

# Rodericks Dental Limited

# Bilborough Dental Practice

## Inspection Report

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## Overall summary

We carried out this announced inspection on 30 May 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always 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 providing safe care in accordance with the relevant regulations.

#### Are services effective?

We found that this practice was 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

Bilborough Dental Practice is in Nottingham and provides mainly NHS dental treatment to both adults and children.

There is level access into the practice with an automatic door. This is particularly of benefit for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available in the practice car park.

The dental team includes three dentists, one qualified dental nurse, and four trainee dental nurses. The practice has three treatment rooms, two on the ground floor.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting

# Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. At the time of the inspection the practice did not have a registered manager in post.

On the day of inspection, we received feedback from 16 patients.

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

The practice is open: Monday: 9am to 7:30pm, Tuesday: 8am to 5:30pm, Wednesday: 9am to 7:30pm, Thursday: 7:30am to 12:30pm and Friday: 9am to 5:30pm. The practice is closed for lunch 12:30pm to 1:45pm. The practice is closed on Saturday and Sunday.

## Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Dentists had not always used rubber dam in the past when carrying out root canal treatment. This was not in line with guidance from the British Endodontic Society.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.

- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had not had a practice manager in post for most of the 18 months up to this inspection.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- Governance arrangements at the practice had been ineffective in the year up to this inspection.
- The practice had been without a registered manager since January 2018.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure a registered manager is appointed.

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

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

- Review the practice's policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.
- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

# 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 providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

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

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. There was some ground movement which had caused cracks in the walls. This situation was being monitored. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, helpful and with friendly staff. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

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

No action



### 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 16 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, caring and considerate. They said that they were given information about treatments, staff were welcoming and they were given time to consider their options. Patients said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

No action



# Summary of findings

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

## 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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## 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).

The management arrangements in the year up to this inspection had been inconsistent. The registered manager had left the company during this time and a new registered manager had not been registered. Several different managers had supported the practice over the last year.

Audits particularly relating to infection control, radiographs and dental care records had not been completed in line with policy or guidance.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

Requirements notice



# Are services safe?

## Our findings

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

The practice 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 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 within their electronic care records to identify adults that were in other vulnerable situations. We saw examples of how this information was recorded within care records.

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

The dentists said they used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We noted that a dentist who worked at the practice previously had not always used a rubber dam. This had resulted in an incident which had been identified in August 2017. This incident had been recorded as a significant event. We were told that it was company policy that dentists used a rubber dam when carrying out root canal treatments.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) had professional indemnity cover. The provider had a system to check that staff had renewed their indemnity insurance and updated their GDC registration.

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

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. The practice did not have a pan-oral X-ray machine (an orthopantomogram known as an OPG). If a patient required this type of X-ray they were referred to another practice elsewhere in Nottingham

The provider had registered with the Health and Safety Executive in line with recent changes to legislation relating to radiography.

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

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

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items.

The ground on which the premises had been built had experienced some movement. This had resulted in a

# Are services safe?

number of cracks appearing on the walls throughout the practice. We saw a report had been commissioned and the ground movement and cracks were being monitored to establish what action needed to be taken going forward.

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, and that the effectiveness of the vaccination was checked. This information was held in staff records within the practice.

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

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

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

The provider did not have suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. There were product safety data sheets, but not specific risk assessments for each item. The manager said this would be addressed.

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 (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

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. The overall risk rating for Legionella for the practice was low.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

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

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

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how this information was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance. The practice used an electronic referral system which allowed the status of referrals to NHS services to be tracked.

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

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored and kept records of NHS prescriptions as described in current guidance. The practice kept a log of prescriptions that had been issued. This ensured an audit trail for any prescriptions written in the practice. The practice did not keep a full log of prescriptions entering the

## Are services safe?

premises. As a result, staff would not necessarily be aware if individual prescriptions went missing. We were told this would be addressed to improve the security of prescriptions.

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

Antimicrobial prescribing audits were completed annually. The most recent audit demonstrated the dentists were following current guidelines.

### **Track record on safety**

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the 12 months up to this inspection there had been no accidents recorded. The practice had recorded two significant events in the same period. The incidents had been investigated, documented and discussed with the rest of the dental team to prevent such occurrences happening again in the future and to share learning. The practice reviewed all significant events on an annual basis and this served to refresh learning and confirm understanding.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning in line with a recognised risk framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

### Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Learning was shared at regular peer review and clinical meetings for dentists.

The practice had access to equipment such as digital X-rays which enhanced the delivery of care. We were told that digital cameras were on order and should be available in the practice shortly.

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

### Helping patients to live healthier lives

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

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

Children visiting the practice were given a passport with information about good oral health, which was stamped every time they visited. Staff said this was to make visiting the dentist fun, and to help address dental phobia at an early age.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. 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 and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

### Consent to care and treatment

The practice obtained patient 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 dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. All staff had received training in the Mental Capacity Act within the year up to this inspection. The policy also referred to Gillick competence by which a child under the age of 16 years of age can 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 detailed electronic dental care records containing information about the patients' current dental



# Are services effective?

(for example, treatment is effective)

needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. The relevant information was recorded in a detailed and clear manner and was easily accessible for clinical staff.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they usually discussed training needs at their annual appraisals. We saw historic evidence of completed appraisals and how the practice addressed the training

requirements of staff. We noted that appraisals were overdue. The manager said these would be completed by the new practice manager who was due to take up their post in the coming week.

## **Co-ordinating care and treatment**

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

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 and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

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

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

# Are services 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 kind, caring and considerate. We saw that staff treated patients with respect and gave them time. Staff were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

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 privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room, usually the consulting room next to reception or the manager's

office on the first floor of the building. 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 Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).

- Interpretation services were available for patients who did not understand or speak English. Staff at the practice were able to speak a number of languages other than English these included: Punjabi, Bengali, Hindi and Romanian.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's information leaflets provided patients with information about the range of treatments available at the practice.

# 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 made reasonable adjustments for patients with disabilities. This included step free access to two ground floor treatment rooms, an induction hearing loop and an accessible toilet with hand rails and a call bell.

Staff told us that they used text messaging to remind patients they had an appointment.

### Timely access to services

Patients were able to 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 practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they 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.

Patients were directed to use the out-of-hours service using the 111 NHS telephone number. This information was available on the telephone answerphone and was displayed outside the practice. The security shutters which

were pulled down when the practice was closed obscured the out-of-hours information. The manager said arrangements would be made to move this information to a position where it could be seen when the practice was closed.

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 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 took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. This was displayed within the practice for patients. The practice information leaflet explained how to make a complaint.

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

The provider told us they 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.

We looked at comments, compliments and complaints the practice received in the year up to this inspection. 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

### Leadership capacity and capability

The registered manager had left the company and de-registered with the Care Quality Commission on 23 January 2018. We noted that during this time several management tasks had not been completed. For example, audits had not been completed or followed up with action plans, and staff had not received their annual appraisals. A duty of candour issue had not been managed in line with the practice policy.

There had been no staff meetings since December 2016

A new full-time practice manager had been recruited and was being inducted into the company at the time of this inspection. We were told the practice manager would become the registered manager.

We noted that many documents within the practice were not dated. This included policies and procedures. Managers assured us that there was a system to ensure the latest information was available to staff. The lack of a date did mean that the reader could not always be certain they had the latest version.

### Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

The provider had outlined the vision and values for the service and this information was available in the practice. The practice mission statement was displayed in the waiting room and in the staff room.

### Culture

The practice had a culture of high-quality care. We noted the management arrangements over the year up to this inspection had meant standards had fallen.

Staff stated they felt respected, supported and valued. We noted that staff meetings had become infrequent with no recorded minutes for any staff meeting since December 2016. Staff said there had not been any staff meetings at the practice for a long time. Staff said they were proud to work in the practice. The practice's vision and values

focused on the needs of patients. We saw that inconsistencies in the leadership and management at the practice had hampered the delivery of those vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of the requirements of the Duty of Candour. There was a duty of candour policy in place and a poster in the staff room outlined the main points related to duty of candour. We saw an example where the duty of candour policy should have been used but had not been. In this example policies and procedures had not been followed and a patient required further treatment at the local accident and emergency department. Records showed that while an unsuccessful attempt to make telephone contact had been made, there was no formal written apology or further contact.

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

### Governance and management

The practice was part of a company with management arrangements within a corporate framework. The arrangements for the day to day management of the practice rested with the practice manager. With the inconsistency in the management arrangements over the last year several governance and management functions had not been completed. For example: regular staff meetings had not been held, audits had not been completed and a potential duty of candour issue had not been managed in line with the policy. Staff said they knew the management arrangements and their roles and responsibilities within them.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Key information relating to the core policies was displayed in the staff room.

### Appropriate and accurate information

There were systems in place for the practice to act on appropriate and accurate information. Quality and operational information was available to be used to ensure and improve performance. There were processes available

# Are services well-led?

to ensure performance information was combined with the views of patients. The lack of audits in the year up to this inspection meant it was not clear that this had been achieved.

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 high-quality sustainable services. The practice valued the feedback it received from patients. One example of the practice taking action following feedback was: extended opening hours to provide late night opening.

The practice completed patient surveys on an annual basis. The latest data showed that patients were satisfied with the service they received.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We saw completed feedback cards received by the practice. Analysis of the feedback during the inspection from patients who had responded showed positive responses.

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 in place.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, hand hygiene, radiographs and infection prevention and control. We noted that audits of the dental care records had last been completed in May 2017 and were overdue. Infection control audits which are scheduled for twice a year as recommended by HTM 01-05 had not been completed since 25 August 2017.

Radiography audits had been completed but we noted they were not signed and there was no review or actions identified. We saw no evidence that an audit of patient feedback had been completed.

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

The whole staff team had annual appraisals. The records showed these were now overdue for all staff. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 HSCA 2008 Regulations 2014</b></p> <p><b>Good governance</b></p> <p>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</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none"><li>• Regular audits were not being completed in line with policies and guidance. Where audits had been completed the results had not been evaluated and action plans had not been produced. Particularly in respect of infection control, dental care records and radiography.</li><li>• Regular staff meetings had not been recorded since December 2016, and staff said that regular staff meetings had not been taking place.</li></ul>

This section is primarily information for the provider

## Requirement notices

- An incident within the practice had resulted in a patient going to the accident and emergency department of the local hospital for treatment. This incident had not been dealt with in line with the duty of candour policy.
- Staff appraisals were overdue.
- The provider had not appointed a registered manager.

### **Regulation 17(1)**