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# DentalSpa 25

## Inspection Report

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### Overall summary

We carried out this announced inspection on 24 January 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 CQC inspector and 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**

DentalSpa25 is in Weston Super Mare and provides private treatment to adults and children.

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

The dental team includes two dentists, one dental nurse and three receptionists. 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 56 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, the dental nurse and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

## **The practice is open:**

Monday to Friday 9am to 5.30pm

Saturday/Sunday by arrangement

## **Our key findings were:**

- The practice appeared clean and maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and most life-saving equipment were available.
- The practice had some systems to help them manage risk to patients and staff.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

- The practice was using a dental laser but not in line with guidance
- The practice fire risk assessment did not include the dental laser and had not had been completed by a competent person.
- The clinical staff provided patients' care and treatment mostly in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The provider 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 patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

# 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 provider was using a dental laser but was not in compliance with the Medicines and Healthcare products Regulatory Agency guidelines for lasers, intense light source systems and LEDs - guidance for safe use in medical, surgical, dental and aesthetic practices. The provider provided evidence post inspection to confirm that the dental laser equipment was not being used until systems and processes were compliant with guidance.

The fire risk assessment had not been carried out by a competent person. The fire risk assessment did not cover the use of the dental laser. The provider shared evidence post inspection to confirm that a fire risk assessment had been carried out by a competent person and this now included the dental laser. The provider has assured us that the recommendations would be implemented in accordance with the report.

The practice had some 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 people and knew how to recognise the signs of abuse and how to report concerns.

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

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

The practice mostly 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.

Patients described the treatment they received as attentive, outstanding and excellent. The dentists discussed treatment with patients but we found limited evidence of informed consent and recorded in their records.

The practice had some 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



# Summary of findings

## 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 56 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, courteous and respectful.

They said that they were given professional caring and helpful 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 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 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).

We found deficiencies in the emergency medical equipment, staff recruitment, a lack of understanding of GDC guidance for lone working, no auditing of antibiotic stewardship and prescriptions, an incomplete Control of Substances Hazardous to Health (COSHH) Regulations 2002 file and saw that some material safety data sheets were out of date when newer versions were available.

The radiation file was not well ordered which made it difficult to find relevant information,

The practice had no central recording and tracking of referrals made by dentists.

We reviewed several specific implant dental care records where the provider had placed implants as part of a treatment plan. The records were incomplete and did not confirm that the provider was following implant guidance and regulation.

Requirements notice



# Summary of findings

We reviewed several dental care records and saw that the provider did not follow guidance and regulations concerning the information recorded; this was particularly in relation to current dental treatment, domiciliary visits, consent and medical history.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

# 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.

There was 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 recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. 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 documented in the dental care record and a risk assessment completed.

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 and also had checks in place for agency and locum staff. These reflected the relevant legislation. We reviewed staff records and found that there were gaps for two members of staff in relation to hepatitis B, immunisation history and DBS checks. We spoke with the provider who told us they would supply the missing information. The provider also told us that they would review staff records to ensure compliance with regulations.

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

The provider showed us a fire risk assessment, which had recently been completed by a member of staff. The building was partially covered by a fire alarm and fire extinguishers were in place with a fire escape available. The fire risk assessment did not cover the use of the dental laser. We spoke with the member of staff to confirm that the fire risk assessment covered relevant fire regulations and were told that they were unable to confirm this. We spoke with the provider about this who told us that they would make arrangements for a competent person to carry out the buildings fire risk assessment, and include the dental laser. The provider sent evidence post inspection to confirm that a fire risk assessment had been carried out by a competent person, including the dental laser. The provider assured us that the recommendations would be implemented in accordance with the report.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had some of the required information in their radiation protection file. The radiation file was not well ordered and some information that it contained was from other non-related files. We spoke with the provider who told us that they would review the radiation file and collate the required information into a single file for ease of access.

We saw evidence that not all radiographs taken by dentists were justified, graded and reported on. 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.

### **Laser**

The provider had purchased a dental laser and had attended training. The provider told us that they were using the device on patients for dental treatment. The practice actively advertised the availability of the device to patients. We saw that the practice had a policy in place for the use of

# Are services safe?

the laser. We asked for but could not be shown, local rules, a laser protection advisor details, safety measures such as risks assessments including fire, signage or an assessment of the treatment room including mirror or windows in accordance with the Medicines and Healthcare products Regulatory Agency guidelines for lasers, intense light source systems and LEDs - guidance for safe use in medical, surgical, dental and aesthetic practices. There was no file in relation to the dental laser containing relevant information. There was no evidence of staff training or a risk assessment for the laser. We asked the provider about this and were told that none of the safety measures were in place at this time, but arrangements would be made. The provider provided evidence post inspection to confirm that the dental laser equipment was not being used until systems and processes were in compliance with guidance.

## Risks to patients

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 and was updated annually.

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.

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

We looked at the emergency equipment and found that some equipment, e.g. masks, were not stored in a way which would preserve their integrity and prevent damage. We spoke with the provider who told us that they would review the storage of emergency medical equipment to ensure that the integrity of equipment could not be compromised.

We spoke with the staff and provider about lone working and there appeared to be some confusion about GDC guidelines. The provider told us that there were occasions

when they would work without chairside for certain appointments. We spoke with the provider and they told us that they would review and ensure that GDC lone working guidelines were understood and implemented.

We reviewed the Control of Substances Hazardous to Health (COSHH) Regulations 2002 file and saw that some material safety data sheets were out of date when newer versions were available. The provider told us that up to date material safety data sheets would be obtained and reviewed.

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 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. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

The cleaning contractor had not provided method statements, risk assessments or COSHH information. We were shown completed check lists. The provider told us that practice cleaning, and all issues in relation to cleaning, would be collated into a central file, and that an audit would be carried out accordingly.

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. 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 information to deliver safe care and treatment was handled and recorded. We reviewed four dental care records and saw that they did not follow guidance concerning the information recorded; this was particularly in relation to current dental treatment, domiciliary visits, consent and medical history. We spoke with the provider who told us that they agreed that there were gaps in the four patient care records we saw and that they would review and audit patient care records to ensure compliance with regulations. Dental care records were kept securely and complied with General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act).

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 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 prescriptions as described in current guidance.

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

We saw that the practice issued antibiotics prescriptions. Whilst records were made these had not been audited to ensure that the issue of antibiotics and prescriptions were in accordance with guidance. We spoke with the provider who told us that they would review the system and ensure that an audit was carried out.

## **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 previous 12 months there had been no safety incidents.

The principal dentist explained to us how, should such an incident take place, it would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

## **Lessons learned and improvements**

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the 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.



# Are services effective?

(for example, treatment is effective)

## Our findings

### 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 patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

### Domiciliary care

The provider told us they took into account guidelines as set out by the British Society for Disability and Oral Health when providing dental care in domiciliary settings such as care homes or in people's residence, however one patient care record we were shown did not appear to follow guidance. We spoke to the provider who told us they would review the record, and ensure compliance with the guidelines. The provider has provided evidence post inspection stating that they will no longer carry out domiciliary care visits.

### Dental implants

The practice offered dental implants. These were placed by the principal dentist. We could not be shown a practice policy for implants. The practice had not audited provision of implants. We reviewed two dental care records where the provider had placed implants. The records were incomplete and did not confirm that the provider was following guidance for dental care records. We spoke with the provider who agreed that there were gaps in the implant dental care records we saw, and that they would review provision of implants to ensure compliance with guidelines and auditing requirements.

The practice had access to a microscope to enhance the delivery of care. One of the dentists had a particular interest in endodontics, (root canal therapy). The dentist used a specialised operating microscope to assist with carrying out root canal treatment.

### 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 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 where applicable, 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.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

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 dentist told us they obtained consent to care and treatment in line with legislation and guidance, but we found in some patient care records that this was not always recorded in line with GDC guidance. The practice team understood the importance of obtaining and recording patients' consent. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

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 can 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

# Are services effective?

(for example, treatment is effective)

The practice did not keep detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw 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 programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

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.

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 bacterial infections.

The practice had no 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 had no central recording and tracking of referrals made by dentists. We spoke with the provider who told us that they would implement a system of centralised referral tracking which would ensure that referrals were not missed or lost.

# 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 first class, welcoming and polite. We saw that staff treated patients respectfully, appropriately and professionally; and were friendly towards patients 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.

Information folders were available for patients to read.

### 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. 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. They stored paper records securely.

### Involving people in decisions about care and treatment

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

requirements under the Equality Act; 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 have English as a first language. We saw notices in the reception areas, written in languages other than English, informing patients translation service were available. Patients were also told about multi-lingual staff that might be able to support them.
- 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. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices about their treatment. 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 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 X-ray images and microscope. This enable better images to be seen of the tooth being examined or treated and help them better understand the diagnosis and treatment.

# 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. These included step free access, a hearing loop, a magnifying glass and accessible toilet with hand rails and a call bell

A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff telephoned some most patients prior to their appointment to make sure they could get to the practice.

### 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 information leaflet and on their website.

The practice had an efficient 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. There were no appointments booked on the day of the inspection.

The staff took part in an emergency on-call arrangement with other dentists working there.

The practices' 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. The practice information leaflet explained how to make a complaint.

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

The principal dentist 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 three in the previous year. The practice had recorded seven compliments in the previous year.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### **Culture**

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

The practice focused on the needs of patients.

Leaders and managers took effective action to deal with poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### **Governance and management**

The provider was establishing clear responsibilities, roles and systems of accountability to support good governance and management.

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

The provider was introducing a system of clinical governance, which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were not yet clear and effective processes for managing risks, issues and performance, throughout the practice for example there were no risk assessments for the dental laser equipment and the fire risk assessment had not been carried out fully or by a competent person

### **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, staff and external partners to support high-quality sustainable services.

The practice used patient surveys to obtain patients' views about the service.

The practice gathered feedback from staff through meetings 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.

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and radiographs for one dentist only and not the provider. An infection prevention and control audit had been completed.

The principal dentist 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. 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 General Dental Council also requires clinical staff to complete continuing professional development. 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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 17 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 were operating 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:</p> <p>The provider must review the practice's protocols and procedures for the use of dental laser equipment in compliance with The Medicines and Healthcare products Regulatory Agency Guidelines for Lasers intense light source systems and LEDs - guidance for safe use in medical, surgical, dental and aesthetic practices.</p> <p>The provider must review the fire safety risk assessment and ensure that any actions required are completed and ongoing fire safety management is effective.</p> <p>The provider must ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.</p> <p>The provider must ensure accurate, complete and detailed records are maintained for all staff, and that all clinical staff have adequate immunity for vaccine preventable infectious diseases.</p>

## Requirement notices

The provider must ensure that 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.

The provider must ensure the availability of required information for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

The provider must ensure that the practice's systems for environmental cleaning take into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.

The provider must ensure that the completion of dental care records take into account the guidance provided by the Faculty of General Dental Practice, in particular in relation to Implants, current dental treatment, domiciliary visits, consent and medical history.

The provider must ensure that audits of dental care records and radiography are undertaken at regular intervals for all clinicians to improve the quality of the service. The provider should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Regulation 17(1)