

Paget Dental Practice

Paget Dental Practice

Inspection Report

61 Manor Road
Wallington
Surrey
SM6 0DE
Tel: 020 8669 5399
Website: n/a

Date of inspection visit: 30 April 2019
Date of publication: 28/06/2019

Overall summary

We carried out this announced inspection on 30 April 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

We found that this practice was 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

Paget Dental Practice is in Wallington in the London borough of Sutton and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the front of the practice for blue badge holders. Parking is also available near the practice.

The dental team includes a practice manager, three dentists, three dental nurses, one trainee dental nurse, one dental hygienist and three receptionists (one of whom was a qualified dental nurse). The practice has three treatment rooms.

Summary of findings

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 the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Paget Dental Practice is one of principal dentists. A registered manager is legally responsible for the delivery of services for which the practice is registered

On the day of inspection, we collected eight CQC comment cards filled in by patients.

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

The practice is open: 8.00am to 5.00pm Monday to Fridays. (Thursdays open until 6.30pm) and Saturdays from 9.00am to 1.00pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider asked patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The clinical staff provided patients' care and treatment in line with current guidelines. Although this was not always documented suitably in patients' dental care records.
- Staff were providing preventive care and supporting patients to ensure better oral health. Although this was not always documented in dental care records

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. Although improvements were required.
- There was a lack of evidence available on the day of the inspection to demonstrate that the practice completed essential recruitment checks.
- Improvements were required with regards to governance arrangements.
- Improvements were required with regards to having systems in place to manage risk to patients and staff.
- Improvements were required to the staff recruitment procedures.
- The provider did not demonstrate effective leadership nor was there a culture of continuous improvement.

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

- Ensure that care and treatment is provided to patients in a way that is safe
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure specified information is available regarding each person employed

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

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

- Review the practice's protocol and staff awareness of their responsibilities in relation to the duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health taking into account the guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'
- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

We will be following up on our concerns to ensure they have been put right by the provider.

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.

Equipment was 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, although improvements were required.

There was a lack of evidence available on the day of the inspection to demonstrate that the practice completed essential recruitment checks.

The practice did not have systems and processes to provide safe care and treatment. Risk assessments were not being completed routinely. For example, there were no fire and sharps risk assessments and some staff were not following sharps regulations. Shortly after the inspection the provider sent us a copy of a fire risk assessment completed in 2010 by the previous provider.

Requirements notice 

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. However, this was not always documented in dental care records. Patients described the treatment they received as good, and effective.

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

We saw evidence that staff completed training relevant to their roles. Some training certificates were missing. The practice had recently introduced new systems to monitor training.

No action 

Are services caring?

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

No action 

Summary of findings

We received feedback about the practice from eight people. Patients were positive about all aspects of the service the practice provided.

They said that they were given 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.

Are services responsive to people's needs?

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

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

Staff considered patients' different needs. This included providing facilities for patients with a disability 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).

Governance arrangements were in place, but the storage of dental care records and staff training records required improvement. Staff training could not be suitably evidenced as some training records were incomplete. Documentation relating to staff recruitment was missing from some staff records. The registered person had failed to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user.

Management structures were clearly defined. However, the registered manager who was also one of the principal dentists did not demonstrate effective leadership.

Infection prevention and control audits were undertaken regularly. However, a Disability Access audit and radiography audits were not being undertaken in line with current legislation and national guidance.

Requirements notice



Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and 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 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.

Some of the dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. Some dentists told us that they did not routinely use dental dam. The dentist explained the method they used to protect the airway in instances where the dental dam was not used. However, the dentists were not documenting this in the dental care record and a risk assessment was not 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 had checks in place for agency and locum staff. The policy reflected relevant legislation.

We looked at five staff recruitment records.

From the review of these five records we found that the provider was not always following their recruitment procedure or current legislation. For example, none of the

five records contained a full employment history, together with a satisfactory written explanation of any gaps in employment and satisfactory evidence of conduct in previous employment.

Photographic identification was missing for one member of staff.

The provider did not follow current legislation in ensuring criminal records check were undertaken suitably for employees as part of the recruitment procedure. We noted that for two of the employees, their Disclosure and Barring Services checks (DBS) had been carried out by their previous employers – in one instance the DBS was dated four years before the member of staff commenced work with this provider.

In some instances, the provider was obtaining the DBS check for employees after the member of staff had commenced work and had been in post for several months. For example, in one instance the DBS check was dated six months after the employee's start date.

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

The electrical five-year fixed wire testing certificate was dated 27 April 2019 (three days before the inspection). Portable appliance testing was dated 16 March 2019. There was no evidence of electrical testing taking place prior to this date. There was no other evidence presented to us on the day of the inspection to demonstrate that electrical equipment was maintained to prevent danger in accordance with legislation.

On the day of the inspection the provider did not demonstrate that they were routinely assessing risks associated with fire safety. For example, a fire risk assessment had not been undertaken (although this was booked for the next few days). Staff told us that to their knowledge an external fire risk assessment had never been carried out. Shortly after the inspection the provider submitted evidence confirming that information staff had given us on the day of the inspection was incorrect. A fire risk assessment had been completed in 2010 by the previous provider. We were also sent copies of periodic checks to the fire alarm, smoke alarms and fire extinguishers.

Are services safe?

Fire extinguishers were serviced in January 2019. There were no records to show that fire detection equipment, such as smoke detectors were regularly tested by the practice prior to January 2019. Similarly, there was no evidence for the servicing of fire extinguishers prior to January of this year. Records of monthly checks were available from January 2019 to April 2019. We saw that the new practice manager had taken steps to improve this, but improvements were still required. Shortly after the inspection the provider submitted evidence of servicing to fire equipment and records of routine testing carried out.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.

We saw evidence that the dentists generally justified, graded and reported on the radiographs they had taken. The evidence we saw on the day of the inspection demonstrated that the practice had carried out one set of radiography audits in April 2019. There was no other evidence available to demonstrate regular audits being completed prior to this date. (Current guidance and legislation recommend this is completed at least annually).

We saw evidence to confirm that some clinical staff had completed continuing professional development (CPD) in respect of dental radiography. One of the staff training records we reviewed did not have evidence of them completing radiography training.

Risks to patients

The systems to assess, monitor and manage risks to patient safety required improvements.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. Not all staff followed relevant safety regulation when using needles and other sharp dental items. For example, in one of the principal dentist's surgeries there was no needle guard available and the staff confirmed that a needle guard was not used by the dentist using that surgery. Cotton wool rolls were loose in the drawers in the splatter area. A sharps risk assessment had not been undertaken.

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 we spoke with knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support (BLS). Some staff were involved with sedation procedures but had not completed Immediate Life Support training. We discussed this with the practice manager and the registered manager. They told us that this training was planned and in the process of being booked for relevant staff though no specific dates were provided for when the training was booked for.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these 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. A risk assessment was in place for when the dental hygienist worked 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 had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. 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 HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

Are services safe?

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

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

Improvements were required to ensure information to deliver safe care and treatment was appropriate. The practice maintained both electronic and paper records. We requested to look at a sample of paper dental care records during the inspection for patients who had undergone implant treatment and sedation (staff told us that information was kept between electronic and paper versions). Staff were unable to find three of the four dental care records we requested. Despite spending time looking for them they were unable to locate them. Whilst we were able to see the patient's electronic records, the information relating to implants and sedation were maintained on the paper records. On the day of the inspection we were not assured that the practice had processes in place to deliver safe care and treatment as some patients' records could not be located.

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

Safe and appropriate use of medicines

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

Track record on safety and Lessons learned and improvements

The practice advised us that they monitored and reviewed incidents.

In the previous 12 months there had been one safety incident. We saw documentation relation to investigation and analysis. The documentation was in line with expectations.

There was a system for receiving and acting on safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We saw that some clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Improvements were required for some dentists as they were not accurately recording consultations to show that they carried out needs assessments in line with legislation.

The practice offered dental implants. These were placed by one of the principal dentists. On the day of the inspection the practice was only able to locate dental care records for one patient who had undergone implant treatment. The record we reviewed was not complete, so we were unable to assess whether needs were assessed and how care and treatment was delivered.

The practice had access to intra-oral cameras to enhance the delivery of care.

Helping patients to live healthier lives

Staff told us that they were providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health (DBOH) toolkit. There was a lack of evidence on the records we checked to confirm that all dentists were taking the DBOH toolkit in consideration.

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 and adults based on an assessment of the risk of tooth decay.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance, although it was not always documented in dental care records.

The dentists told us they 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 may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. Some of the dental care records we reviewed lacked detail. We discussed this with one of the principal dentists who was also the registered manager. They assured us that patients' needs were assessed in line with guidance, but agreed that improvements were required with regards to ensuring that the dental care records reflected consultations more accurately.

We saw the practice had audited patients' dental care records the week before the inspection. There was no other evidence available on the day of the inspection to confirm that auditing was taking place before this. Staff we spoke with confirmed that the auditing of dental care records had begun only recently.

The practice carried out conscious sedation for patients who were nervous. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. Practice staff, including the registered manager informed us that they maintained a book which listed all patients who had received sedation and implant treatment. The book could not be located on the day of the inspection so staff had to recall from memory which patients had received sedation treatment. Following the inspection, the registered manager wrote to us stating that the book referred to did not exist. On the day of the inspection we were only able to access one dental care record in relation to sedation. This record was incomplete. With the limited information the provider

Are services effective?

(for example, treatment is effective)

made available to us on the day of the inspection we were unable to establish if their procedures were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The dental care records for all the other patients the staff could recall as having had dental treatment under conscious sedation were missing. The principal dentist who carried out the dental treatment under sedation was not present during the inspection. The principal dentist was contacted by staff, who informed us that the principal dentist did not know where the missing dental care records were.

The provider was unable to confirm that the sedationist was supported by a trained second individual. None of the clinical dental team had completed immediate life support training. The practice manager confirmed that they had arranged training for dental nurses in these areas. One of the clinical members of the dental team had completed sedation training for non-anaesthetists in 2014.

Effective staffing

We saw that one member of staff had completed a period of induction based on a structured programme. On the day of the inspection there was no evidence on staff records we reviewed or elsewhere to indicate that any other staff had

received an induction when they commenced work in the practice. Some of the staff we spoke with confirmed they had not received a structured induction when they started in the practice.

We were told that clinical staff had completed the continuing professional development required for their registration with the General Dental Council. There was insufficient evidence available to us on the day of the inspection to confirm this.

We saw evidence of recently completed appraisals. Again, there was no evidence to indicate that there was a structured appraisal and performance review programme in place.

Co-ordinating care and treatment

Staff worked, where needed with other health and social care professionals to deliver effective care and treatment.

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

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

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively through comment cards that staff were helpful, provided outstanding care and were compassionate. We saw that the reception staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Privacy and dignity

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

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely. On the day of the inspection certain dental care records and book with patient details could not be located by staff. We were not assured as to how securely paper records were handled and stored.

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

(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 use English as a first language. Patients were also told about multi-lingual staff that might be able to support them.

The practice gave patients information to help them make informed choices about their treatment. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website 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 for example photographs, models, videos, X-ray images and an intra-oral camera.

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.

The premises were accessible and had step free access, extra wide doors to accommodate wheelchairs and a glass door at the reception area. The practice manager explained that the glass door at the front of the building was so that they could see patients entering the building and offer assistance if they had mobility issues.

Other ways in which they responded to patients' needs were; offering them a choice of male or female dentist; checking their mobility requirements before booking appointments (as some surgeries were upstairs, staff wanted to ensure patients could manage the stairs).

A disability access audit had not been completed.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Appointment slots were kept free for on the day emergencies. The practice manager told us they ran reports for appointments to make sure enough slots were allocated each week, in line with anticipated demand.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Details of the on-call dentist were on the answerphone message.

Listening and learning from concerns and complaints

The practice responded to complaints 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. There was also information on the information television in the waiting room.

The practice manager was responsible for dealing with complaints. Staff would tell the practice manager about any formal or informal comments or concerns so that patients received a response.

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

We looked at comments, compliments and complaints the practice received in the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The practice manager also had a complaints tracker in place. This enabled them to monitor complaints and analyse trends and outcomes.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentists (one of whom was also the registered manager) did not demonstrate they had the capacity and skills to deliver the practice strategy and address risks to it.

For example, during the inspection we asked the registered manager about documents relating to staff recruitment. They advised us that they did not know whether the paperwork we had requested had been completed for staff. This included confirming whether checks had been carried out for employees in relation to character referencing and suitability.

Another example related to information that the registered manager gave us during the inspection in relation to patient dental care records for a specific set of patients who had undergone sedation procedures. The registered manager told us that the other principal dentist took patient dental care records home with him. We asked him to confirm this detail with the other principal dentist, and ascertain if they had the records we were looking for. After speaking with the other principal dentist, the registered manager told us that the dental care records had not been taken. Despite speaking with the principal dentist who was absent and staff looking through the filing system, the practice were unable to locate the patient dental care records which we had requested to see. The registered manager could offer no explanation as to where the dental care records were, other than saying they could have been misfiled.

The day following the inspection we received an email from the practice manager confirming that the principal dentist who was not present during the inspection had located the files we were looking for when he returned to work that day. The absence of the files on the day of the inspection demonstrated poor governance and risks to patients whose dental care records could not be located.

Vision and strategy

The practice had a written set of values and planned its services to meet the needs of the practice population.

Culture

Staff stated they felt respected and supported by the practice manager who had joined the practice in January 2019.

The registered manager was not fully aware of the requirements of the Duty of Candour. After prompting from the inspection team, they were able to give some examples and the requirements placed on them by the regulation.

Governance and management

There were roles and systems of accountability to support governance and management, although they had recently been introduced.

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

The evidence we saw on the day of the inspection demonstrated that the provider had recently established a system of governance which included policies, protocols and procedures that were accessible to all members of staff. Some had not been in place long enough for us to assess whether they were reviewed on a regular basis.

For example, systems for monitoring staff training demonstrated that the majority of certificates were collected and monitored only since January 2019. We saw very little evidence of historical training. Training certificates were also missing for some staff, so we were unable to confirm continuing professional development for some staff, including one of the principal dentists.

Appropriate and accurate information

On the day of the inspection the practice did not demonstrate that they had information governance arrangements that protected patients' personal information. We requested for certain patient dental care records and they could not be located on the day of the inspection. No one, including the registered manager was able to offer an explanation as to where the requested files were. We were therefore not assured that patients information was suitably protected. The day following the inspection the practice told us that they had found the files.

Engagement with patients, the public, staff and external partners

Are services well-led?

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

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.

The practice gathered feedback from staff through meetings and informal discussions. Staff told us they were encouraged by the practice manager to offer suggestions for improvements to the service and said these were listened to and acted on by the practice manager.

Continuous improvement and innovation

Infection prevention and control audits were undertaken regularly. However, a Disability Access audit and radiography audits were not being undertaken in line with current legislation and national guidance.

We reviewed training records and noted that training opportunities for non-clinical staff were limited.

The dental nurses and receptionists had received recent appraisals. Staff confirmed that the appraisal system was newly implemented since the new practice manager started in January 2019. The appraisals we reviewed demonstrated that they discussed learning needs, general wellbeing and aims for future professional development.

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--------------------|---|
| | <p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <p>Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was breached:</p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p>In particular:</p> <ul style="list-style-type: none">• The registered person had not ensured that the premises and all equipment was suitably maintained.• A sharps risk assessment had not been undertaken.• Not all staff were following current Sharp regulation with regards to needle re-sheathing.• Risk assessments were not being carried out at regular intervals.• Staff assisting with sedation procedures had not completed Immediate Life Support training. <p>Regulation 12(1)</p> |
| Regulated activity | Regulation |
| | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> |

Requirement notices

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

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

In particular:

- A Disability Access audit and radiography audits were not being undertaken in line with legislation and national guidance.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Dental care records for patients who had dental implant treatment and dental treatment under conscious sedation were not available at the premises on the day of the inspection. None of the staff could locate or provide assurances regarding the storage of the dental care records.
- The book that maintained the list of patients who had dental implant treatment and dental treatment under conscious sedation was not available at the premises on the day of the inspection. None of the staff could locate or provide assurances regarding the storage of the record book.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities.

In particular:

- Some staff training certificates were not available on the day and were missing from staff CPD records.

Regulation 17 (1)

Requirement notices

Regulated activity

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Fit and proper persons employed

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

In particular:

We reviewed five staff recruitment records and found that none of the five records contained

a full employment history, together with a satisfactory written explanation of any gaps in employment and satisfactory evidence of conduct in previous employment.

We also noted that

- Criminal records check had not been undertaken at the time of staff's commencement of employment with the provider.
- Proof of identification was missing from one of the five records we reviewed.

Regulation 19 (3)