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw 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 conscious sedation for patients. This included patients who were very anxious about dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history' blood pressure checks and an assessment of health using the guidance.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen content of the blood.

The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record.

The orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society. An Index of Orthodontic Treatment Need was recorded which would be used to determine whether a patient was eligible for NHS orthodontic treatment. The patient's oral hygiene was also assessed to determine if the

patient was suitable for orthodontic treatment. The orthodontist was supported by a dentist who had undergone additional training and an orthodontic therapist.

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

Staff had access to an operating microscope to enhance the delivery of care. For example, one of the dentists had an interest in endodontics, (root canal treatment). The dentist used a specialised operating microscope to assist in carrying out root canal treatment.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. A dental nurse had received additional skills training to apply fluoride varnish under the prescription of a dentist.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. We saw that staff created an eye-catching display to promote oral health and highlight the sugar content in food and drinks. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

Staff were aware of and involved with national and local oral health campaigns and local schemes which supported patients to live healthier lives, for example, the Baby Teeth DO Matter' programme, developed by the Greater Manchester Local Dental Network. This promotes early dental attendance amongst young children as well as improving the delivery of preventive care and advice as well as the treatment of dental decay. Staff provided smoking cessation advice and directed patients to local stop smoking services when appropriate. Staff had also visited local schools during National Smile Month to promote oral health.

The dentists and dental hygiene therapist described to us the procedures they used to improve the outcomes for



# Are services effective?

(for example, treatment is effective)

patients with gum disease. This involved co-ordinating care, providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with 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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' 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 team had received training and implemented the Greater Manchester Dementia-friendly dentistry toolkit which provides guidance to dental practices on the assessment of mental capacity, accurate prevention advice and help with appropriate treatment choices. Staff gave examples of where capacity had been assessed. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

## **Monitoring care and treatment**

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. The practice encouraged staff to obtain additional skills training and ensured the team comprised of staff with an extensive skill mix to meet the needs of patients.

Staff new to the practice had a structured induction programme. The practice could improve their systems to obtain evidence that clinical staff complete the continuing professional development required for their registration with the General Dental Council.

## **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 for treatment the practice did not provide. The team also held case conferences where care was to be co-ordinated between different teams or discuss proposed treatment plans.

The practice was a referral clinic for dental implants and procedures under sedation and we saw staff monitored and ensured the dentists were aware of all incoming referrals daily. Staff monitored referrals through an electronic referral and tracking system/manual postal system to ensure they were responded to promptly.

# Are services caring?

## Our findings

We found 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 professional, friendly and efficient. We saw 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, kind and helpful when they were in pain, distress or discomfort.

Practice information, price lists, patient survey results and thank you cards were available for patients to read. The practice raised funds for local charitable causes. For example, through bake sales, coffee mornings and from events held.

### **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 the waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

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

Staff helped patients to be involved in decisions about their care. They were aware of the requirements of the Equality Act but were not familiar with the Accessible Information Standard, which is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

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 website and 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 for example, photographs, study models, videos, X-ray images and scans. An intra-oral cameras and microscope with a camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found 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 about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

Staff gave examples of where they had supported patients with additional needs such as disability, Dementia, Autism and extreme allergies to receive care.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

47 cards were completed, giving a patient response rate of 94%

100% of views expressed by patients were positive.

Common themes within the positive feedback were the friendliness of staff, easy access to dental appointments, flexibility of appointment times.

Some patients made suggestions to improve the service. For example, by extending the surgery opening hours further.

We shared this with the provider in our feedback.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment in line with a disability access audit. For example, patient notes were flagged if they were unable to access the first-floor surgery or if they required a translator. We were told that staff assisted some patients with the outside stairs if necessary.

The practice had made reasonable adjustments for patients with disabilities. This included step free access to the ground floor, a hearing loop, a magnifying glass and accessible toilet with hand rails and baby changing facilities. Tactile signs had recently been added for patients with visual impairments.

### 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. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice'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

Staff told us the provider 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 about how to handle a complaint. The practice information leaflet explained how to make a complaint.

The business manager was responsible for dealing with these. Staff told us they would tell them about any formal or informal comments or concerns straight away so patients received a quick response.

The practice 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.

# Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and complaints the practice received in the last 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

We found 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.

The provider demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes of governance were still in progress. They could show how they sustain high-quality services and demonstrate improvements over time.

### Leadership capacity and capability

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

The inspection highlighted some issues and omissions. The partners were open to discussion and feedback during the inspection to make improvements where necessary. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. Evidence of immediate actions was sent to us after the inspection.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population and participated in local oral health improvement initiatives.

### Culture

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

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

Staff discussed their training needs at annual appraisals and one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. Several examples were given of how staff worked with patients to overcome barriers to receiving care. For example, patients with disabilities.

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

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

### Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The registered manager had overall responsibility for the management and clinical leadership of the practice. The business and clinical managers were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. The managers were in the process of reviewing the governance systems using a dental clinical governance compliance package. They recognised some areas required improvement. In particular, ensuring evidence of essential checks were retained in staff recruitment files.

The processes for managing risks, issues and performance should be reviewed. The inspection highlighted some issues and omissions including:

- Recommendations in radiation protection reports had not been acted on and the CBCT machine was not subject to testing at the correct intervals.

# Are services well-led?

- Systems to ensure decontamination equipment was serviced and validated at the correct interval.
- Legionella control measures, in particular, water temperatures and processes to avoid scalding.
- Processes to ensure staff had immunity to vaccine-preventable diseases or were appropriately risk assessed.
- Obtaining evidence of up to date indemnity, obtaining references for new staff members and checking agency staff.
- Processes to log NHS prescriptions to identify fraudulent activity.
- Systems to demonstrate relevant safety alerts were acted on as required.

## Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS BSA performance information, surveys, audits, external body reviews 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 the service.

The provider used patient surveys and encouraged verbal comments to obtain patients' views about the service. Examples of suggestions from patients the practice had acted on included the provision of anti-slip mats, providing tactile signs and increasing the number of telephone lines.

Patients were encouraged to complete the NHS Friends and Family Test. 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

The provider had systems and processes for learning, continuous improvement and innovation.

The staff were involved in quality improvement initiatives including peer review and providing educational events as part of their approach in providing high quality care.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, orthodontic care, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Teams were established which comprised of clinical and administrative staff. For example, for the provision of orthodontics. Reception staff were encouraged to learn about the service they were responsible for booking appointments for to ensure enough time was booked with the right clinicians and provide consistency for patients.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development. The systems to obtain evidence from individuals should be reviewed. In particular, to obtain evidence of infection prevention and control, safeguarding, radiation protection and basic life support training. The business manager recognised their systems should be reviewed. They had established a group membership to an online training provider which included tracking systems to ensure staff completed training required for their role.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>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:</b></p> <ul style="list-style-type: none"><li>• Recommendations in radiation protection reports for intra-oral machines had not been acted on. The CBCT machine was not subject to testing at the correct intervals.</li><li>• Systems were not in place to ensure all decontamination equipment was serviced and validated at the correct interval.</li><li>• Recommendations from the most recent Legionella risk assessment report had not been actioned. In particular, water temperatures and processes to avoid scalding.</li><li>• Processes to ensure all clinical staff had immunity to vaccine-preventable diseases or were appropriately risk assessed were not in place.</li><li>• Evidence of up to date indemnity was not obtained for all clinical staff.</li><li>• Processes to log NHS prescriptions would not identify any fraudulent activity or missing prescriptions.</li><li>• Systems were not in place to demonstrate relevant safety alerts were acted on as required.</li><li>• Processes to obtain evidence of up to date training and competency in line with General Dental Council professional standards were not effective.</li></ul> <p><b>Regulation 17(1)</b></p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

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

### **How the regulation was not being met**

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

Systems to ensure essential checks were carried out on new staff members and check agency staff were not effective.

There was limited evidence of:

- Professional indemnity.
- Past employment history or Curriculum Vitae.
- Obtaining references.
- Photographic identification.

Regulation 19 (1)