

Oasis Dental Care Limited

Bupa - Barrett Lane, Bishops Stortford

Inspection Report

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Overall summary

We carried out this announced inspection on 14 June 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

Bupa-Barrett Lane is in Bishops Stortford and provides NHS and private treatment to adults and children.

Summary of findings

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

The dental team includes ten dentists, one specialist Orthodontist, one oral surgeon, one lead nurse, seven dental nurses, two trainee dental nurses, two dental hygienists, three receptionists and one practice manager. The practice has nine treatment rooms and two decontamination rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Bupa-Barrett Lane was the practice manager.

On the day of inspection we collected 19 CQC comment cards filled in by patients.

During the inspection we spoke with five dentists, four dental nurses, one dental hygienist, two receptionists, the practice/registered manager and the provider company quality co-ordinator. 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.

Friday from 8am to 4pm.

Saturday from 9am to 1pm.

Closed Sunday.

Our key findings were:

- The practice was clean and well maintained, and had infection control procedures that mostly reflected published guidance. We found the practice did not have records of bi-annual infection control audits.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.

- The practice had some systems to help them manage risk.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children. Not all policies, protocols and safeguarding contact information was easily accessible to staff.
- We did not review recruitment information as we were told this was not held at the practice.
- 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.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.

We identified regulations the provider was not meeting. They must:

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

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

- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role. In addition review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities in relation to this.
- Review staff awareness of the need for the practice to establish parental responsibility when seeking consent for children and young people.
- Review the practice's storage of dental care records to ensure they are stored securely.

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.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Access to practice policies and safeguarding contact information was not clear, with the most recent practice policies stored alongside the previous provider policy documents.

Staff were qualified for their roles. Not all the recruitment information and checks were available to review at the practice during our inspection. We saw company spreadsheets that recorded staff qualifications, immunisation status and staff indemnity.

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

The practice had suitable arrangements for dealing with medical and other emergencies.

There was a lack of systems for reviewing and investigating when things went wrong. Minutes of staff meetings were not regularly recorded to confirm learning outcomes had been shared with all the staff team. Not all the staff we spoke with were aware of systems to report or investigate significant or untoward events

No action



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 excellent, prompt, safe and hygienic. 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 practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

No action



Summary of findings

They said that they were given professional and kind treatment and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect. During the inspection we saw examples of a caring and a respectful attitude towards patients from staff.

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. Several members of staff were multi lingual. The practice had some arrangements to help patients with sight or hearing loss.

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

No action



Are services well-led?

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

The practice team kept complete patient dental care records which were, clearly written or typed. Not all the patient dental records were 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.

The staff told us they enjoyed their work and felt supported by the practice manager.

We found a number of shortfalls indicating that the practice's governance procedures needed to be improved. This included the analyses of untoward events, staff appraisals and the management of risk. There was a lack of quality assurance processes to encourage learning and continuous improvement. Infection control audits were not dated, staff could not confirm when or how often these were undertaken. We were not assured staff received the correct information regarding the importance of protecting patients' personal information.

Requirements notice



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, but were unclear on how to report concerns, including notification to the CQC. Access to practice policies and safeguarding contact information was not clearly defined, with the new provider practice policies stored alongside the previous provider policy documents.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

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

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

During our visit we did not review the practice business continuity plan.

The provider organisation had a staff recruitment policy and procedure to help them employ suitable staff, we were told these included checks for agency and locum staff. We did not review recruitment paperwork for staff. We were told these were not held on the premises and were stored

with the provider organisation. We were not able to review records of employment interviews to demonstrate they had been conducted fairly and in line with good employment practices.[MT1]

Following the inspection, we were sent information regarding staff registration and indemnity. We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

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

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

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.

We saw evidence that the dentists 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 some systems to assess, monitor and manage risks to patient safety.

We saw there were some health and safety policies, procedures and risk assessments. Not all of these 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. Not all staff followed relevant safety regulation and company protocols when using needles and other sharp dental items. We discussed this with the practice manager and quality coordinator and were assured this would be reviewed with all the clinical team.

Are services safe?

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

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

Emergency equipment and medicines were available as described in recognised guidance. 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. We were told staff were available to provide chair side support for the hygienist if required.

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

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

Staff could not confirm if infection prevention and control audits were undertaken bi-annually. The audits we reviewed were not dated and staff were not able to confirm when asked when these had been undertaken. The practice had not completed an infection control statement.

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

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water

systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual. Staff had their hair tied back and their arms were bare below the elbows to reduce the risk of cross contamination. We noted they changed out of their uniform to eat their lunch. We were told staff were provided a minimum amount of uniforms which did not allow for frequent laundering for those staff who worked a full week.

The practice had policies and procedures in place to ensure clinical waste was segregated, we noted the outside clinical waste bin was not locked in line with guidance.

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 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. We noted that some paper patient dental records were not stored securely. We found that records were stored in filing cabinets in the treatment rooms. Not all the cabinets could be locked to ensure records were kept securely and complied with data protection requirements. We discussed this with the practice manager who took immediate action to secure patient dental care records.

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.

Are services safe?

The practice kept records of NHS prescriptions as described in current guidance. We noted not all prescriptions were stored safely. We discussed this with the practice manager who confirmed the protocol for storing NHS prescription would be immediately reviewed.

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

Track record on safety

Prior to our inspection we were made aware of two safety incidents that had occurred at the practice. We were not provided with any evidence to confirm that these 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

We were not assured that there were adequate systems for reviewing and investigating when things went wrong. There

was a lack of meeting minutes to confirm learning outcomes had been shared with all the staff team. We were not assured during our inspection that the practice had systems in place to report or investigate significant or untoward events. CQC were made aware of two separate incidents that had occurred at the practice prior to our inspection. We found no record of these events and when we discussed these with the registered manager they were unable to provide confirmation that these had been reported, recorded, investigated or any learning outcomes had been shared with the practice team. Not all the staff we spoke with understood what constituted a significant or untoward event. We found where incidents had occurred there was no learning processes in place or systems to manage different types of incidents.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We were told dentists undertook peer review and round table discussions with all the dentists to review patients' treatment and care. 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 a visiting specialist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

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

The dentists 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 children based on an assessment of the risk of tooth decay.

The dentists 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.

The dentists and dental hygienist 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 practice 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. The dentists 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.

The practice's consent policy included information about the Mental Capacity Act 2005. Not all 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 consent for themselves. Not all the staff were aware of the need to consider this when treating young people under 16 years of age. Minutes of some team meetings gave unclear advice to staff about information governance. Not all the staff we spoke with were aware of need for the practice to establish parental responsibility when seeking consent for children and young people.

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.

We were told staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Are services effective?

(for example, treatment is effective)

Staff told us they discussed training needs at annual appraisals. We found appraisals had been started in October 2017, not all staff had undertaken an appraisal. Those appraisals we saw were incomplete.

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 week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

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

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were very friendly, efficient and professional. We saw that staff treated patients respectfully, appropriately and kindly 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.

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. Staff told us that 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. Not all paper records were stored securely. We found that the locks on some filing cabinets in the treatment rooms where patients dental care records were faulty and could not be locked. This was a concern as the practice employed a cleaner who worked unsupervised in the evenings. We discussed this with the practice manager and before we left we noted the practice were taking action to repair the faulty locks.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care. Staff were aware of interpretation services. We were told there had been no demand for this service. There were multi-lingual staff that might be able to support patients.

Staff helped patients and their carers find further information and access community and advocacy services where required. They helped them ask questions about their care and treatment.

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.

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. These included for example photographs, models, videos and X-ray images.

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.

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

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a stair lift to the ground floor from the entrance hall, a hearing loop and accessible toilets with hand rails and a call bell. Two car parking spaces for blue badge holders were available outside the practice.

Staff told us that patients were given appointment reminders prior to their appointment.

Timely access to services

The practice displayed its opening hours in the premises, and on their practice information leaflet. Patients could access care and treatment within an acceptable timescale for their needs. They confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. Appointments were available up to 7pm from Monday to Thursday evenings each week and Saturday mornings from 9am to 1pm. Two slots were held each day by each dentist for those needing emergency treatment, we were told that those in dental pain would be seen the same day. Patients told us the receptionists were welcoming and willing to accommodate their appointments requests, especially in an emergency.

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

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 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 told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

Staff told us they aimed to settle complaints in-house and invited patients to speak with the practice manager 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. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

The registered manager was visible and approachable. They worked closely with staff. They understood the challenges and were working with the company quality co-ordinator in addressing them.

Culture

Staff told us they enjoyed their work and felt supported and valued in their work.

The practice focused on the needs of patients.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints.

There were some systems to ensure compliance with the requirements of the Duty of Candour. We found not all staff understood their responsibilities in relation to the duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular not all staff received the correct information regarding the importance of protecting patients' personal information.

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

Governance and management

We identified a number of shortfalls in the practice's governance arrangements including the analysis of untoward events. There was a system of clinical governance in place which included policies, protocols and procedures. We found that access to these was not clear with some of the new provider policies stored alongside files and protocols from a previous provider, all accessible to staff. The practice had some information governance arrangements. Not all the staff we spoke with were aware of the importance of these in protecting patients' personal information. There was a lack of quality assurance processes to encourage learning and continuous improvement. Infection control audits we looked at were not dated, staff could not confirm when or how often these

were undertaken. There was no system in place to ensure staff received regular appraisal of their performance. Not all staff followed relevant safety regulation and company protocols when using needles and other sharp dental items. There was no system in place to report or investigate significant or untoward events. Not all the staff we spoke with understood what constituted a significant or untoward event. We found where incidents had occurred there was no learning processes in place or systems to manage different types of incidents.

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

The registered manager told us the practice had experienced changes in the provider organisation and their support staff in the previous year. This had impacted greatly on their ability to manage the practice effectively as systems were either not in place or required review. The registered manager and the company quality co-ordinator were aware of the shortfalls in the practice's governance procedures and it was clear they were working hard to try to improve the service.

Engagement with patients, the public, staff and external partners

The practice had its own satisfaction survey, which asked patients for their views on a range of topics. We saw examples of results from a patient survey displayed in the reception area that indicated a high level of satisfaction with the service provided, there was no date to confirm when the survey was undertaken. Results were positive with 95% of patients who responded to the survey stating they were involved in decisions about their oral care and 96% stating the quality of treatment they received was good.

We noted negative feedback regarding the practice on the NHS choices website. There was no evidence to demonstrate how the practice had responded to the concerns, or used the information to improve their service.

The practice manager told us they gathered feedback from staff through meetings and informal discussions. We saw minutes of a staff meeting undertaken on 21 February 2018.

Are services well-led?

We were told meetings had been held since that date, but the minutes had not been typed up. Staff told us they were encouraged to offer suggestions for improvements to the service and said they felt they would be listened to.

Continuous improvement and innovation

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. The infection control audits we looked at were not dated. The staff we spoke with could not confirm how often these were undertaken.

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

There was no system in place to ensure staff received regular appraisal of their performance. We found appraisals had not been undertaken for all staff annually, some of the appraisals we reviewed were incomplete. Staff told us when they had an appraisal they discussed learning needs, general wellbeing and aims for future professional development.

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. 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>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</p> <p>How the regulation was not being met.</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence.</p> <p>The registered provider had failed to ensure staff had understood their responsibilities in relation to the duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular received the correct information regarding the importance of protecting patients' personal information.</p> <p>There was a lack of quality assurance processes to encourage learning and continuous improvement. Infection control audits were not dated, staff could not confirm when or how often these were undertaken.</p> <p>Staff did not receive regular appraisal of their performance</p>