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Westmount Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on 02 October 2018, due to concerns we received, 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

Westmount Dental Surgery is in Sunderland 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 near the practice.

The dental team includes seven dentists (including the principal dentist), eight dental nurses (three of whom are trainees), three dental hygiene therapists, a practice manager, a compliance manager, a treatment co-ordinator and three receptionists.

Summary of findings

The practice has five treatment rooms and a sixth treatment room is currently being built.

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 29 CQC comment cards filled in by patients.

During the inspection we spoke with four dentists, five dental nurses, a dental hygiene therapist, the practice manager, the compliance manager, the treatment co-ordinator and a receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesday and Thursday 9am to 5pm

Tuesday 9am to 8pm

Friday 9am to 4pm

Saturday by prior appointment only.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance with the exception of a few minor points.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available apart from a portable suction.
- The practice had some systems to help them manage risks. These required improvement.

- The practice's safeguarding protocols and processes were inadequate.
- The provider did not have suitable staff recruitment procedures.
- Staff treated patients with dignity and respect.
- The appointment system met patients' needs.
- The practice had leadership which required strengthening.
- A culture of continuous improvement was visible.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice did not ensure the security of patient dental record cards.

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.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Review the practice's waste handling protocols to ensure gypsum waste is segregated and disposed of in compliance with the relevant regulations, and taking into account the guidance issued in the Health Technical Memorandum 07-01.

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. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The practice did not have complete systems and processes to provide safe care and treatment.

Staff used learning from incidents and complaints to help them improve.

The provider was unsure whether all staff had completed recent training in safeguarding. Staff who spoke with us knew how to report safeguarding concerns.

The provider did not complete essential recruitment checks for all employees, in particular the completion of Disclosure and Barring Service (DBS) checks. This was identified in our previous inspection in 2016 and had not been addressed.

Staff were qualified for their roles.

Premises and sterilisation equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments except for a few minor points.

The practice had suitable arrangements for dealing with medical and other emergencies apart from a portable suction.

The provider did not manage all risks identified on-site. For example, they did not risk assess a clinical employee whose immune status to Hepatitis B was unknown nor did they carry out the actions recommended in their Legionella and fire risk assessments. The provider was unaware when their X-ray machines and boiler were last serviced, or whether they had a gas safety certificate. Gypsum study models were given to patients without advising them of the correct waste disposal methods.

Requirements notice 

Are services effective?

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

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

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

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

No action 

Summary of findings

The staff were involved in peer review with other dental professionals as part of its approach in providing high quality care

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 29 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and patient.

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that staff 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; they had not recognised their patient records were not stored securely. 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.

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

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The systems to manage risks and discuss the safety of the care and treatment provided needed strengthening.

There was a defined management structure and staff felt supported and appreciated. The provider was aware that there was a lack of focus on managerial duties due to a recent change in staff. This was being addressed and the compliance manager had set aside protected time to undertake these prior to our inspection being announced.

Requirements notice



Summary of findings

We found there was a lack of addressing risks that were identified on-site, practice risk assessments and policies were difficult to locate on the inspection day and some policies did not contain sufficient information for staff. Recruitment procedures were not overseen by the provider and resulted in a lack of compliance with their practice policy.

The practice team kept patient dental care records which were clearly typed. They were not stored securely.

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.

An infection prevention and control audit was underway. Previous infection control audits were not available on the inspection day, nor could the provider locate these apart from one in 2013. The disability access assessment did not reflect our findings on the inspection day.

Are services safe?

Our findings

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

The provider needed to review their 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 some procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. There was no phone number available on the safeguarding children policy, nor on the flowcharts for both children and vulnerable adults. The provider was unaware that a safeguarding referral would require a notification to the CQC.

We requested to see evidence that staff received safeguarding training; we were only shown evidence for one dental nurse and the provider was unsure whether the rest of the team had up-to-date safeguarding training.

There was a system to highlight vulnerable patients on records, for example, 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; this did not contain details of external organisations that staff could contact. 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.

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 to help them employ suitable staff. We looked at five staff recruitment records. These showed the practice did not follow their practice policy for all employed staff. For example:

- We found the provider had not undertaken a Disclosure and Barring Service (DBS) check for four of the staff

members whose files we viewed. We were later told, no member of staff had a DBS check completed. DBS checks or an adequate risk assessment should be undertaken at the point of employment to ensure the employee is suitable to work with children and vulnerable adults. Risk assessments were not in place to mitigate the risk of staff members working without these checks.

At our inspection in 2016, the lack of DBS checks was identified and the site manager (who has since left the practice) was to have DBS checks carried out for all staff. The provider had failed to oversee this and subsequently this was not done.

New DBS checks had been undertaken following announcement of our inspection for 11 members of staff and we received evidence of these.

- References were not sought for three members of staff. The other two had only one reference (the practice policy states they would seek two references).
- Proof of qualifications and employment history were not sought by the provider for two staff members.
- Photographic identification was not sought for one staff member.

We were told a new staff member was appointed recently and would be starting their employment the week of our inspection. The provider had not sought their employment history, photographic identification and proof of qualifications prior to their induction. The compliance manager had applied for the employee's DBS check following our inspection being announced.

We discussed these gaps in recruitment procedures with the compliance manager who assured us they would obtain the relevant documents. They also recognised the need to ensure a more consistent and robust approach.

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

The provider did not ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. The provider was unsure whether their boiler had a recent maintenance or service check. They were

Are services safe?

unaware of what a gas safety certificate was. We were told the boiler would be serviced the day after the inspection. We requested the practice to send evidence of this and were sent this later.

The practice's fire risk assessment was carried out in 2010 and could not be located on the inspection day. It was sent to us immediately after the inspection. This identified staff required training in fire safety and were to complete tests of fire detection equipment, such as smoke detectors and emergency lighting. These were not done. We saw firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice did not have suitable arrangements to ensure the safety of the X-ray equipment. They met some of the current radiation regulations; they did not maintain the required information in their radiation protection file nor did they know when their X-ray machines were previously serviced. We did not see evidence of critical exam and maintenance tests for the X-ray machines. These were arranged following our inspection and we received confirmation of this.

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

The compliance manager was not assured that all clinical staff had completed their continuing professional development (CPD) in respect of dental radiography.

Risks to patients

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

The practice's health and safety policies, procedures and risk assessments were up to date; these were not 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 did not have evidence that all 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. We asked to see records for five members of staff. One member of staff had provided their vaccination record which stated they needed a booster as they had insufficient immunity. The provider was unaware if this had been actioned. A risk assessment was not carried out for this staff member to mitigate the risk of working in a clinical environment where the effectiveness of the vaccine was unknown.

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

Emergency equipment and medicines were available as described in recognised guidance apart from a portable suction which was ordered immediately and evidence shown to us. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with GDC standards for the dental team.

The provider had a Control of Substances Hazardous to Health (COSHH) file containing product safety data sheets and we were assured risk assessments were available but had been misplaced. The provider sent evidence of these risk assessments the following day.

The practice occasionally used locum staff. We noted that all staff received an induction to ensure that they were familiar with the practice's procedures. We saw the compliance manager had recently created a very structured induction process and extensive templates for employees.

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 cleaning, checking, sterilising and storing instruments in line with HTM01-05. The transportation boxes had identical clear lids which were not labelled; this could pose confusion

Are services safe?

between those for the used and sterile instruments. 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 did not have adequate procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A risk assessment was carried out and had recommended water temperature monitoring, weekly flushing of the shower outlet, and Legionella awareness training for those staff involved in Legionella control measures in line with HTM 01-05 guidance. None of these were actioned.

Dental unit water lines were flushed daily and a new risk assessment had been arranged for the following week (after the installation of the sixth dental chair).

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

The practice had policies in place to ensure most clinical waste was segregated and disposed of appropriately in line with guidance. We were told gypsum study models were given to patients however they were not advised of the correct disposal methods and the hazards posed if disposed in landfill.

We reviewed all documents with regards to waste collection and segregation and found all other clinical waste was collected and disposed of appropriately.

The compliance manager told us they were in the midst of completing an infection prevention and control audit. We requested to see previous audits – the provider was only able to show us one from 2013. These should be carried out on a six-monthly basis.

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 dental professionals how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were legible and written concisely.

Dental care records were not stored securely and the principal dentist assured us they would review this to comply with General Data Protection Regulation (GDPR).

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 NHS prescriptions as described in current guidance.

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

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 three safety incidents. The incidents were 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.

Are services safe?

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted 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 professionals up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the principal dentist and an associate dentist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

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

Helping patients to live healthier lives

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

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

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

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when necessary.

Dental professionals described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and 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 dental professionals obtained consent to care and provide treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dental professionals told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed staff listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who 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

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.

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

Effective staffing

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

Staff new to the practice had a period of induction based on a structured induction programme. In the five staff files we viewed, we saw evidence of inductions in three files – we were told the other staff had inductions and documents were misplaced.

We asked clinical staff whether they had completed the continuing professional development (CPD) required for their registration with the General Dental Council. We requested to see evidence of this for five members of staff;

Are services effective?

(for example, treatment is effective)

the provider could not provide evidence of training in safeguarding, infection control and radiography for three members of staff. They could not be assured that all staff had completed their recommended CPD.

Staff told us they discussed training needs at quarterly appraisals, one to one meetings and during clinical supervision. We saw evidence of completed personal development plans, 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 and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two weeks wait arrangements 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.

Patients commented positively that staff were kind, caring and helpful. We saw that staff treated patients respectfully and appropriately. They were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. They told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders, patient survey results and thank you cards 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. The provider did not store patients' paper records securely; they assured us this would be addressed promptly.

A closed-circuit television system (CCTV) was installed within the practice.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under the Equality Act

- Interpretation services were available for patients who did not have English as a first language. 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.
- 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.

The practice gave patients clear information to help them make informed choices about their treatment. The treatment co-ordinator was available to explain in detail anything the patient was unsure of.

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 dentists described to us the methods they used to help patients understand treatment options discussed. This included use of models, X-ray images and a dual screen within treatment rooms.

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.

For example, the practice met the needs of more vulnerable members of society such as patients with dental phobia by arranging appointment times convenient to the patient and scheduling an extended treatment slot. Staff were also aware of the support required by vulnerable groups.

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

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 and staff had assessed the needs of all groups of patients in accordance with the Equality Act 2010.

- Access to the premises was step-free.
- The practice had three ground floor surgeries.
- A ground floor accessible toilet with hand rails was available. There was no safety alarm in the toilet and the provider was planning to install this.

The practice's disability access assessment did not reflect the findings on the inspection day. For example, it stated the practice had a hearing loop, visual aids and security alarm in the accessible toilet when they did not. The provider recognised the need to undertake another assessment true to the practice's findings.

Staff telephoned some older patients on the morning of 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. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with 111 out of hour's service.

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 complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick 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 and compliments the practice received within the last 12 months. The practice had received six in that period. We observed the practice responded to these complaints appropriately and shared learning with the entire dental team. We saw any comments were analysed appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist was responsible for the overall leadership for the practice.

They had knowledge about all issues and priorities relating to the quality and future of services; they did not ensure they had suitable protocols in place to address these.

The principal dentist, practice manager and compliance manager were approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The provider did not have effective processes to ensure all required managerial actions were completed in a timely manner.

Culture

The practice had a culture of high-quality sustainable care.

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

The practice focused on the needs of patients.

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 principal dentist had overall responsibility for the management and clinical leadership of the practice. The compliance manager had responsibility for ensuring the practice complied with legislation; 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 principal dentist had a system of clinical governance in place which included policies, protocols and procedures. We found some policies lacked detail, for example the safeguarding policy for children and the sharps injury policies did not include contact numbers and the whistleblowing policy did not refer to any external organisations.

Risk management systems were ineffective. The processes for identifying and managing risks, issues and performance could be improved. For example:

- The principal dentist did not have all medical equipment recommended by the resuscitation council to deal with medical emergencies.
- They did not complete effective recruitment procedures to eliminate the risks to staff and patients.
- They did not ensure all the actions required by their Legionella and fire risk assessment were implemented to provide safety to staff and patients.
- Staff immunisation statuses were not sufficiently recorded nor were risk assessments undertaken for those whose status was unknown.
- There were ineffective measures in place to mitigate the risk in relation to maintenance of the gas boiler and radiography machines, as well as security of patient clinical records.
- The disability access assessment did not reflect actual findings.
- Infection prevention and control measures were not following recognised guidance, nor an equally appropriate method, in relation to disposal of gypsum study models and ensuring correct labelling of sterilisation containers.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. They needed to ensure they took adequate measures to carry this out in relation to secure storage of patient clinical records.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

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

Are services well-led?

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, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. The provider was completing an infection prevention and control audit currently and could only locate one infection prevention and control audit from 2013.

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

The dental nurses 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 said they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. The practice provided support and encouragement for them to do so. Their systems for monitoring training and ensuring all staff were completing their CPD required strengthening.

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>How the regulation was not being met</p> <ul style="list-style-type: none">• The provider did not review immune statuses of all clinical staff, in particular for Hepatitis B.• The provider did not ensure they completed the required actions from their legionella and fire risk assessments.• The provider did not ensure maintenance of their radiography machines and gas boiler.• The provider did not have adequate equipment to deal with all medical emergencies, in particular a portable suction apparatus.• The provider could not be assured that all staff had completed training in safeguarding. <p>Regulation 12 (1)</p>
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>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The practice's policies were not detailed nor reflective of actual findings.• The practice's disability access assessment was not reflective of actual findings.• The provider did not have an effective system to review all clinical staff' immune statuses nor risk assess those whose immune status to Hepatitis B was unknown.

This section is primarily information for the provider

Requirement notices

- The provider did not have an effective system to ensure the actions from the legionella and fire risk assessments were implemented.
- The provider did not have an effective system to ensure the X-ray machines and boiler maintenance was carried out.
- The provider did not have an effective system to maintain all documents, risk assessments, audits for inspection.
- The provider did not have an effective system to monitor staff training.

Regulation 17 (1)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

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

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:

- Recruitment processes were not consistent amongst staff in undertaking DBS checks, photographic identification, references, seeking employment history and evidence of qualifications.

Regulation 19 (1).