The Dental Company Limited

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Inspection Report

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Date of inspection visit: 7 January 2020
Date of publication: 19/06/2020

Overall summary

We carried out this announced inspection on 7 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 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 not 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 not 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

The Dental Company Limited is in Bradford-on-Avon and provides private dental care and treatment for adults.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes seven dentists, four dental nurses, two student dental nurses, two dental hygienists, three receptionists, a practice co-ordinator and a practice manager. The practice has four 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

Summary of findings

requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at The Dental Company Limited is the practice manager.

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

During the inspection we spoke with four dentists, two dental nurses and one trainee dental nurse, one dental hygienist, two receptionist, the practice manager and the provider. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday, Tuesday, Thursday, Friday – 8.30am to 5.30pm
- Wednesday 8.30am to 6.00pm
- The practice is closed at weekends.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which could be improved to reflect published guidance.
- Staff knew how to deal with emergencies, but most staff training had lapsed and there had been no training together as a team. Most, but not all, required medicines and life-saving equipment were available.
- The provider had some systems to help them manage risk to patients and staff. However, these needed to be improved.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Most members of staff had not completed safeguarding training for either children or vulnerable adults.
- The provider did not have staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took sufficient care to protect their privacy. Patients personal information was handled and stored safely.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system could be improved.
- The provider did not have effective leadership or a culture of continuous improvement.
- Staff did not feel involved or supported but worked well as a team.
- The provider had not asked patients for feedback about the services they provided. Staff feedback was not acquired.
- The provider did not deal with complaints positively or efficiently.
- The provider had some information governance arrangements, but these required improvements.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation.
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.
- 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.
- Ensure specified information is available regarding each person employed.

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:

- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Implement audits for the prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Implement protocols for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of

Summary of findings

the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	**Requirements notice** ✖
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**Requirements notice** ✖
Are services well-led?	**Requirements notice** ✖

Are services safe?

Our findings

We found this practice was not providing safe care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

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

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

Staff had some systems to keep patients safe. The systems were not operated effectively, and improvements were needed,

Staff knew some of 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 to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff we spoke with were unaware of how to report suspected abuse.

We saw evidence seven out of 19 staff had received safeguarding training to the correct level and 10 staff had not completed any training in this area. Two members of staff had completed some safeguarding training, but this was not to the required level two for clinical staff. Staff knew about the signs and symptoms of abuse and neglect but were unsure how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff had completed infection prevention and control training and received updates as required.

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 staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

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 patient-specific dental appliances were disinfected prior to being sent to a dental laboratory. However, staff did not know if the laboratories they used disinfected appliances before sending them back to the practice.

Staff informed us they would check with the laboratories they used. The infection control policy stated all appliances should be disinfected prior to fitting with the patient. Staff were unaware of this guidance.

We saw staff had some procedures, such as the monitoring of water temperatures; to reduce the possibility of Legionella or other bacteria developing in the water systems. A risk assessment by an external company had been conducted in September 2019. We did see records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was visibly clean.

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 professional had not carried out infection prevention and control audits twice a year as stated in the guidance. We were sent a completed audit following our inspection, but it did not contain an action plan to address the shortfalls or a re-audit date. For

example, they had no information about how they would manage, or risk assess members of the clinical team who had not confirmed they had been immunised against hepatitis B.

The practice 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 a dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where a 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 sent us their recruitment policy and procedure following our inspection. We noted recruitment was not being carried out in line with current legislation. We looked at seven staff recruitment records. Our findings showed that information required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) 2014 was not available.

Seven members of the clinical team did not have a Disclosure and Barring Service (DBS) check number in their records. We could not be assured the provider was following their recruitment policy and procedures.

The policy referred to a short trail period for staff prior to a job offer but made no reference to DBS checks or risk assessment. The practice manager was unable to tell us how this would be managed.

We observed clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

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

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, However, we noted not all fire exits were kept clear. There had been no fire drills and staff told us they had never heard the fire alarm. Following our inspection, we were sent a fire marshal training certificate for one member of staff and fire training certificates for four members of staff.

The practice had some arrangements to ensure the safety of the X-ray equipment. The provider did not have the Health and Safety Executive notification for the X-ray equipment or information of the Radiation Protection Adviser. The Radiation Protection Supervisor was named as the provider who does not work regularly in the practice to provide immediate support.

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.

Clinical staff completed some continuing professional development in respect of dental radiography. We noted that not all relevant staff had completed the required five hours of IR(M)ER training in respect of radiography.

Risks to patients

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

The practice 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 arrangements for safe dental care and treatment. The staff mostly followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken but it did not cover all sharp dental items, for example the dismantling of matrix bands.

Improvements were needed to ensure clinical staff had received the correct vaccinations, including vaccination to protect them against Hepatitis B and the effectiveness of the vaccination checked. On the day of our inspection records of vaccinations received and their effectiveness were not available for eight members of staff.

Some but not all of the clinical staff had knowledge of the recognition, diagnosis and early management of sepsis.

We could not be assured staff knew how to respond to a medical emergency and most had not completed training in emergency resuscitation and basic life support every

year. Six members of staff had completed training. Three members of staff sent us their certificates, but these had expired. 10 members of staff could not demonstrate they had completed any training.

Emergency equipment and medicines were not available as described in recognised guidance. We found staff kept records to make sure some of the emergency equipment and medicines they held were, within their expiry date, and in working order. Records seen were not accurate.

We found the practice did not have enough medicines to manage a severe allergic reaction, of the two pre-filled syringes one had expired and was stored with the in-date medicine. The practice did not have a self-inflating child size bag or mask and had no child defibrillator pads.

A dental nurse worked with the dentists and one of dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team. One of the dental hygienists told us they preferred to work without chairside support. A risk assessment was not in place for when the dental hygienist worked without chairside support.

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

The practice occasionally used locum and agency staff. We observed and were told these staff had not received an induction to ensure they were familiar with the practice procedures. We were told that on arrival at the practice an agency nurse was sent straight into the treatment room to work without any instructions regarding fire safety or the location of the medical emergency kit.

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 dentists 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 individual records were typed and managed in a way that kept patients safe.

Dental care records we saw were complete, legible, 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. We saw there was no process to monitor or follow up referrals sent.

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 although one had expired and was stored with other in date medicines. This mostly ensured medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored but did not keep all records of NHS prescriptions as described in current guidance, such as logs of prescription serial numbers. This is would ensure staff were aware if any prescriptions went missing.

The dentists were aware of current guidance relating to prescribing medicines.

Antimicrobial prescribing audits were not being conducted annually. We were sent evidence of completed training for antimicrobial prescribing by one member of staff following our inspection.

Track record on safety, and lessons learned and improvements

There were some risk assessments in relation to safety issues. Staff did not currently monitor and review incidents. Following our inspection, we were sent an incident process and recording system which would help staff to understand risks and lead to an effective risk management system in the practice as well as safety improvements once implemented.

Where there had been a safety incident, we saw this had not been investigated, documented or discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had some systems to keep dental professionals up to date with current evidence-based practice, however these could be improved. 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 dental implants. These were placed by a visiting clinician 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.

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.

The dentists and clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved 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 not completely 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 consent policy included information about the Mental Capacity Act 2005 (MCA). Some members of the team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. Following the inspection were sent evidence three members of staff had completed this training.

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 did not have quality assurance processes to encourage learning and continuous improvement. No audits had been conducted. We were sent a completed audit for infection control following our inspection, but this did not contain an action plan to address the shortfalls or a review date.

Effective staffing

Some of the staff had of the skills, knowledge and experience to carry out their roles.

Are services effective?

(for example, treatment is effective)

Staff new to the practice including locum and agency staff were not subject to a structured induction programme. We confirmed clinical staff had not completed some of the continuing professional development required for their registration with the General Dental Council and some of their training had lapsed.

There was not an effective system to monitor staff training and ensure they had the skills and knowledge for their role.

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.

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.

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 and understanding.

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

Information folders were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We observed there was CCTV in the treatment rooms and no signage to alert patients they were being recorded whilst undergoing treatments and consultations. We were told patients had raised objections to being recorded in the treatment rooms.

We asked the provider why CCTV was used in the treatment rooms but did not receive a satisfactory rationale for this type of use. We found signage was in place, but not easily visible, and was not in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). The provider did not have a policy or privacy impact assessment completed.

We also noted the practice website and information leaflet did not mention the use of CCTV on the premises. Patient records of consent did not include consent to CCTV use in the surgery.

Staff were aware of the importance of privacy and confidentiality, although the use of CCTV in some areas of the practice did not afford this. The layout of reception and 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 Accessible Information Standard and the requirements of the Equality Act.

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

- Interpreter services were accessible 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.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed 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 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 study models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found this practice was not providing responsive 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.

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.

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.

Four cards were completed, giving a patient response rate of 8%.

Eight percent of views expressed by patients were positive regarding clinical care but less positive about access to appointments and the communication about the change of premises.

Common themes within the positive feedback were friendliness of staff, and clinical expertise.

Two patients provided less favourable feedback about the disabled access to the premises.

We shared this with the provider in our feedback.

The provider told us they would take action to remove the debris, related to the renovations of the practice, patients had to pass and make the entrance more aesthetically pleasing. They told us they would seek advice about widening the access door which we were told is difficult to navigate in a wheelchair.

We were able to talk with five patients on the day of inspection. Feedback they provided aligned with the views expressed in completed comment cards.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included step free access and a hearing loop. Patients had complained the disabled access was, unprofessional, dirty and difficult to navigate.

We saw there was builders debris, from the renovation work at the practice, and the clinical waste bins partially impeding access.

The practice had not conducted a disability access audit.

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 although patients had commented they often had to wait to be seen when attending appointments.

In an emergency patients were direct to call 111 out of hour's service

The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed.

Patients confirmed they could make routine and emergency appointments easily and were often kept waiting for their appointment.

Listening and learning from concerns and complaints

Staff told us the registered manager had not taken complaints and concerns seriously and had not 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 practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away but did not feel all complaints had been recognised, recorded or addressed.

Are services responsive to people's needs?

(for example, to feedback?)

Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the last 12 months. We were told there had only been two complaints.

Staff informed us there had been many more complaints regarding the cancellation of appointments, difficultly getting through on the telephone, inconsistencies with the dentists and the use of CCTV in the surgeries. None of these complaints had been recorded.

These showed the practice had not responded to concerns appropriately or 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.

Leadership capacity and capability

Leaders were not wholly knowledgeable about issues and priorities relating to the quality and future of the service. However, the provider understood the challenges and told us they would be addressing them.

Staff reported poor communication with the registered manager in post at the time of the inspection and company managers. This left them feeling unsupported.

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.

Culture

Staff stated they sometimes felt unsupported. However, they were proud to work in the practice.

Staff did not have the opportunity to discuss their training or general wellbeing and aims for future professional development needs at an annual appraisal. There was no monitoring or tracking of training for staff and as a result training had lapsed or not been completed at all.

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

Openness, honesty and transparency were not 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, although these required improvements. Not all complaints or incidents were recorded or discussed. Therefore, potential issues under the Duty of Candour could be missed.

Staff could raise concerns but did not have the confidence these would be addressed.

Governance and management

Staff had responsibilities, roles and systems of accountability, however this did not support good governance and management.

The provider 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 mostly knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance which included policies, protocols and procedures that were accessible to all members of staff. The system was incomplete, so staff did not have access to all relevant information for reference purposes when required.

We saw there were some processes for managing risks, issues and performance. However, these needed improvement.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

The practice Statement of Purpose does not meet the requirements in that the location name and address and legal entity are not provided; there are no provider contact details and no patient population group identified.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback about NHS services they have used.

The provider did not routinely gather feedback from staff through meetings, surveys, and informal discussions. Staff told us they had offered suggestions for improvements to the service but said these were not always listened to and acted upon.

Continuous improvement and innovation

The provider did not have systems and processes for learning, continuous improvement and innovation.

Are services well-led?

The provider did not have quality assurance processes to encourage learning and continuous improvement. There were no audits of dental care records, radiographs and infection prevention and control and no systems for reviewing and learning from incidents.

The provider and staff did not show a commitment to learning

Some staff had not completed 'highly recommended' training as stated in the General Dental Council professional standards. The provider did not have systems and processes to support and encouraged staff to complete continuing professional development.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** Care and treatment must be provided in a safe way for service users **How the regulation was not being met:** Assessments of the risks to the health and safety of service users receiving care or treatment were not being carried out. In particular: The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • Safety incidents had not been fully documented, investigated and action taken to mitigate further risks. • Staff did not have a working knowledge of how to report safeguarding concerns. • Most staff had not received fire safety training. All staff had not undertaken a fire drill or heard the fire bell. Locum staff had no knowledge of the fire safety information and exits. • There was no evidence of the HSE notification x ray equipment and no information about the Radiation Protection Adviser (RPA) There were insufficient quantities of equipment to ensure the safety of service users and to meet their needs. In particular: • Not all the required emergency equipment and medicines were available for use. • Locum staff were not made aware of the location of the emergency equipment and medicines. **Regulation 12(1)**

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **How the regulation was not being met:** The registered person had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular: • Not all complaints received were recorded, investigated or responded to with the necessary and proportionate action taken in response to any failure identified by the complaint or investigation. • The registered person had not established and operated effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. **Regulation 16 (1) (2)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** Systems and 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. **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

The registered person had some systems and processes in place which were ineffectively operated 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 clinical governance processes were incomplete
- There were limited records available for the management and oversight of the regulated activities
- There was no system for reviewing and acting on significant incidents.
- Sharps risk assessment did not cover all potential sharp objects or risks.
- Audits had been conducted over the previous 12 months and the results shared with staff for improvement.
- Feedback was not routinely gathered or acted upon to improve the service provided.

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 **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **How the regulation was not being met:** The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular: • 15 out of 20 staff had not completed fire safety training • 11 out of 20 staff had not completed safeguarding children and vulnerable adults training • Eight out of 20 staff had not completed Basic life support training. • One member of staff had not completed IR(ME)R training • 10 staff spoken with said they had not received an induction • Agency nurse was sent straight into surgery without an induction or instructions.

This section is primarily information for the provider

Requirement notices

- 10 staff spoken with said they had not received any support, supervision or appraisal.
- One trainee nurse did not have access to a mentor.

Regulation 18 (1) (2)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons. **How the regulation was not being met:** The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular: • The practice recruitment procedures did not follow their policy. • Recruitment records were incomplete and did not contain the detailed records for staff as required in the Health and Social Care Act 2008 (Regulated Activities) 2014 Schedule 3 for persons employed or appointed for the purposes of the provision of regulated activities. **Regulation 19(3)**