

# Oasis Dental Care (Central) Limited

# Bupa - Church Street, Southport

## Inspection Report

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## Overall summary

We carried out this announced inspection on 23 December 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 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 this practice was not providing safe care in accordance with the relevant regulations.

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

#### **Are services well-led?**

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

### **Background**

BUPA – Church Street, Southport is in Southport, Merseyside and provides NHS and private dental care and treatment for adults and children.

# Summary of findings

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including a dedicated parking space for people with disabilities, are available outside the practice.

The dental team includes four dentists, five dental nurses, two of whom are trainees, one dental hygiene therapist, two receptionists and a practice manager. The practice has four treatment rooms with one of these being on the ground floor which is completely accessible for those with limited mobility.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the delivery of services for which the practice is registered

On the day of inspection, we collected nine CQC comment cards filled in by patients. All views expressed by patients in comment cards were positive.

During the inspection we spoke with one dentist, two dental nurses, a receptionist, an area compliance officer and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Thursday from 8am to 7pm and on Friday from 8am to 5pm.

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff. Some of these lacked all the information required to help inform preventative actions.
- Where some safety modifications had been made within the practice, staff were not following protocols to promote safer working.
- Systems to ensure staff received and understood medical alerts, updates and bulletins were not fully effective.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

- The provider had staff recruitment procedures which reflected current legislation. Some areas required strengthening.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Leadership could be further developed to ensure all governance and management issues are addressed in a timely manner.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively; some remedial actions taken could have been applied more timeously.
- The provider had information governance arrangements.

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

- Ensure care and treatment is provided in a safe way to patients.
- 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.

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

- Take action to ensure the regulated activities at BUPA – Church Street, Southport are managed by an individual who is registered as a manager.
- Implement audits for prescribing of antibiotic medicines 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.

<b>Are services safe?</b>	<b>Requirements notice</b>	<b>✗</b>
<b>Are services effective?</b>	<b>No action</b>	<b>✓</b>
<b>Are services caring?</b>	<b>No action</b>	<b>✓</b>
<b>Are services responsive to people's needs?</b>	<b>No action</b>	<b>✓</b>
<b>Are services well-led?</b>	<b>Requirements notice</b>	<b>✗</b>

# Are services safe?

## Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

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

Staff had systems to keep patients safe. Some of these systems required greater oversight.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Safeguarding flow charts were displayed in the practice.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records. Although staff had recently undergone training on consent and the Mental Capacity Act, we found for some staff, interpretation and understanding of this was limited.

The provider 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 provider had 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 provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument. We were told by the practice manager that staff were due to be trained on the use of a washer disinfecter in the practice, which was now serviced and ready for use.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. When we reviewed the Legionella risk assessment, we saw that it did not fully cover all areas of the water piping in the building. The practice was in a shared premises; the Legionella risk assessment did not state whether the water supply to the dental practice was isolated from the rest of the building and did not include the maintenance arrangements for the hot water cylinder in the practice. When we reviewed water temperatures recorded, these were outside the range recommended for the thermic control of Legionella. When we looked at dental unit water line management, we saw that staff were not using the closed system on dental chairs, correctly, as they were removing the water bottles from the chairs.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

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

# Are services safe?

audits had not identified the points we highlighted in this inspection, in respect of the Legionella risk assessment and the incorrect operation of the closed system on dental chairs and dental unit water lines.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We reviewed three recruitment files of practice staff. We found that in cases where immunity to Hepatitis B was not yet confirmed, there was no risk assessment in place for those staff, to minimise their exposure to injury from contaminated dental instruments and materials.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

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

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

When checking X-ray equipment in each of the surgeries, we saw that for two X-ray sets, the recommended collimators were missing. When we inspected local rules for each piece of X-ray equipment, we saw these were generic and not room specific. The radiation protection supervisor was the lead dentist at the practice. However, the radiation protection risk assessments had just been ticked throughout, without fully taking account of all circumstances in each room. We found that in a critical acceptance test for the equipment, a recommendation was made that the control panel be located outside the treatment rooms. The isolation switch for two of the four treatment rooms, was next to the control panel outside the

surgery, and was a key operated isolation switch. We found the X-ray sets for treatment rooms not in use, were not switched off and the control panel could be accessed by the public.

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

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

## Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. We observed that a flowchart on how to deal with a sharp's injury was not displayed in clinical areas. In an area where a flowchart was displayed, contact details for occupational health support were not legible due to the age and condition of the flowchart. A sharps risk assessment had been undertaken and was updated annually. This did not fully take into account those staff whose immunity status in respect of Hepatitis B, had not been confirmed.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care

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

# Are services safe?

Emergency equipment and medicines were available as described in recognised guidance. However, we found three adrenaline auto-injectors for use in an emergency, were subject to a safety alert and manufacturer recall. These had not been removed from the emergency medicines kit and there was no alternative form of adrenaline available for use. We found staff kept records of their checks of emergency medicines and equipment to make sure they were available, within their expiry date, and in working order. However, these checks were ineffective as information that required acting on, for example, alerts regarding adrenaline auto-injectors, had not been effectively shared.

A dental nurse worked with the dentists and the dental hygiene therapists when they treated patients in line with General Dental Council Standards for the Dental Team.

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

The practice occasionally used locum and agency staff. We observed these staff received an induction to ensure they were familiar with the practice's procedures.

## **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 looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

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

The provider had systems for appropriate and safe handling of medicines. There was a stock control system of medicines which were held on site. This did not always work effectively in that some items were not available for use. For example, when we reviewed items in each treatment room, we noted that some clinicians were not using the recommended solution for use in root canal treatment. We were told that this had not been available for some time.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines. When we reviewed patient records, we saw that current antimicrobial prescribing was not in line with recognised guidance. Antimicrobial prescribing audits were not being carried out.

## **Track record on safety, and lessons learned and improvements**

The provider had implemented systems for reviewing and investigating when things went wrong. Staff monitored and reviewed incidents. This helped staff to understand risks which led to improvements in risk management systems in the practice as well as safety improvements. We discussed how in some cases, action should be taken sooner rather than later, particularly if there are concerns about the clinical practice of any clinician.

Where there had been a safety incident we saw this was investigated, documented and discussed with the rest of the dental practice team to help prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. When we discussed current alerts, we saw some staff were not aware of these. Evidence from our inspection demonstrated alerts were not shared fully with the team and acted upon as required.



# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

### **Helping patients to live healthier lives**

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

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

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 leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

### **Consent to care and treatment**

Staff 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. Although all staff had recently received training on the Mental Capacity

Act and issues around consent, staff were not confident about this, for example, in relation to the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The practice's consent policy included information about the Mental Capacity Act 2005. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances.

The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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

### **Monitoring care and treatment**

The practice kept detailed 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.

Although record card audits were in place, these were not fully effective. For example, in cases of antibiotic prescribing, audit had not identified that this did not follow recognised guidance.

Audit was used by the provider as part of the quality assurance process, to encourage learning and continuous improvement. Audit could be improved by ensuring it is carried out using tools that refer to recognised guidance as part of the measure of quality and compliance.

### **Effective staffing**

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

Staff new to the practice including locum and agency staff had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

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

## Are services effective?

(for example, treatment is effective)

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

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



# Are services caring?

## Our findings

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

### 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 approachable and professional. We saw staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Patients commented that staff were kind and helpful when they were in pain, distress or discomfort.

Information folders and thank you cards were available for patients to read.

### Privacy and dignity

Staff 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, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

### Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act.

The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. We saw notices in the reception areas informing patients that translation services were available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff 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 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, study models, and X-ray images.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### 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 about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. The practice is based in an area where there are several supported living developments for younger adults with learning difficulties. Staff showed an awareness of the needs of these patients and the importance of providing continuity of care by the patient's appointed dentist.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

11 cards were completed, giving a patient response rate of 22%

11 cards or 100% of views expressed by patients were positive.

Common themes within the positive feedback were the friendliness and approachability of staff and easy access to dental appointments with extended opening hours.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice had made reasonable adjustments for patients with disabilities. This included step free access, and accessible toilet with hand rails and a call bell.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

### Timely access to services

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

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice's website and answerphone message 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

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice website and an information leaflet explained how to make a complaint.

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

The practice manager worked with a complaint handling unit within the corporate governance unit and 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 manager and the organisation had dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the past 12 months.

Overall, these showed the practice responded to concerns appropriately. We discussed how in some cases, action

# Are services responsive to people's needs?

(for example, to feedback?)

should be taken sooner rather than later, particularly if there are concerns about the clinical practice of any clinician and how more timely action and taking ownership of incidents is required.

# Are services well-led?

## Our findings

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

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered. We understand that the practice manager is currently going through the registered manager application process, which will soon be finalised.

### Leadership capacity and capability

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

The practice had recently appointed a dentist who was helping to provide direction for the practice. The practice manager had recently joined the organisation and had been dealing with issues that had come to light, which required addressing. This included some performance issues and general day to day management of the practice, including addressing staff turnover.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

### Culture

The practice had a culture of quality sustainable care.

Staff stated they felt respected, supported and valued. Staff discussed their training needs at a one to one meeting and within practice meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

The staff focused on the needs of patients. We saw the provider had systems in place to deal with staff poor performance. However, these had not been applied consistently and quickly enough in cases where patients had complained about their care and treatment. Where investigations had taken place, we saw that patients had been recalled as appropriate and offered remedial treatments.

We found that when ongoing investigations were concluded, the findings of these were not openly shared with the practice manager/registered manager, by clinical staff at the practice. The practice manager could not demonstrate that current systems and processes in place to deal with matters such as these, promoted patient safety.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. We saw evidence of this during our inspection.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### Governance and management

Staff had responsibilities, roles and systems of accountability to support governance and management. Because some areas of governance, staff management and practice business planning took place at a corporate level, issues identified could not be managed by the practice manager and had to be escalated. As the practice manager was new to the organisation, they were still adjusting to this way of working. Areas for further remedial actions that we identified included:

- The need for a comprehensive Legionella risk assessment that confirmed which areas of the water piping system were covered, a maintenance and management plan for the hot water cylinder; and
- Effective management of water temperature, in line with the Legionella risk assessment.
- Production of local rules that were room specific for X-ray equipment and assurance that all staff followed the protocol for management of X-ray sets when not in use, by ensuring these were turned off, as recommended as part of critical acceptance test.
- Ordering and fitting of recommended collimators for the X-ray sets in two of the treatment rooms.

# Are services well-led?

- Timely information in relation to clinicians' professional registrations and any conditions or restrictions.
- Risk assessments were not in place for those staff whose immunity to Hepatitis B had not been confirmed.
- Staff not managing the dental unit water lines correctly, by removing water bottles on a closed system, from chairs if not being used for a few days.
- Updating of sharp's injury posters and access to these in each treatment room.
- Ensuring staff used and had access to the recommended irrigant for use in root canal treatment.
- Full sharing and discussion of medical alerts and updates, for example, from MHRA and NICE. Also, timely action taken in response to these alerts.
- Greater oversight of infection control audit to ensure that all areas were reviewed effectively.
- Training in the Mental Capacity Act for staff, including consent and understanding of power of attorney, was not sufficient to meet staff needs.

The practice manager, supported by a corporate governance team, 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 provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The practice was part of a corporate group which had a support centre where teams including human resources, finance, clinical support and patient support services were based. These teams supported and offered advice and updates to the practice when required.

The processes in place for managing risks, issues and performance were not embedded in day to day working in the practice, and greater oversight was required to ensure these processes were followed and understood by all staff.

## Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS BSA performance info, audits, and external body reviews were used to help improve performance. Performance information was combined with the views of patients. The provider was not using the NHS Friends and Family Test. The practice manager told us they were re-launching this in the new year, and all staff would be encouraging patients to complete a feedback form, asking whether they would be likely to recommend the practice to a friend or family member.

The provider 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 provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service. Where possible, these were listened to and acted on.

## Continuous improvement and innovation

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. Some audits required further work to ensure they reflected what was happening in the day to day life of the practice. For example, if staff were not using a dental unit water line system correctly, this should be identified by audit, with the resulting action being that further training is provided to staff on how this system should be used.

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider must ensure care and treatment is provided in a safe way to patients. In particular:</p> <ul style="list-style-type: none"><li>• Review the Legionella risk assessment in place to determine whether it is fit for purpose and whether piping in the shared premises has been isolated for the dental practice, and that the maintenance arrangements cover the hot water cylinder in the practice.</li><li>• Ensure necessary action is taken when temperatures are recorded outside the range specified by the Legionella risk assessment.</li><li>• Ensure staff are using the dental unit water line management system as described in manufacturer guidance.</li><li>• Ensure local rules for the treatment rooms are reviewed, to ensure these are room specific and that risk assessments in respect of the X-ray equipment are completed correctly, and that the recommended collimators are provided for use.</li><li>• That the key to turn off X-ray equipment is used as appropriate, when equipment is not in use in two of the four treatment rooms with this isolation mechanism.</li><li>• That all MHRA alerts and NICE guidance updates are shared with all staff and that necessary action is taken as required.</li></ul> <p>Regulation 12(1)</p>

Regulated activity	Regulation
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## Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

#### **Regulation 17**

#### **Good governance**

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

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:

- That processes for effective oversight of systems used for Legionella management are in place.
- That systems and processes are in place to ensure staff training is available to all staff, as needed and is sufficient to meet their needs.
- That processes are reviewed to ensure all staff have access to appropriate information in relation to X-ray equipment including up to date, room specific local rules.
- That systems to support safer working, for example, the protocol for isolating X-ray equipment when not in use, are understood by and available to staff as required.
- That risk assessments for staff, whose immunity to Hepatitis B has not been confirmed, are in place.
- That processes are in place to ensure the practice manager has access to information required in relation to the ongoing registration of dentists and any conditions they may be subject to.



## Requirement notices

- That effective systems are in place to ensure risk assessments are conducted, implemented and followed by staff whose level of immunity to blood borne viruses is not known.
- That effective systems and processes are in place to ensure sharing and discussion of any medical alerts and updates.
- That checks are in place are effective, and ensure any remedial action is taken, for example as described in medical alerts.
- That sufficient oversight of audit is in place to ensure this is an accurate reflection of findings, for example, in relation to infection control.

### Regulation 17(1)