Stock Hill Dental Care Partnership

# Stock Hill Dental Care Partnership

## Inspection Report

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## Overall summary

We carried out this announced inspection on 7 August 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 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 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**

Stock Hill Dental Care Partnership is based in the London Borough of Bromley and provides NHS and private treatment to patients of all ages.

The practice is located on the ground floor of the premises. The practice is accessed by a short flight of stairs. There is parking available for patients and staff on site.

# Summary of findings

The dental team includes a practice manager, three dentists, a dental hygienist, two qualified dental nurses, and a receptionist. The practice has three treatment rooms.

The practice is owned by a partnership 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 the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Stock Hill Dental Care Partnership was the principal dentist.

On the day of inspection, we obtained feedback from 10 patients. Feedback from these patients was positive.

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

The practice is open:

- Monday: 9am – 6.30pm
- Tuesday, Wednesday, Thursday: 9am – 8pm
- Friday: 9am – 5pm

**Our key findings were:**

- The practice appeared clean. The practice had infection control procedures.
- Staff knew how to deal with emergencies.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- 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.
- The practice had suitable information governance arrangements.
- The quality of dental care records completed by the dentists was not consistent.
- The provider had not established effective systems to ensure staff completed key training and received regular appraisals.
- There was a lack of assessment, identification, mitigation and monitoring of risks, and a lack of effective governance which resulted in shortcomings across the service.

We identified a regulation 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 persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

There are areas where the practice could make improvements. They should:

- Review the practice's protocols for completion of dental care records, taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

**Are services safe?**

No action

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.

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. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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

The practice had systems and processes to provide safe care and treatment. They could make improvements by ensuring the use of rubber dam for root canal treatments, ensuring all staff had adequate immunity to vaccine-preventable diseases, ensuring all equipment was suitably maintained, and by ensuring their protocols for the use of radiography equipment were in line with current national recommendations.

**Are services effective?**

No action

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

The dentists assessed patients' needs. Patients described the treatment they received as being of a high standard. 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 could make improvements to ensure all staff undertook key training and regular appraisals.

**Are services caring?**

No action

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

We received feedback about the practice from 10 patients; they were positive about all aspects of the service the practice provided. They told us staff were caring, kind and knowledgeable, and that staff treated them with dignity and respect.

# Summary of findings

Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

Patients said they were given clear explanations about dental treatment and said their dentist listened to them.

Staff were aware of the importance of confidentiality when dealing with patients in person and over the phone. The practice could make improvements to improve the security of the storage of dental care records.

**Are services responsive to people's needs?**

**No action** 

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 they were experiencing dental pain. The practice's website had a live chat function which enabled patients to contact them to make routine and urgent appointments, and for general queries.

Staff considered patients' different needs. This included providing facilities for patients with enhanced needs. The practice had arrangements to help patients with hearing loss, those who could not speak or understand English, and those who had problems with their eyesight.

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

**Are services well-led?**

**Requirements notice** 

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 these actions in the Requirements Notice sections at the end of this report).

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

The practice made use of audits and feedback to monitor areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

The dentists recorded details about patients' care and treatment. The practice could make improvements by ensuring all dentists recorded periodontal measurements and information about the non-use of rubber dam.

There was a lack of assessment, identification, mitigation and monitoring of risks, and a lack of effective governance which resulted in shortcomings across the service.

# 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.

There was a system to highlight vulnerable patients in their records.

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

A dentist told us they did not use rubber dams when providing root canal treatment; this was not in line with guidance from the British Endodontic Society. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was not documented in dental care records and risk assessments were not completed.

The practice had a business continuity plan describing how the practice 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, though it needed improvement to include arrangements for obtaining Disclosure and Barring Service (DBS) checks for new staff prior to them commencing employment at the practice. We checked staff recruitment records and found they had carried out appropriate background checks for staff new to the practice. Shortly after the inspection the practice manager amended recruitment policies to include protocols for ensuring DBS checks would be obtained from all new staff and reviewed on a regular basis.

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

The practice ensured that facilities and most equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We requested but were not provided with evidence of an electrical installation certificate; the principal dentist told us they would obtain one once building works happening at the time of the inspection were complete. We found there was no evidence to demonstrate the pressure vessel of the autoclave had been regularly inspected to ensure it remained in good working order. After the inspection the practice manager told us they had made arrangements for the pressure vessel to be inspected but they did not send us any evidence to show this had been completed.

Records showed that fire detection and firefighting equipment such as fire extinguishers were regularly tested. Shortly after the inspection they implemented a system to ensure smoke alarms would be tested regularly.

The practice had arrangements to ensure the safety of the radiography equipment; however, they did not meet current radiation recommendations in all areas as we found they did not use rectangular collimators on radiography machines.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice had carried out a radiography audit; they told us they planned to carry out this audit yearly following current guidance and legislation.

Most clinical staff completed continuing professional development (CPD) in respect of dental radiography. We checked staff training records and found there was no evidence of radiography training for a dentist and a dental nurse. The practice told us the dental nurse completed this training after the inspection; they sent us evidence to confirm this.

**Risks to patients**

There were systems to assess, monitor and manage risks to patient safety. The practice had systems in place to mitigate the risk of fire, such as smoke alarms, fire extinguishers, fire evacuation drills, and regular checks of fire escape routes. The practice manager had carried out

# Are services safe?

an assessment of fire risks at the practice. We found this assessment had identified a limited number of risks, and the practice manager was not trained in such assessments. The practice assured us they would arrange for a competent person to conduct a comprehensive fire risk assessment on completion of building works which were on-going at the time of the inspection. They sent us evidence they had liaised with a fire safety company to obtain a quote for this to be carried out.

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. A sharps risk assessment had been undertaken with a view to update it annually.

The provider had arrangements in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. The practice could strengthen these arrangements to ensure the effectiveness of the vaccination was checked for all staff; we checked staff records and found this information was not available for four members of staff. Shortly after the inspection the practice manager sent us evidence of Hepatitis B immunity for a dentist. They told us they had contacted their local occupational health department to arrange the relevant checks for the other three members of staff. Staff knew how to respond to a medical emergency and had completed regular training in emergency resuscitation and basic life support.

Emergency equipment and medicines were available. Shortly after the inspection the practice ordered additional equipment to ensure their stock was 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 when they treated patients in line with GDC Standards for the Dental Team. Shortly after the inspection the practice manager completed a risk assessment to assess and highlight mitigating factors in place to minimise risks associated with the dental hygienist working without chairside support.

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

The practice told us they occasionally used locum staff. The practice had arrangements in place to ensure that locum staff were familiar with the practice's procedures.

The practice had an infection prevention and control policy, and procedures. They generally followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Shortly after the inspection the practice implemented a protocol to mitigate any risk associated with the lack of a handwashing sink in the decontamination area. They told us they had made arrangements for a contractor to seal porous work surfaces in a treatment room.

We checked staff training records and saw evidence that most staff completed infection prevention and control training and received updates as required; evidence of this was not available for one dentist.

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 and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Recommendations had been actioned. Disinfection of the dental water lines was inconsistent; shortly after the inspection the practice manager addressed this with staff and created a written protocol to ensure all staff followed the same disinfection protocol.

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 in line with guidance.

# Are services safe?

The practice carried out infection prevention and control audits twice a year.

**Information to deliver safe care and treatment**

We discussed with the dentists how information to deliver safe care and treatment was handled and recorded. We checked a sample of dental care records to confirm our findings. We noted dental care records were legible, and contained information about the patients' current dental needs, past treatment and medical histories. However, the practice could make improvements to ensure all dental clinicians kept complete records for each patient regarding periodontal measurements, and the non-use of rubber dam for root canal treatments.

The practice had arrangements to ensure referrals to other service providers contained specific information to enable appropriate and timely referrals in line with current guidance.

**Safe and appropriate use of medicines**

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

There was a stock control system of medicines which were held on site, except antibiotics. Shortly after the inspection the practice manager created a stock log for antibiotics and a controlled medicine to monitor their use.

The practice stored private and NHS prescriptions as described in current guidance. Shortly after the inspection the practice manager created a system to monitor the use of NHS prescription pads.

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

**Track record on safety**

The practice had processes in place to record, monitor and review safety incidents. They told us they would discuss any incidents with the practice staff to support future learning, reduce risk, and help them make any necessary safety improvements. Shortly after the inspection the principal dentist discussed significant events with staff to strengthen understanding of various types of incidents that could occur.

**Lessons learned and improvements**

The practice had systems in place to enable them to learn, investigate, and make improvements if things went wrong.

The practice had an effective system for receiving, disseminating and acting on safety alerts, which they used to maintain a good standard of safety in the practice in relation to medicines and equipment.

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment, care and treatment**

Staff kept up to date with current evidence-based practice.

The dentists assessed the needs of patients in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. The principal dentist had undergone appropriate post-graduate training in this speciality.

**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 that 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.

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.

We spoke with the dentists who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice and taking plaque and gum bleeding scores and detailed charts of the patients gum conditions. The practice could make improvements to ensure all the dentists recorded these charts.

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 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 that they gave patients information about treatment options and the risks and benefits of these so that they could make informed decisions. Patients confirmed that their dentist listened to them and gave them clear information about their treatment.

The practice had policies with information about the Mental Capacity Act 2005, and Gillick competence (the legal precedent by which a child under the age of 16 years can consent for themselves). The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The team was also aware of considerations needed when treating young people aged under 16 years.

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

**Monitoring care and treatment**

The practice audited patients' dental care records to check that the dentists recorded the necessary information. They had identified areas requiring improvement and told us they planned to review the audit yearly to check whether the improvements had been implemented.

The practice told us they did not carry out conscious sedation for patients, though they intended to in the future for patients who were very nervous of dental treatment, and those who needed complex or lengthy treatment. The practice had begun to establish systems to help them do this safely.

**Effective staffing**

Staff had the skills 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 that most clinical staff completed the continuing professional development required for their registration with the General Dental Council. Evidence of radiography and infection control training was not in place for a dentist.

Staff told us that they discussed training needs during informal one to one meetings with the practice manager. There was limited evidence the practice had an effective system in place for the appraisal of staff and the assessment of their personal development needs. The practice manager, who had begun their post a year before this inspection, told us they would begin a schedule of yearly appraisals for all staff. We checked staff folders and saw evidence of one completed appraisal.

# Are services effective?

## (for example, treatment is effective)

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

The principal dentist described their process 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 the National Institute for Health and Care Excellence in 2005 to help make sure patients were seen quickly by a specialist.

The practice told us they monitored all referrals to make sure they were dealt with promptly. They could strengthen arrangements by implementing a referrals tracker.

# Are services caring?

## Our findings

**Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion. They were friendly towards patients over the telephone. They were aware of their responsibility to respect people's diversity and human rights.

We received feedback from 10 patients; they commented positively that the care they had received at the practice was of a high standard. They told us the practice offered an excellent service, and that the practice staff were welcoming, friendly, supportive, kind, caring, respectful, and professional. They told us the practice had a pleasant family-friendly atmosphere, and that staff respected their dignity.

Parents commented that they were satisfied with how the staff had treated their children.

Nervous patients told us staff reassured them and made them feel at ease.

Information was available for patients to read.

**Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality when dealing with patients over the telephone and in person. They told us that if a patient asked for more privacy they 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.

We found the security of dental care records stored at the rear of the property could be improved; they had been stored in cabinets that could not be locked, although the door to the storage room was lockable. Shortly after the inspection the practice manager told me they had bought three lockable storage cabinets to ensure the dental care records would be stored more securely. They did not send us evidence demonstrating the new cabinets were in use.

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

Staff helped patients be involved in decisions about their care. Interpretation services were available for patients who did not speak or understand English as a first language. The practice manager told us the practice staff spoke up to six different languages including English. We did not see notices in the reception areas, including in languages other than English, informing patients these services were available.

The practice gave patients clear information to help them make informed choices. Patients told us that staff listened to them and discussed options for treatment with them. Dentists we spoke with described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflets 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 radiograph images, illustrated booklets, photographs taken with a camera, and models.

# 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. They took account of the needs and preferences of patients. 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 manager had completed a disability access audit and formulated an action plan to continually improve access for patients.

The practice had made adjustments for patients who required additional support. These adjustments included a hearing loop, a magnifying glass, a handrail for the steps at the entrance of the practice, and a light to improve visibility at the entrance.

**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 at the entrance to the premises and on an online search engine.

Staff told us that patients who requested an urgent appointment were usually seen within 24 hours. The practice manager told us the practice had an informal agreement whereby local practices would see their patients in an emergency if needed.

The practice's website had a live chat function which enabled patients to contact them to make routine and urgent appointments, and for general queries.

The practice's answerphone message provided contact details for patients needing emergency dental treatment when the practice was not open.

**Listening and learning from concerns and complaints**

The practice had complaints policies providing guidance to staff on how to handle complaints, and to patients on how to make a complaint. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

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

We checked how the practice had managed two verbal complaints they received in the last 12 months; we found they had responded in an open, transparent and timely manner. They had addressed all points in the complaints.

# Are services well-led?

## Our findings

**Leadership capacity and capability**

The practice manager began their role at the practice a year prior to this inspection. They were organised, highly motivated, capable and committed to their role. They demonstrated a wealth of knowledge about issues and priorities relating to the quality of the service they provided. They worked closely with all the practice's staff and prioritised supportive leadership with a proactive focus on working towards achieving best practice.

**Vision and strategy**

The practice had a vision to provide high quality, effective and caring treatment for all patients in a safe and friendly environment.

The practice had procedures to help them manage behaviour and performance that was inconsistent with their vision and values.

**Culture**

Staff described a family-like patient-focused and open working culture.

Staff told us they felt they could raise concerns with the practice's leaders. They were confident concerns they had would be listened to.

Staff had regular meetings and daily informal discussions on a variety of topics related to the running of the practice and the well-being of staff.

Staff were aware of, and had systems to ensure compliance with, the requirements of the Duty of Candour.

**Governance and management**

There were clear responsibilities, roles and systems of accountability.

The principal dentist, who was the practice's registered manager, 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. It was apparent they worked well as a team.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff.

We noted there was limited evidence of appraisals for staff to discuss learning needs, general wellbeing and aims for future professional development. The practice manager told us they had completed one appraisal and planned for the remaining appraisals to be completed in December 2018.

The General Dental Council (GDC) requires clinical staff to complete continuing professional development. We saw evidence staff had completed training that was 'highly recommended' by the GDC, such as radiography, medical emergencies and infection prevention and control, though there was no evidence of radiography or infection control training for a dentist. The practice told us the dentist thought they had completed this training but was unable to find their certificates.

There was no evidence of radiography training for a dental nurse. The practice sent us a certificate showing the dental nurse completed radiography training shortly after the inspection.

Some staff had also completed other training including (but not limited to) consent, fire safety, mental capacity, oral cancer, equality and diversity, communication and receptionist skills.

The provider had not established effective systems to assess, review and mitigate risks in relation to the undertaking of the regulated activities.

**Appropriate and accurate information**

The practice used quality and operational information to improve performance.

**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 used surveys, a comment box and verbal comments to obtain patients' views about the service. The practice manager described examples of suggestions from patients that they had acted on. For example, they planted more flowers at the front of the practice and installed high visibility strips on the entrance steps.

# Are services well-led?

The practice encouraged patients 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. The practice's most recent FFT results showed 83% of patients surveyed would recommend the practice.

The practice manager proactively encouraged staff to give feedback via a comments box, through meetings and informal discussions. They had improved the décor of the building in response to feedback from both staff and patients.

**Continuous improvement and innovation**

The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The practice manager had made several improvements since joining the practice a year previously. These included:

- Improving the quality of flooring.
- Implementing arrangements for discussions about financing dental treatment to be held in a private area.
- Ordering wipeable chairs to replace old fabric chairs.
- Implementing rotas and checklists on various tasks for dental nurses and locum staff.
- Implementing Personal Development Plans for staff to enable the practice to monitor their development needs.
- Improving the availability and organisation of the medical emergencies kit.
- Conducting an interim fire risk assessment.
- Improving the quality of smoke alarms.
- Established a system for receiving and disseminating safety alerts.
- Improving staff uniforms.
- Updating staff on various topics to encourage learning, including (but not limited to) complaints, infection control processes, the management of patients with dementia, the General Data Protection Regulations requirements, and safeguarding responsibilities.

We saw evidence of these improvements throughout the inspection.

The practice had quality assurance processes to encourage continuous improvement. These included an audit of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

During and after this inspection we brought the shortcomings we identified to the practice's attention. The practice manager and principal dentist demonstrated willingness to address these issues in order to make the necessary improvements.

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<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>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.<br><br>**How the regulation was not being met**<br><br>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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular this was in relation to:<br><br>• The lack of assurance regarding adequate immunity of four staff members to vaccine-preventable diseases.<br>• The lack of suitable maintenance of equipment.<br>• The lack of suitable and consistent processes for the disinfection of dental water lines in all surgeries.<br>• The lack of evidence of safety checks of the electrical installation.<br>• The lack of risk assessments in relation to fire safety.<br>• The lack of use of rubber dam for root canal treatments.<br>• The lack of rectangular collimators for radiography machines which was not in line with current national guidance on the safe use of radiography equipment.<br><br>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that records were being maintained securely in respect of each service user. In particular:<br><br>• They had not stored patients' dental care records securely. |

This section is primarily information for the provider

# Requirement notices

**Regulation 17 (1)**

| Regulated activity | Regulation |
| --- | --- |
| Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br>**How the regulation was not being met**<br>The registered person had failed to ensure that persons employed in the provision of a regulated activities received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:<br>• There was no evidence to demonstrate that staff had received regular appraisals.<br>• There was no evidence to show that all staff had completed key training.<br>**Regulation 18 (2)** |