Dr Janet Barker

Combe Road Dental Surgery

Inspection Report

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Date of inspection visit: 14 January 2020
Date of publication: 22/05/2020

Overall summary

We carried out this announced inspection on 14 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 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

Combe Road Dental is in Portishead and provides private dental care and treatment for adults and children.

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

The dental team includes one specialist oral surgeon, four dentists, seven dental nurses, one trainee dental nurse, two dental hygienists, one dental technician, three receptionists and one practice manager. The practice has three treatment rooms.

Summary of findings

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

On the day of inspection, we collected 36 CQC comment cards filled in by patients and spoke with three other patients.

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

The practice is open:

- Monday 9.00am to 7.00pm
- Tuesday, Thursday and Friday 9.00am to 5.00pm
- Wednesday 9.00am to 8.00pm
- Saturday 9.00am to 1.00pm
- Thursday Implant and Specialist Oral Surgery Clinics 7.00pm to 9.00pm by arrangement

Our key findings were:

- The practice appeared to be visibly clean and well-maintained. Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked 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 must make improvements to the oversight of infection prevention and control equipment and records.
- The provider must ensure that out of date medicines in treatment rooms are removed, that dental care records reflect the FGDP guidance.
- The provider must ensure all staff recruitment and training records are complete.
- The provider must make improvements to records of equipment maintenance, implement a central referral monitoring system and, improve staff awareness of policies, protocols and risk assessments.
- The provider must ensure audits drive improvement, and that ongoing fire safety management is effective.
- The provider must ensure recruitment and staff training records are complete.

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 is not meeting are at the end of this report.

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of 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?	**No action** ✓
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**Requirements notice** ✗

Are services safe?

Our findings

We found 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 clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse.

We saw evidence staff had received safeguarding training. 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.

The provider had no infection prevention and control policy and limited procedures. The provider has sent written evidence post inspection to confirm the practice has now produced an infection prevention and control policy and implemented robust procedures.

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

The records we were shown for equipment used by staff for cleaning and sterilising instruments indicated they were validated, maintained and used in line with the manufacturers' guidance. The ultrasonic cleaners were used in line with manufacturers' guidance.

There was no documentary information about whether the ultrasonic cleaners needed servicing or had been serviced. We saw staff conducted operational tests for the ultrasonic cleaners, as indicated in guidance, to show the devices were operating correctly.

Improvements could be made to the storage of recorded test results to make these easier to locate. We observed staff transported, clean, sterilised instruments appropriately and stored them in line with HTM 01-05. Post inspection the provider sent us written evidence to confirm they had made an enquiry with the manufacturer which verbally confirmed the ultrasonic cleaners did not need servicing.

There was no handwashing sink within the decontamination room and staff used alternative arrangements. Post inspection the provider sent written evidence confirming the practice had undertaken a risk assessment for the staff hand washing arrangements for decontamination in line with HTM01-05.

The provider had suitable numbers of dental instruments available for the clinical staff.

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 2015 risk assessment. All recommendations in the assessment had been actioned and 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 completed an infection prevention and control audit in August 2019. The latest audit showed the practice had identified learning outcomes but not recorded the implementation of the learning outcomes.

The provider had failed to address the learning outcomes which could potentially lead to increased risk for patients. Post inspection the provider sent written evidence to confirm the practice had asked the infection control lead professional to carry out a fresh audit, which was completed. The provider informed us they were implementing the required changes.

Are services safe?

The provider had a Speak-Up policy. 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, 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 did not have a recruitment policy and procedure to help them employ suitable staff. We found the checks in place for agency and locum staff were inconsistently recorded and did not reflect the relevant legislation.

We looked at five permanent staff recruitment records and found gaps in immunisation information, references, job descriptions and contracts for two records. We found gaps in the Disclosure and Barring Service (DBS) records for four staff.

Post inspection the provider sent written evidence this information had been obtained and collated by the practice manager and a recruitment policy had been completed.

A review of the training records for all staff revealed gaps which meant the practice did not have an oversight of completed staff training. Staff told us they had completed all relevant training. The lack of accurate training records meant the provider could not assure themselves staff training was up to date in relation to fire safety, safeguarding, consent and the requirements of the Mental Capacity Act .

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

We found there were no servicing records for the X-ray developer. We were told the dental chairs were serviced by an 'inhouse' engineer, but no records were available. There was a system to ensure equipment was serviced but it had not identified the X-ray developer required servicing. Thus not ensuring the device was maintained according to manufacturers' instructions.

Post inspection the provider sent written evidence to confirm the X-ray developer had been serviced and records were now being kept.

A fire risk assessment had been completed by the practice, although it had not identified all significant risks. For example flammable gas, combustible items or improvement actions.

We saw there were fire extinguishers, but no fire detection systems. We observed the evacuation routes were cluttered with trip hazards and full of combustible materials. There was a considerable amount of combustible materials throughout the building which would have contributed to a fire risk.

The provider informed us arrangements had been put in place by the new practice manager to reduce clutter and ensure fire escapes were clear. Post inspection the provider sent written evidence to confirm a fire risk assessment had been completed by an external contractor and the actions were being implemented.

The practice had arrangements to ensure the safety of the X-ray equipment, except for the developing equipment.

The practice used a chemical X-ray developer. We found the X-ray developer had not been serviced or validated. The provider told us they could not find an engineer qualified to test and service the developer equipment due to its age.

Post inspection the provider sent written evidence to confirm the X-ray developer had been serviced.

We saw the required radiation protection information was available.

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

Clinical staff had completed continuing professional development in dental radiography.

Risks to patients

The practice health and safety policies, procedures and risk assessments to help manage potential risk were limited in nature and not regularly reviewed.

Post inspection the provider sent written evidence to confirm the practice manager was reviewing all policies, protocols and risk assessments, including health and safety. The provider had current employer's liability insurance.

Are services safe?

We looked at the practice arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually but had not been communicated to staff.

Following the inspection, the provider sent written evidence to confirm the sharps policy was up to date and had been communicated to staff.

The provider did not ensure they held records that all clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination had been checked.

Post inspection the provider sent written evidence confirming the practice manager had brought addressed this issue.

None of the clinical staff had knowledge of the recognition, diagnosis and early management of sepsis. Post inspection the provider told us they had asked the practice manager to ensure all staff received information about sepsis and completed training.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for staff providing treatment under sedation had also been completed by the relevant staff.

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 hygienists when they treated patients in line with General Dental Council Standards for the Dental Team. A risk assessment was in place for when the dental hygienists worked without chairside support but had not been communicated to the dental hygienists.

The provider had risk assessments to minimise the risks which can be caused from substances that are hazardous to health, but these had not been communicated to staff.

Post inspection the provider sent written evidence to confirm they were engaging with staff to communicate new polices, protocols and risk assessment changes as they were developed.

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 corroborate our findings and observed that individual records were hand written.

General dental care records seen, (not those seen for patients who had received sedation) were not fully complete, as they did not contain comprehensive information about the patient's current dental needs, past treatment and medical history in accordance with FGDP guidelines.

We saw records for patients who had received sedation were completed in line with FGDP guidelines.

The provider had no central monitoring system for patients who were referred 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.

Post inspection the provider sent written evidence to confirm the practice had implemented a new central monitoring system.

Safe and appropriate use of medicines

There was a stock control system for emergency medicines and equipment held on site, but this did not extend to treatment rooms for general practice materials. We found a small number of out of date materials in treatment rooms which were removed. We found there were adequate stocks of medicines available if required.

Post inspection the provider sent written evidence demonstrating the practice had introduced a new system to ensure treatment room materials were regularly reviewed and out of date ones removed.

The dentists were aware of current guidance about prescribing medicines.

Are services safe?

Antimicrobial prescribing audits were not carried out annually. The antimicrobial audits should confirm the dentists were following current guidelines.

Post inspection the provider sent written evidence to say the practice had implemented antimicrobial prescribing audits.

Track record on safety, and lessons learned and improvements

The provider had 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 the potential risks and led to effective risk management systems in the practice as well as safety improvements.

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

The provider had a system for receiving and acting upon 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 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 systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included sedation patient checks and information about consent for sedation, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients for sedation. The dental care records for sedation showed 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 staff recorded important checks at regular intervals during sedation. These included pulse checks, blood pressure, breathing rates, the oxygen content of the blood, and concentrations of the sedation gases used.

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

The practice offered dental implants. These were placed by the principal dentist and 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.

The on-site clinical dental technician ensured that all patients had been referred appropriately by a dentist prior to completing examinations and assessments. They worked closely with the dentists and on-site laboratory to provide continuity of care. Patients commented on their positive experiences with this service.

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 had a selection of dental products for sale and provided leaflets to help patients with their oral health.

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 completing 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 preventative advice.

Consent to care and treatment

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

The practice team's understanding of the importance of obtaining and recording patients' consent to treatment was limited. The staff were not fully aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children brought by another family member or 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 observed this was not well documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Are services effective?

(for example, treatment is effective)

Post inspection the provider sent written evidence explaining staff had been trained and were now recording information about consent issues in patient care records which were in line with the FGDP guidance.

The practice consent policy included information about the Mental Capacity Act 2005, although staff we spoke with told us they were not aware of the practice consent policy as it had not been communicated to them.

The provider has sent written evidence to confirm staff had been retrained and the consent policy communicated to them. We received information this had been discussed at team meetings.

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; the staff were unaware of this policy and relied upon their own training for information. Staff were aware of the need to consider Gillick competence 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 paper based dental care records. We saw six records and found the recorded information was of a limited nature. Records seen did not contain comprehensive information about the patient's current dental needs, past treatment and medical history in accordance with FGDP guidelines.

The dentists told us they assessed patient's treatment needs in line with recognised guidance, but this was not appropriately recorded in dental care records.

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.

Effective staffing

Staff new to the practice including locum and agency staff did not have a structured induction programme. We were unable to confirm that all clinical staff had completed the continuing professional development required for their registration with the General Dental Council, due to the incomplete recruitment and staff training records.

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, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice responded appropriately.

Staff did not leave patients' personal information where other patients might see it.

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 available for patients who did not speak or understand English.
- 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 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 X-rays. The images taken of the tooth being examined or treated were shown to the patient or 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 patient's 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 support which may be needed by more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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

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.

- 36 cards were completed, giving a patient response rate of 72%
- 100% of views expressed by patients were positive.

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

We shared this with the provider in our feedback.

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

The practice currently had no 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, an accessible toilet with hand rails and a call bell.

Staff had not carried out a disability access audit or formulated an action plan to continually improve access for patients. Post inspection the provider sent written evidence to confirm a disability access audit had been completed and any recommendations were being implemented.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

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 patient's 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 staff took part in an emergency on-call arrangement with other dentists working in the practice.

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 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, although staff were not fully aware of the policy. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients could receive a quick response.

Are services responsive to people's needs?

(for example, to feedback?)

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice had received in the last year.

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.

Leadership capacity and capability

The principal dentist recognised the issues and priorities relating to the quality and future of the service.

We found the practice needed improvement to their governance systems. The provider had recently recruited a new practice manager. The manager needed to ensure policies, protocols and risk assessments were available and communicated to staff.

They need to implement a system to ensure all equipment servicing was being completed for practice equipment in a timely way. For example, dental chairs and velopex X-ray development machine.

The provider did not have adequate oversight of the management of the practice activities and record keeping. Records for managing the regulated activities required attention to ensure they were appropriately completed, easily accessible and well maintained.

For example, the we found the decontamination records were not stored in an orderly manner and patient care notes did not reflect the information staff told us they were checking.

We observed the fire escape routes were cluttered thus potentially preventing people from exiting the building in an emergency. We saw records showing the emergency medicines and equipment were being checked for out of date materials. However these same checks had not been applied to the treatment rooms. For example, we saw out of date materials were present in treatment rooms.

The provider did not have adequate oversight of the training of staff at the practice.

Training records seen did not reflect the training staff told us they had completed.

Post inspection the provider sent written evidence to explain the considerable progress which had been made to improve overall governance oversight of the practice. They told us they had made significant changes in line with relevant regulations and guidance.

Culture

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

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

We saw the provider had systems in place to deal with poor staff 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. They had confidence these would be addressed.

Governance and management

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

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had limited systems in place for clinical governance as policies, protocols and procedures were not communicated to staff. For example, there were no policies about infection prevention control or recruitment.

Post inspection the provider sent written evidence to confirm they had identified several practice development requirements and were dealing with these in sequence.

Appropriate and accurate information

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

Are services well-led?

Engagement with patients, the public, staff and external partners

The provider gathered feedback from staff through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted upon.

Continuous improvement and innovation

The provider had quality assurance processes which included audits of dental care records, radiographs and infection prevention and control. The practice had completed some audits, but they had not been effective in identifying areas for development. Actions to address the shortfalls and drive improvement had not been recorded or implemented.

Post inspection the provider sent written evidence to confirm they had completed a range of audits which were driving changes and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff told us they completed 'highly recommended' training as stated in the General Dental Council professional standards.The provider told us they supported and encouraged staff to complete continuing professional development. However they only had limited oversight of the training being undertaken and completed by staff.

Post inspection the provider sent written evidence to confirm the practice had obtained and held completed records of all staff training.

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 17 HSCA (RA) Regulations 2014 Good governance **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:** **The registered person had systems and processes in place that 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 provider must ensure the practice has infection control procedures, protocols and risk assessments, that these are communicated to staff. Records of equipment validation must be clearly recorded and accessible. • The provider must ensure the practice has an effective system for identifying and disposing of out-of-date stock in treatment rooms. • The provider must ensure dental care records contain detailed information and are completed in accordance with FGDP guidance. • The provider must ensure the X-Ray developer is regularly serviced in line with manufacturer requirements. • The provider must ensure ongoing fire safety management is effective and in line with guidance; for example, fire routes must be kept clear and combustible material is appropriately stored. They must implement any recommendations identified in the fire safety risk assessment.

This section is primarily information for the provider

Requirement notices

- The provider must ensure there is an effective system to monitor patient referrals to other dental or health care professionals. They must ensure they are received in a timely manner and not lost.
- The provider must ensure staff are aware of the requirements of the Mental Capacity Act 2005 and Gillick competence. They must ensure staff are aware of their responsibilities under the Act as it relates to their role.
- The provider must ensure the practice has a full range of policies, protocols and risk assessments which are communicated to staff.
- The provider must ensure the practice protocols regarding auditing patient dental care records, radiography, infection prevention and control, and disability access are completed and used to improve patient safety and the quality of the service.

Regulation 17 (1)

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 Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. **How the regulation was not being met:** The registered person had not ensured they had obtained 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. Regulation 19 (1)(2)(3)