

B & A Group Limited

# Finest Dental Leicester

## Inspection Report

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### Overall summary

We carried out this announced inspection on 21 August 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

#### **Our findings were:**

##### **Are services safe?**

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

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

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

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

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

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

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

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

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

##### **Background**

Finest Dental Leicester is close to the city centre and provides private dental treatment to adults and children.

There is level entry into the practice, which is of benefit for people who use wheelchairs and those with pushchairs. There is pay and display car parking in the area around the practice and a bus stop right outside the front door.

The dental team includes three dentists, one qualified dental nurse and one practice manager. The practice has one treatment room which is located on the ground floor with level access.

# Summary of findings

The practice is owned by an organisation 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 the time of the inspection was one of the dentists.

On the day of inspection, we received feedback from 22 patients.

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

The practice is open: Tuesday: 11am to 8pm, Wednesday: 9am to 6pm, Thursday: 11am to 8pm, Friday: 9am to 6pm and Saturday: 10am to 5pm. The practice is closed on Sunday and Monday.

## Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and some life-saving equipment were available. Some resuscitation equipment was faulty and in need of replacement, and portable suction was not available.
- Some emergency medicines were passed their expiry date.
- Some dental materials in the treatment room were passed their use-by date.
- The practice did not have a system to receive safety alerts from the Medicines and Healthcare products Regulatory Agency.
- There were no risk assessments or manufacturer's product safety sheets related to the Control of Substances Hazardous to Health Regulations 2002 (COSHH).
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice had thorough staff recruitment procedures.
- 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.
- The practice's consent policy did not contain all of the information to ensure staff were informed about all relevant aspects of patient consent in dentistry.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The critical examination documentation relating to the installation of the cone beam computed tomography machine was not available for inspection.
- The practice did not have an induction hearing loop to assist patients with hearing loss who used a hearing aid.
- The appointment system met patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.

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

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

## Full details of the regulation/s the provider was/is not meeting are at the end of this report.

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

- Review the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are following legislation, take into account relevant guidance, and staff follow them.
- Review its responsibilities to the needs of people with a disability, including those with hearing impairments and the requirements of the Equality Act 2010.
- Review the availability of an interpreter service for patients who do not speak English as their first language.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

The practice did not have a system for receiving and acting on safety alerts from the Medicines and Healthcare products Regulatory Agency.

There were no risk assessments or manufacturer's product safety sheets related to the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

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

Premises and equipment were clean. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The critical examination documentation relating to the installation of the cone beam computed tomography machine was not available for inspection.

The practice had arrangements for dealing with medical and other emergencies. The bag valve mask was faulty and needed to be replaced, and there was no equipment for resuscitating children. The practice did not have portable suction available to use in an emergency.

Some emergency medicines and some dental materials in the treatment room were passed the date for safe use. This had not been identified during the daily and weekly checks.

No action



### Are services effective?

#### 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. Patients described the treatment they received as good, excellent, and great. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The consent policy did not contain all the information to ensure staff were informed about all relevant aspects of consent in dentistry.

No action



# Summary of findings

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

## 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 22 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, kind and professional. They said that they were given an explanation about treatment, were treated with respect and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



## Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children.

The practice did not have an induction hearing loop to assist patients with hearing loss who used a hearing aid.

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.

The practice arrangements to ensure the smooth running of the service were not embedded into the day to day management of the practice. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

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

There were no systems or processes relating to safety alerts from the Medicines and Healthcare products Regulatory Agency, and the systems related to the Control of Substances Hazardous to Health Regulations 2002 (COSHH) were ineffective.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

Requirements notice



# Summary of findings

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

# Are services safe?

## Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a system within their electronic care records to identify adults that were in other vulnerable situations. We saw examples of how this information was recorded within care records.

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

The dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We saw the risks associated with root canal treatment were assessed and clearly explained to patients.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the practice followed their recruitment procedure.

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

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

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. A fire risk

assessment had been completed by an external company and the fire risk rating was low. For additional safety a fire sprinkler system had been installed throughout the practice.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. Local rules for each machine were on display in line with the current regulations. The provider used digital X-rays and had rectangular collimators fitted to the X-ray machine to reduce the dose of radiation received by patients. Not all the required information was available for inspection in the practice. For example, evidence the provider had registered with the Health and Safety Executive in line with recent changes to legislation relating to radiography. Staff were unable to locate the critical examination documents from when the cone beam computed tomography machine was installed in January 2018.

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

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

### **Risks to patients**

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

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items.

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. This information was held within the practice.

# Are services safe?

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

Emergency equipment and medicines were available as described in recognised guidance. We saw the bag valve mask at the practice was damaged and therefore unusable, and the practice did not have portable suction available. The practice manager said the bag valve mask would be replaced, and an additional bag valve mask for children and portable suction would be purchased. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted the damaged bag valve mask had not been identified in the checks and neither had two items of emergency medication which were passed their use by date. We saw that some dental materials in the treatment room were passed their use-by date and this had not been identified in the daily room check.

A dental nurse worked with the dentist when they treated patients in line with GDC Standards for the Dental Team.

The provider did not have suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health (COSHH). The information related to COSHH was limited and there were no relevant risk assessments or product data safety sheets in the practice.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed by an external water specialist company. All recommendations had been actioned and records of water testing and dental unit water line management were in place. The overall risk rating for Legionella for the practice was low to very low.

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

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately and securely 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.

We discussed with the dentist how this information was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act).

Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

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.

The practice did not have a suitable stock control system of medicines which were held on site. As a result, we saw some emergency medicines were passed their use by date. The practice did not keep a log to record stock levels of medicines such as antibiotics and analgesic medication. This made it difficult to identify if stock went missing.

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

## **Track record on safety**

The practice had a good safety record.

## Are services safe?

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.

We saw there was a system for recording accidents and significant events. We noted there had been one recorded accident and no significant events in the year up to this inspection. All information relating to safety had been investigated, documented and discussed with the rest of the dental practice team to share learning.

### **Lessons learned and improvements –**

The practice learned and made improvements when things went wrong.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning in line with a recognised risk framework.

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.

The practice did not have a system for receiving and acting on safety alerts from the Medicines and Healthcare products Regulatory Agency.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

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

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

The practice had access to equipment such as digital X-rays, and a Cone Beam Computerised Tomography scanner which was particularly useful when fitting implants. This additional equipment was used to enhance the delivery of care to patients.

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 dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients with their oral health. We saw evidence of these discussions in dental care records.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

### Consent to care and treatment

The practice had a limited consent policy, which made no reference to the Mental Capacity Act, best interest decisions or power of attorney. A copy of the easy read summary of the Mental Capacity Act was available for staff. This covered the main points within the Act, and highlighted the steps to be taken, but was not referenced in the consent policy.

Discussions with the principal dentist identified that patient consent to care and treatment was obtained in line

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

Staff were aware of the legal precedent (formerly called the Gillick competence) by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age. The consent policy made a brief mention of this but did not reference the legal precedent directly.

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 dentist assessed patients' treatment needs in line with recognised guidance. The relevant information was recorded in a detailed and clear manner and was easily accessible for clinical staff.

We saw that the practice audited patients' dental care records to check that the dentist 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. We saw the records held within the practice relating to clinical staff and the completion of continuing professional development required for their registration with the General Dental Council (GDC). Relevant staff had personal development plans in line with the requirements of the GDC.

Staff told us they discussed training needs at annual appraisals with the clinical manager. Administrative staff had annual appraisals with the administration manager. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

### 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.

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 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.

The practice offered a range of cosmetic dental treatments with both implants and teeth straightening available. To receive these services patients either self-referred or were referred by their own dentist to the practice.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

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

Patients commented positively that staff were friendly, kind and professional. We saw that staff treated patients with respect and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

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

The costs for private dental treatments were available to patients in the practice and on the practice website.

### 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. Staff told us that if a patient asked for more privacy they would take them into the consultation room next to reception. 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.

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

- Interpretation services were not available for patients who did not understand or speak any English. Patients were asked to bring their own interpreter should they need this service. This does not comply with the Equality Act 2010. There were staff at the practice who could speak Punjabi, Gujarati, Polish, Spanish, Iranian and Danish.
- Staff communicated with patients in a way that they could understand, for example, communication aids were available.

The practice gave patients clear information to help them make informed choices. 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. All new patients and those having new treatment were offered a one to one consultation in the practice.

The practice's information leaflets provided patients with information about the range of treatments available at the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

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

The practice had made reasonable adjustments for patients with disabilities. This included level access throughout the practice and an accessible toilet with hand rails and a call bell. An audit of the access arrangements had been completed in August 2018.

The practice did not have an induction hearing loop to assist patients with hearing loss who used a hearing aid.

Staff told us that they used text messaging to remind patients they had an appointment.

### 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 practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they 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 was open until 8pm twice during the week and on Saturdays. This allowed patients who were in full time employment or education the opportunity to arrange an appointment that suited their needs.

If patients required emergency out-of-hours treatment, they could contact the NHS 111 telephone number. The contact details and telephone number for NHS 111 service were displayed outside the practice. Alternatively, the principal dentist's contact details were available through the practice website.

The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. This was displayed within the practice for the benefit of patients. The practice 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 told us they 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 year up to this inspection. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The records showed the practice had followed their complaints policy when dealing with complaints.

# Are services well-led?

## Our findings

### Leadership capacity and capability

Managers were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

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

We identified several systems and processes which were not working effectively. These included damaged and missing resuscitation equipment that had not been identified in the ongoing checks of this equipment. Two emergency medicines which had passed their expiry date, which had not been identified during the weekly checks. No risk assessments or manufacturer's product safety sheets available in relation to the control of substances hazardous to health (COSHH). Records relating to radiography such as the critical examination record for the cone beam computed tomography machine and the notification to the Health and Safety Executive could not be located. There was no system of stock control for medicines such as antibiotics and analgesics held in the practice. The practice did not have a system for receiving and acting on safety alerts from the Medicines and Healthcare products Regulatory Agency.

### Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

### Culture

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

Staff stated they felt respected, supported and valued. Staff said they were proud to work in the practice. The practice focused on the needs of patients. Managers acted on behaviour and performance inconsistent with the vision and values.

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.

The registered manager discussed the duty of candour policy, and showed a clear understanding of the principles that underpinned it. There had been no incidents that had required any action in line with the duty of candour.

Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### Governance and management

There had been some managerial changes at the practice with a new practice manager appointed in April 2018. The practice was registered as an organisation and the registered manager was a dentist. The registered manager had overall responsibility for the management of the service. The practice manager was responsible for the day to day running of the practice. 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.

There were clear and effective processes for managing risks, issues and performance.

### 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.

### 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, comment cards and verbal comments to obtain staff and patients' views about the service.

Patients were encouraged to complete on-line feedback through a standard website.

## Are services well-led?

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. They had clear records of the results of these audits and the resulting action plans and improvements.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us 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 (CPD). Staff told us the practice provided support and encouragement for them to do so.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none"><li>• The provider did not have a system for receiving and acting on safety alerts from the Medicines and Healthcare products Regulatory Agency.</li><li>• The provider did not have risk assessments or manufacturer's product safety sheets in relation to the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002 (COSHH).</li><li>• The provider's systems and processes for checking that medicines and emergency equipment were in date, and working correctly were ineffective and did not consider guidelines issued by the Resuscitation Council (UK) and the General Dental Council.</li><li>• The provider's systems for checking that dental materials in the treatment room were in date, and fit for purpose had failed to identify several items that had passed their use-by date.</li><li>• The provider was not able to produce the necessary documentation that demonstrated the X-ray equipment and particularly the cone beam computed tomography machine had been installed safely.</li></ul>