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Church Street Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 5 March 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Church Street Dental Care is in Littleborough, Lancashire and provides private treatment for adults and children.

There is single step access into the practice. Car parking is available near the practice on local side streets.

The dental team includes the principal dentist, four dental nurses (one of whom is a trainee) and one dental hygienist. The practice has two treatment rooms.

Summary of findings

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

On the day of inspection, we collected 14 CQC comment cards filled in by patients. All comments received were complimentary about the service being provided.

During the inspection we spoke with the principal dentist, two dental nurses and the dental hygienist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday by appointment only.

Tuesday 10am to 7:30pm, Wednesday 10am to 2:30pm, Thursday 9am to 5pm and Friday 8am to 4pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which could be brought fully in line with guidance.
- Staff knew how to deal with emergencies. The management of the medical emergency kit was not in line with recommended guidance.
- The practice had systems to help them manage risk but improvement was needed.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider's recruitment procedures could be improved.
- Improvement was required to systems in place to confirm staff immunity.
- Clinical awareness of the National Institute for Clinical Excellence (NICE) and The Faculty of General Dental Practice UK (FGDP (UK) was not embedded.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Improvements could be made to delivering preventive care and support to patients to ensure better oral health in line with recommended guidance.
- The appointment system took account of patients' needs.

- Some areas of leading the practice and managing systems and processes could be improved.
- The practice's systems for continuous improvement were not effective.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had systems to deal with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- Review the practice's systems for environmental cleaning taking into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices. In particular: the storage of mops.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health taking into account guidance issued by the National Institute for Clinical Excellence (NICE).
- Review the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and

Summary of findings

taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular: register the use of X-ray equipment as required, with the Health and Safety Executive.

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?

We found that 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).

The systems in place to identify, report and learn from incidents were not embedded. Protocols were in place, but staff were not aware of what constituted an incident or significant event or what the reporting process was.

The practice had systems to help them manage risk. We identified where improvements could be made to fire safety systems, risk awareness and assessment, safer sharps systems and the risk associated with hazardous materials used at the practice and appropriate verification of staff immunity to the Hepatitis B vaccination.

The provider was not using dental dams in line with recommended guidance.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. The practice completed essential recruitment checks but improvements could be made to ensure appropriate records are sourced and kept.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. Improvements could be made to infection prevention and control processes to bring them in line with guidance.

The practice had suitable arrangements for dealing with medical and other emergencies. The systems for managing the medical emergency kit and the handling and dispensing of medicines were not currently managed in line with recognised guidance.

There was no system in place for receiving and acting on safety alerts.

We identified an area of non-compliance and an equipment safety concern in respect to the X-ray equipment used at the practice. The provider assured us these matters would be actioned without delay.

Requirements notice 

Are services effective?

We found that this practice was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

Requirements notice 

Summary of findings

The dentist assessed patients' needs and provided care and treatment mostly in line with recognised guidance but there were areas, where knowledge of guidance was limited. Clinical awareness of the National Institute for Clinical Excellence (NICE) and The Faculty of General Dental Practice UK (FGDP (UK) guidance could be improved.

The process in place to ensure a patients' medical history was kept up to date was inconsistent and not in line with recommended guidance.

Improvements could be made to delivering preventive care and support to patients to ensure better oral health in line with recommended guidance.

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

The practice occasionally used agency staff; the provider had no evidence to show that locum staff received an induction to ensure that they were familiar with the practice's procedures.

The dentist discussed treatment with patients so they could give informed consent. Consent was inconsistently recorded in patient care records and could be improved.

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

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?

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

We received feedback about the practice from 14 people. Patients were positive about all aspects of the service the practice provided. They told us staff were lovely, caring and professional.

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

No action



Summary of findings

The practice had carried out a disability access audit. The audit had identified some areas where reasonable adjustments could be made for patients with disabilities. These had not been acted upon.

The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They had systems to manage compliments from patients. The practice had received no complaints in the past 12 months.

Are services well-led?

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

Some systems of clinical governance were not fully understood by staff and were not effectively monitored to ensure the practice was performing in line with recommended guidance and legislation. For example:

- Infection prevention and control processes.
- Systems in place to manage the medical emergency kit.

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

- Systems in place to manage sharps had not been risk assessed and were not carried out in line with recommended guidance.
- A full review of the risks associated with materials identified under COSHH had not taken place.

Patient dental care records were stored securely.

There were systems and processes for learning, continuous improvement and innovation but these were not embedded or responded to appropriately. We reviewed audits and assessments relating to fire safety and disability access. These had recommendations which had not been addressed.

There was a clearly defined management structure and staff felt supported and appreciated.

Requirements notice 

Are services safe?

Our findings

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff 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 practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

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

The provider did not use dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. The provider told us that other methods were used to protect the patient's airway. This was not recorded in the patient care records.

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

The practice had a recruitment policy and procedure to help them employ suitable staff. We looked at all staff recruitment records and found some areas of the process were not in line with the relevant legislation. For example:

- No evidence of references in staff files, the provider told us they usually obtained verbal references.
- No employment history was evidenced in staff files. The provider told us they obtained a curriculum vitae as part of the recruitment process but did not keep them on file. No supporting evidence has been received since the inspection day.

- One staff member's disclosure and barring certificate had been carried out by a different employer and it was more than three months old at the point of application; no risk assessment had been undertaken.

In addition, evidence of professional indemnity status required by the General Dental Council (GDC) was not evidenced or kept in staff files. No supporting evidence has been received since the inspection day.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC).

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

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We noted the recommendations made in the fire risk assessment had not been actioned. For example:

- The fire assembly point, building layout and evacuation signage had not been put in place.
- The risk assessment had identified the provider as a fire marshal; staff were not aware of this when asked.

We reviewed the practice's arrangements to ensure the safety of the X-ray equipment and found action was required. For example:

- We noted the X-ray unit hand set electrical lead had multiple taped patches covering previously exposed wires; in addition, we saw two separate uncovered areas where internal wiring was exposed. The provider sent evidence after the inspection to confirm this had since been addressed.
- We found no records to show the provider had registered their use of X-ray equipment, which included intra-oral and extra-oral X-ray machines, with the Health and Safety Executive. The provider sent evidence after the inspection to confirm this had since been addressed.
- The practice had an Orthopantomogram (OPG), which is an external panoramic scanning dental X-ray. The OPG was sited at the top of the stairway on the first floor;

Are services safe?

which was a thoroughfare to the patient waiting area, toilet facility and treatment room. No control measures were in place to effectively manage the risks associated with its use.

We discussed this with the provider who told us they took charge and managed the safety of the controlled area always when the machine was in use.

The dentist did not always justify, grade and report on the radiographs taken. Although the practice undertook radiography audits each year they did not take account of current guidelines.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

Improvements could be made to systems to assess, monitor and manage risks to patient safety.

We reviewed the practice's health and safety policy and procedures. A policy was in place and reviewed regularly. The practice health and safety law poster was not the most up to date version. The provider assured us this would be addressed. We noted there was a general practice risk assessment in place to identify risks associated with the delivery of the service.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The practice did not follow relevant safety regulations when using needles and other sharp dental items. The practice had chosen not to use a safe local anaesthetic system; no risk assessment was in place to address this or the risks associated with other sharps equipment in use. The sharps policy did not reflect the process in place at the practice.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We noted the provider had evidence of the effectiveness of the vaccination for only one staff member.

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

Emergency equipment and medicines were available, but not as described in recognised guidance. We found some emergency medicines and items of equipment had passed their expiry date and some equipment was missing. For example:

- Syringes, needles and oro-pharyngeal airways size 2-4 were out of date.
- Oxygen masks for the self-inflating bag size 0-4 were not present.
- The emergency medicine glucagon was stored in the fridge; the fridge was not temperature monitored.
- No records were kept to show regular checks of the emergency equipment.

We highlighted these areas to the provider who assured us this process would be reviewed. We have not received any evidence since the inspection to confirm that the items missing or out of date have been restocked.

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

The provider had some risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Not all materials used at the practice had been individually assessed to reduce risk to as low as reasonably possible.

The practice 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. We noted some improvements could be made to ensure full compliance with guidance. For example:

- Used dental instruments were not cleaned under temperature monitored water.
- The decontamination facility had one sink for the washing and rinsing of used dental instruments. The provider assured us a removable bowl would be sought to comply with guidance.
- We noted that not all clinical staff wore appropriate clinical clothing during the delivery of dental treatment.

Staff completed infection prevention and control training and received updates as required.

Are services safe?

Records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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

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

Premises and equipment were clean and properly maintained. We noted that environmental cleaning equipment such as mops were not stowed in line with recommended guidance. The provider assured us this would be addressed.

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

The practice carried out infection prevention and control audits twice a year. The latest audit had not identified the issues we found on the day of inspection.

Information to deliver safe care and treatment

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had systems for the handling and dispensing of medicines. These were not managed in line with recognised guidance.

For example:

- The provider had no access to a British National Formulary (BNF). (the BNF is a United Kingdom (UK) pharmaceutical reference book that contains a wide spectrum of information and advice on prescribing and pharmacology)
- Dosage amounts for some prescribed medicines were not in line with recognised guidance for persons over the age of 10 years.
- The practice details were not recorded on the dispensed packaging.
- There was no log of who the medicine was being dispensed to.
- There was no log kept to record expiry dates of stock.

Track record on safety and Lessons learned and improvements

The systems in place to identify, report and learn from incidents were not embedded. Protocols were in place, but staff were not aware of what constituted an incident or significant event or what the reporting process was.

There was no system in place for receiving and acting on safety alerts. We discussed this with the provider who assured us this would be corrected and thoroughly reviewed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentist assessed patients' needs and provided care and treatment mostly in line with recognised guidance but we found there were areas, where knowledge of guidance was limited. Awareness of the National Institute for Clinical Excellence (NICE) and The Faculty of General Dental Practice UK (FGDP (UK) guidance could be improved. For example:

- We found no supporting evidence that a risk assessment was undertaken during clinical examination for caries, gum condition, oral cancer and tooth wear.
- Up to date guidance for the frequency to take X-rays was not known by the dentist.
- Patient medical history was not updated in line with guidance.
- Awareness of updated guidance relating to the NICE was limited. In particular: antibiotic stewardship and sepsis awareness.

Helping patients to live healthier lives

Improvements could be made to delivering preventive care and support to patients to ensure better oral health in line with recommended guidance. For example:

- During discussion with the provider we were told that social risk factors such as smoking, alcohol consumption and diet was not usually discussed with patients during their examination. The patient care records we reviewed supported this.

The dentist prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

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

The practice was aware of national oral health campaigns in supporting patients to live healthier lives. The provider was not aware of local stop smoking services.

We reviewed what procedures they used to improve the outcomes for patients with gum disease. We discussed this with the dental hygienist; we were told that they only had

few patients with severe gum disease at this practice, therefore, they mainly carried out routine oral health advice and procedures. The patient care records we reviewed supported this statement.

A referral to the dental hygienist for oral health advice was evidenced in the patient care records we reviewed.

Consent to care and treatment

The practice obtained consent to care and treatment but this was inconsistently recorded in the patient care record. 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 may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

The practice kept dental care records containing information about patients' current dental needs and past treatment. We looked at a sample of dental care records and noted that improvements could be made to ensure that guidance relating to clinical record keeping was being followed. For example:

- An extra oral examination of the patient was not consistently recorded.
- There was no recorded risk assessment for caries, tooth wear and oral cancer.
- The patients' social history was not recorded.
- Justification and grading for X-rays taken was inconsistent.
- Recording of consent in patient care records was inconsistent.
- Limited recording of treatment options.

The process in place to ensure a patient's medical history was kept up to date was inconsistent and not in line with recommended guidance. For example: a verbal update was taken at each appointment and this was documented in

Are services effective?

(for example, treatment is effective)

the care record by the dentist. A written medical history update would be requested at two yearly intervals and then filed in a cabinet and transferred onto the electronic patient record later. We found that on some occasions the written version did not correspond with the electronic version. We could not be assured that patients could verify any significant changes to their medical history without physically reviewing their medical history on a more regular basis.

We saw the practice carried out a dental care record audit to check that the clinicians recorded the necessary information. We found this was not a comprehensive audit and areas of concern we found during a dental care record review had not been identified.

Effective staffing

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. The practice occasionally used agency staff; we did not see any evidence that these staff received an induction to ensure that they were familiar with the practice's procedures.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

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

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections. We noted there was a lack of understanding amongst staff in relation to sepsis.

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

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

Are services caring?

Our findings

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, caring and friendly. We saw that 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.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

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

requirements under the Equality Act:

- Interpreter services were available for patients who did not use English as a first language.
- Staff communicated with patients in a way that 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.

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The 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 dentist described to us the methods they used to help patients understand treatment options discussed. These included, photographs, models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care.

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

The practice had carried out a disability access audit. The audit had identified some areas where reasonable adjustments could be made for patients with disabilities. These had not been acted upon. For example:

- The audit recommended the step into the practice was painted to define a contrast from the pavement, this had not been done.
- A portable ramp was recommended, this had not been sought.
- The audit recommended the doorbell be lowered to allow wheelchair users easier access to it, this had not been done.

Staff telephoned patient prior to 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 patients' needs. Patients who requested an urgent appointment were seen 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

The practice had systems to respond to complaints and concerns appropriately. There had been no complaint recorded in the last 12 months.

The practice had a policy providing guidance to staff on how to handle a complaint.

The provider was responsible for dealing with complaints. Staff would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response.

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

Are services well-led?

Our findings

Leadership capacity and capability

The dentist assessed patients' needs and provided care and treatment mostly in line with recognised guidance. Clinical awareness of guidance could be improved.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

The principal dentist was approachable and worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. We identified some areas where leadership could be improved to ensure staff understood processes and systems in place. For example, the process to identify, record and investigate incidents and when things go wrong for learning and improvement.

Culture

The practice had a culture of high-quality sustainable care. Staff stated they felt respected, supported and valued.

We found improvements could be made to the incident reporting process to ensure staff were aware of the systems to use when things went wrong. There was a protocol in place but nothing was recorded and staff awareness of action to take was limited.

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 that these would be addressed.

Governance and management

We identified areas in relation to good governance where improvement was needed.

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

There were systems of clinical governance in place which included policies, protocols and procedures. We found some processes supporting these were not fully

understood and were not always carried out correctly or effectively monitored to ensure the practice was performing in accordance with recommended guidance and legislation. For example:

- Infection prevention and control processes were not fully in line with recommended guidance.
- Systems in place to manage the medical emergency kit were not effective or in line with recommended guidance.
- The process to ensure essential recruitment checks were in place was not effective.
- There was no evidence of locum induction taking place.
- There was no process in place to receive or respond to safety alerts.
- Fire safety recommendations had not been implemented.
- Disability access audit recommendations had not been implemented.
- Systems in place to assess, monitor and improve the quality and safety of services being provided were not effective.

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

- Systems in place to manage sharps procedures had not been risk assessed and were not carried out in line with recommended guidance.
- A full review of the risks associated with materials identified under COSHH had not taken place.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

The practice 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 involved patients, the public, staff and external partners to support sustainable services.

The practice used patient surveys to obtain staff and patients' views about the service; responses from patient were all mainly positive.

Are services well-led?

The practice gathered feedback from staff through meetings, surveys, 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

There were systems and processes for learning, continuous improvement and innovation but these were not embedded or responded to appropriately. We reviewed audits and assessments relating to fire safety and disability access. These contained recommendations which had not been acted upon.

The practice had quality assurance processes to encourage learning and continuous improvement, these were not

embedded. For example: dental care records, radiographs and infection prevention and control audits were carried out but had not identified areas where improvements could be made resulting in an action plan.

The principal dentist valued the contributions made to the team by individual members of staff.

The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete continuing professional development.

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 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Care and treatment of service users must be appropriate, meet their needs and reflect their preferences.</p> <p>How the regulation was not being met:</p> <p>Assessments of the needs and preferences for service user care and treatment were not being carried out collaboratively with the relevant person. In particular:</p> <ul style="list-style-type: none">• The registered person had failed to ensure they remained up-to-date with guidance from the National Institute for Clinical Excellence and Quality Standards. In particular: antibiotic stewardship, antimicrobial prescribing and sepsis awareness.• The registered person had failed to ensure they remained up-to-date with guidance. In particular: the frequency to take X-rays and obtaining patient medical history.• The registered person failed to consistently justify, grade and report on the radiographs taken. <p>The registered person had failed to ensure they remained up to date with clinical record keeping guidance. In particular:</p> <ul style="list-style-type: none">• An extra oral examination of the patient was not consistently recorded.• There was no recorded risk assessment for caries, tooth wear and oral cancers.• The patients' social history was not recorded.• There was no recall according to risk factors recorded.• Justification and grading for X-rays taken was inconsistent.• Recording of consent in patient care records was inconsistent.• Limited recording of treatment options. <p>Regulation 9(1)</p>

Requirement notices

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment must be provided in a safe way for service users

How the regulation was not being met:

The registered person 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:

- The registered person had failed to identify the risks of not using dental dams or other protective measures in line with guidance from the British Endodontic Society when providing root canal treatment.

The registered person had failed to assess the risk of using a disclosure and barring service check carried out by a different employer which was more than three months old at the time of application.

The registered person failed to ensure infection prevention and control processes were carried out in line with recommended guidance: In particular:

- Used dental instruments were not cleaned under temperature monitored water.
- The decontamination facility had one sink for the washing and rinsing of used dental instruments.
- Wearing of clinical protective clothing whilst delivering dental treatment and ensuring clinical clothing was not worn outside the premises.

The registered person had failed to ensure the emergency medical kit was stocked and monitored in line with recommended guidance: In particular:

- The system in place to check the expiry date of emergency equipment was not effective.
- Emergency medicine Glucagon was not stored in a temperature monitored environment.
- The equipment in the medical emergency kit did not reflect recognised guidance.

Requirement notices

Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:

- The registered person had failed to assess the risks associated with not using a safe local anaesthetic system and other sharps items in use at the practice in line with regulations.
- The registered person had failed to act upon recommendations in the fire risk assessment.
- The registered person failed to have in place appropriate control measures to mitigate the risks associated with the use of the Orthopantomogram.

There was no proper and safe management of medicines. In particular:

- Dosage amounts for some prescribed medicines were not in line with up to date guidance.
- The practice details were not recorded on the dispensed packaging.
- There was no log of who the medicine was being dispensed to.
- There was no log kept to record expiry dates of held stock.
- The registered person had no access to a BNF.

The registered person had failed to implement an effective system to receive and act on patient safety alerts.

The registered person had failed to ensure there was a system in place to identify, report and investigate significant events.

The registered person had failed to act in a timely manner to ensure the cable on the X-ray handset was safe to use.

The registered person had failed to confirm the effectiveness of the Hepatitis vaccination for all staff.

The registered person had failed to provide evidence to show that locum staff were inducted.

Regulation 12(1)

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- The registered person had failed to ensure processes relating to safer sharps systems were in line with regulations. The sharps policy did not reflect the practice's processes.

The registered person had failed to ensure effective systems were in place to manage the medical emergency kit: In particular:

- Syringes, needles and oro-pharyngeal airways size 2-4 were out of date.
- Oxygen masks for the self-inflating bag sizes 0-4 were not present.
- The emergency medicine glucagon was stored in the fridge; the fridge was not temperature monitored.
- No records were kept to show regular checks of the emergency equipment.

The registered person had failed to have system in place to confirm the effectiveness of the Hepatitis vaccination for all staff.

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

- Fire safety assessment recommendations.
- Record card audits.
- Infection prevention and control audits.
- Disability access audit recommendations.

There was additional evidence of poor governance. In particular:

This section is primarily information for the provider

Requirement notices

Not all materials used had been assessed to minimise the risks that can be caused from substances that are hazardous to health.

Regulation 17(1)

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

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

- Staff indemnity was not evidenced or records kept in staff files.
- No references were evidenced in staff files.
- No employment history was evidenced in staff files.

Regulation 19(3)