

Oasis Dental Care Limited

Oasis Dental Care - Erdington

Inspection Report

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Overall summary

We carried out this announced inspection on 17 October 2017 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.

We told the NHS England area team that we were inspecting the practice. They did not provide any information for us to take into account.

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

Oasis Dental Care - Erdington is located in Birmingham and provides NHS and private treatment to patients of all ages.

The treatment rooms are located on the first floor so access is limited for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

The dental team includes five dentists, four dental nurses (one of whom is a trainee), one dental hygienist and two

Summary of findings

receptionists. The team is supported by a practice manager. Additional dental nursing staff are also transferred to this practice from their sister practice when required. The practice has three treatment 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 Oasis Dental Care - Erdington was the practice manager. At the time of the inspection visit, our records showed the practice had registered two persons as their registered managers at Oasis Dental Care – Erdington. We discussed this with the practice manager and they informed us they were the only registered manager as the other registered manager had left the company. They assured us they would update their registration details.

On the day of inspection we collected one CQC comment card filled in by a patient and spoke with four other patients. This information gave us a positive view of the practice.

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

The practice is open between 8am and 7pm on Mondays and Tuesdays. It is open between 9am and 7pm on Wednesdays and between 9am and 5pm on Thursdays and Fridays.

Our key findings were:

- The practice was visibly clean but some improvements were required with respect to the flooring, work surfaces and walls in clinical areas. One item of equipment was soiled.
- The practice had infection control procedures which reflected published guidance but improvements were required relating to audits, instrument storage and disinfection of laboratory work.

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had limited systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children. Some of the policies were obsolete and required updating.
- The practice had limited staff recruitment procedures. There was no written policy and some essential documentation was not available in the staff recruitment files.
- 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 appointment system met patients' needs.
- Staff felt involved, 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.

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

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

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

- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

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 complaints to help them improve. We identified some necessary improvements such as investigating accidents and incidents to support future learning and reducing risk.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Some of the policies were obsolete and required updating.

Staff were qualified for their roles and the practice completed recruitment checks. Their procedures were inconsistent as some essential information was missing.

Premises and equipment were clean and properly maintained although some of the servicing documentation was not available. One item of equipment was soiled on the day of inspection. The practice followed national guidance for cleaning, sterilising and storing dental instruments. However, some improvements were required with relation to the storage of some of the instruments, disinfection of laboratory work and the completion of audits.

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

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 gentle and we were told that the staff go over and beyond to help them. 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.

No action



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 five people. Patients were positive about all aspects of the service the practice provided. They told us staff were

No action



Summary of findings

friendly, polite and gentle. They said that they were given enough time to ask questions 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. They also said that the staff were good with communicating with children.

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

Are services responsive to people's needs?

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

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

The practice had access to face to face interpreter services and would make arrangements for patients with sight or hearing impairments. The premises were located on the first floor but the practice had not completed an accessibility audit. The practice had made arrangements for patients with limited mobility to receive dental treatment at their sister practice but this was seven miles away.

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 team kept complete patient dental care records which were typed and stored securely.

The practice monitored some 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. Staff told us they felt appreciated and supported.

The practice had limited arrangements to ensure the smooth running of the service. Some governance arrangements were in place but many areas identified during our visit indicated a lack of oversight and effective leadership. We identified many areas of improvement, including infection control, recruitment procedure and staff training to ensure their knowledge was up to date.

The provider assured us following our visit that these issues would be addressed immediately and procedures put in place to manage the risks. We have since been sent evidence to show that a number of improvements have been implemented. However, as various documents were not available for inspection we were not able to comment on their completeness and accuracy. We have though noted the information and it will be reflected once we carry out a follow up inspection at the practice.

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had limited procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff training was required as records were incomplete and the documentation was not thorough. Staff required prompting when questioned about incidents and significant events. Following the inspection the registered manager informed us that staff meetings had been held about incidents, accidents and reducing the risk of further adverse events. They told us that all changes were to be made with immediate effect.

All incidents, accidents and significant events should be adequately recorded and investigated to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and the Central Alerting System. Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

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 reporting suspected abuse. However, these policies required updating as they made references to organisations that no longer existed. There was no information for staff about identifying suspected abuse although staff we spoke with knew about the symptoms of abuse and neglect. We saw evidence that staff received safeguarding training which was at the appropriate level.

The practice had a whistleblowing policy and staff told us they felt confident they could raise concerns without fear of recrimination. We reviewed the policy and it included contact details of staff they could approach within the Oasis company. We suggested the addition of external contacts so that staff had the option of seeking advice from alternative external organisations should they wish to do so.

We looked at the practice's arrangements for safe dental care and treatment and these included risk assessments. However, not all staff we spoke with were aware that these risk assessments were available for them to reference.

Not all staff were familiar with the existence of safety laws relating to their handling of sharp instruments. They were also not aware the practice held a risk assessment for the handling of sharp instruments. This was important as staff had sustained a relatively high proportion of accidents involving sharp instruments. Following the inspection the registered manager informed us they had already held several staff meetings to discuss this with staff.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how it would deal with events which could disrupt its normal running.

Medical emergencies

Staff knew what to do in 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. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice did not hold a recruitment policy to help them employ suitable staff. Some of the recruitment procedures were carried out by staff at the company's head office; however, there was no policy for the processes that the practice manager was required to complete at a local level. Following the inspection the registered manager informed us that the policy would be printed and signed by all staff within a few days of our visit.

We looked at three staff recruitment files and found that the practice did not consistently follow the same recruitment procedures. For example, some staff members had references and others did not. We were told that one staff member had completed a course of vaccinations

Are services safe?

against Hepatitis B but there was no evidence of this. Within 48 hours, the registered manager informed us they had received this evidence and a copy was kept on site. This evidence was not forwarded to us.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice held health and safety policies and risk assessments and these were used to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental hygienist when they treated patients.

Information on COSHH (Control of Substances Hazardous to Health 2002) was available for all staff to access. We looked at the COSHH file and found this to be comprehensive where risks associated with substances hazardous to health had been identified and actions taken to minimise them. However, not all staff we spoke with were familiar with COSHH and its importance.

Infection control

The practice had an infection prevention and control policy to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. However, we identified some necessary improvements.

The practice had not appointed an infection control lead person. Following the inspection the registered manager informed us they had appointed this role to one of the dental nurses. They were given the relevant policies and HTM 01-05 to ensure their knowledge was up to date.

There was evidence that some of the staff had completed infection prevention and control training every year. The practice did not hold evidence that the new infection control lead had completed this training. The registered manager told us that not all of the staff brought their certificates in to the practice and this was not available on the day.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. However, there were some instruments that had not been stored in line with guidance. Following the inspection the registered manager informed us that staff had checked all sterilised instruments and had resterilised any instruments that had been stored incorrectly. They informed us that staff were made aware of a more robust procedure to prevent a recurrence. This procedure had been completed within 48 hours of our visit.

The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

Dental work that was sent to the laboratory was not always disinfected after removal and before insertion into the patient's mouth. Following the inspection the registered manager informed us that all treatment rooms now had a disinfection container for all dental laboratory prostheses.

HTM 01-05 recommends that practices complete infection prevention and control audits twice a year. Staff provided one from May 2017 but there were no other audits available for us to review. We reviewed the audit and found that it had not been correctly completed. No action plan was present. Also, we noted that some work surfaces, flooring and wall surfaces were not impervious but this had not been recorded in the audit. The registered manager informed us they would carry out a new audit immediately and ensure that it was correctly completed.

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

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual. However, we noted that the equipment used for distilling water was soiled and required cleaning. We also noted that the stock room used for the storage of dental materials required cleaning. Following the inspection the registered manager informed us that the water distiller had been cleaned immediately and this had been carried out to a satisfactory level. No updates were given regarding the stock room.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers'

Are services safe?

recommendations. One of the dentists carried out dental implants at the practice and brought their own equipment for this. We requested servicing documentation for the dental equipment but this was not available.

We reviewed the numbers of instruments that were used for various dental procedures and some of these were present in relatively low numbers. This may cause difficulties during busy periods and staff informed us they would audit this and order more instruments as required.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

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 X-rays they took. We reviewed an X-ray audit from October 2016 and were told that the dentists were required to complete their own action plan for their own X-rays based on the analysis of their X-rays.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept 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 had carried out one audit of patients' dental care records to check that the dentists recorded the necessary information. However, this was undated and incomplete as there was no action plan.

The practice carried out dental implants for those patients who requested this treatment. One of the dentists and one of the dental nurses had completed training to enable them to safely carry out this procedure. We reviewed the dental nurse's certificate but the practice did not hold evidence of the dentist's training certificate. The registered manager informed us they would request this from the dentist and keep a copy on site. This was not forwarded to us.

The practice's systems for patients undergoing dental implant treatment included relevant scans before treatment, emergency equipment requirements and staff availability and training. They also included information such as consent, post-operative instructions and ongoing follow up arrangements.

Health promotion & prevention

The practice believed in preventative 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 for each child.

The dentists told us 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 information via a television screen in the waiting room to help patients with their oral health.

Staffing

We were told that staff new to the practice had a period of induction; however, this was not documented. Following the inspection the registered manager informed us they had printed an induction programme and this would be used with immediate effect for new staff.

Annual appraisals were carried out for all staff with the exception of the dentists and dental hygienist. We saw evidence of completed appraisals.

No system was in place to monitor the continuing professional development required for staff to be registered with the General Dental Council.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included 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 dentist told us they monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

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. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were helpful, gentle and reassuring. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients 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.

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 personal information where other patients might see it.

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

There were magazines and a television in the waiting room. An information folder was available for patients to read.

Involvement in decisions about 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. These included general dentistry and treatments for gum disease and more complex treatment such as dental implants.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

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. We reviewed the appointment book and found that some appointments were double-booked but there was also a high rate of patients who failed to attend their appointments.

Promoting equality

The practice was unable to accommodate patients with advanced mobility issues as the treatment rooms were all on the first floor. New patients were informed about this before they booked any appointments with the practice. Patients who required level access were given details of another Oasis dental practice which was situated seven miles away. The practice manager informed us that patients were advised to contact NHS 111 for practices that were more local in the event of them being unable to travel seven miles to the sister practice.

The practice did not have a hearing loop for patients but they described methods they would use to communicate with patients with hearing impairments. They did not have any information in Braille or a magnifying glass for patients with visual impairments but would make arrangements to offer assistance wherever they could. Toilet facilities for patients were available on the ground floor but these were not wheelchair accessible.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours on their website. However, the opening hours had recently changed and the website had not yet been updated to reflect this. We also advised the practice manager to contact NHS Choices as these changes had not been made on their website either.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice premises, website 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.

Staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours. The practice utilised a 'sit and wait' policy for their patients requiring urgent treatment. We saw that many patients failed to attend their appointments and there were usually slots each day in the appointment diary. Consequently, the dentists could accommodate additional patients requiring urgent treatment.

Concerns & complaints

There was a practice information folder in the waiting room for patients and it 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. However, the practice did not have a complaints policy that provided guidance to staff on how to handle a complaint.

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 previous 12 months. 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

Governance arrangements

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 practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Several of these required updating and were overdue for review. Following the inspection the registered manager had emailed the company's head office to inform them that some of these policies were outdated.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. A practice policy on information governance was due to be reviewed in January 2016 but still had not been at the time of our visit.

Leadership, openness and transparency

Not all staff we spoke with were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. Following the inspection the registered manager informed us they had held staff meetings and displayed the relevant information in the staff room.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. These meetings were held on a monthly basis since June 2017 but were irregular prior to this. The registered manager told us they would continue to hold regular meetings moving forward. Following the inspection the practice had held immediate discussions to share information about risk reduction from incidents and accidents. They had also planned to hold immediate discussions about infection control and feedback from patients. .

Learning and improvement

The practice had limited quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. Some of these were incomplete and undated and some were not carried out within the recommended intervals. We did not see evidence of resulting action plans and improvements made. Following the inspection we were informed that staff would ensure that all audits would be correctly completed and repeated if necessary.

The dental nurses, receptionists and practice manager 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 mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used a feedback tool on their website and verbal comments to obtain patients' views about the service. Staff also had the opportunity to leave voluntary feedback at the company's head office. We saw examples of suggestions from patients the practice had acted on, such as the receptionist informing patients if the dentist was running late so that they had the option of rebooking their appointment if they were unable to wait. Following the inspection the registered manager informed us they had made arrangements for patients to leave feedback anonymously via a suggestion box and written questionnaires. This would allow patients to leave feedback who may not wish to do so online or verbally.

NHS dental services have been required to give patients the opportunity to provide feedback through the NHS Friends and Family Test (FFT) since 1 April 2015 and submit data to NHS England each month. This practice did not participate in FFT as they were not aware of this requirement.

Are services well-led?

Patients had made comments on the NHS Choices website. The practice had not responded to the positive and negative entries on the website. The registered manager informed us they would make arrangements for this.

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 HSCA (RA) Regulations 2014</p> <p>Good governance.</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.</p> <p>In particular:</p> <ul style="list-style-type: none">• Audits were not undertaken at regular intervals to help improve the quality of service. They did not have documented learning points and the resulting improvements could not be demonstrated. Some were incorrectly completed. <p>There were no systems or processes that enabled 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.</p> <p>In particular:</p> <ul style="list-style-type: none">• There was no system in place to ensure that untoward events were appropriately documented, investigated and analysed to prevent their reoccurrence.• Infection control procedures were not all in accordance with HTM 01-05 guidance. <p>There were no systems or processes that ensured the registered person maintained securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular:</p>

Requirement notices

- Servicing documentation was unavailable for the dental implant equipment.
- Several practice policies were obsolete and required updating.
- Recruitment and induction procedures were not consistently documented.

There was additional evidence of poor governance. In particular:

- Staff training, learning and development needs were not reviewed at appropriate intervals and there was no effective process for the ongoing assessment and supervision of all staff employed.
- The practice had not participated in the NHS Friends and Family Test which is a requirement for all NHS dental practices.

Regulation 17(1)