Nationwide Healthcare

Abbeydale Road Family Dental Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 29 January 2020 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Abbeydale Road Dental Practice is in Sheffield and provides mainly NHS dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice on local roads.

Summary of findings

The dental team includes three dentists, four dental nurses and two receptionists. The team was supported by the clinical quality and care manager during the inspection day. The practice has five treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC 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 Abbeydale Dental Practice is the clinical quality and care manager.

On the day of inspection, we collected eight CQC comment cards filled in by patients. All comments reflected positively on the service provided.

During the inspection we spoke with one dentist, two dental nurses, two receptionists and the clinical quality and care manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 9am – 6pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- Improvement was needed to ensure infection control procedures reflected published guidance and the practice's policy.
- Staff knew how to deal with emergencies. Appropriate medicines were available but not all life-saving equipment was in place.
- Improvement was needed to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff awareness of responsibilities in respect to the Mental Capacity Act 2005 could be improved.
- The practice could improve and develop the practice's policies and procedures for obtaining patient consent.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Leadership and oversight of systems and processes could be improved to ensure guidance and regulations are being followed.
- Quality assurance systems were in place. Improvements could be made to the infection prevention and control audit process.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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 the provider is not meeting are at the end of this report.

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

- Improve the practice's waste handling protocols to ensure waste is stored and disposed of in compliance with the relevant regulations, and taking into account the guidance issued in the Health Technical Memorandum 07-01.
- Implement an effective system for identifying, disposing and replenishing of out-of-date stock.
- Improve and develop the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation, take into account relevant guidance, and staff follow them.

Summary of findings

- Improve and develop 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.

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?	**No action** ✓
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**Requirements notice** ✗

Are services safe?

Our findings

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

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

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

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations for example. those who were known to have experienced modern-day slavery or female genital mutilation.

Some aspects of the practice's infection prevention and control (IPC) procedures were not following guidance in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. In particular:

- The process outlined in the practice's IPC policy and manufacturer's instruction for using non-foaming detergent during the manual cleaning process were not being followed. Instructions stated to use 10ml of detergent per 10 litres of warm water. We observed this process and noted the detergent was not being measured; there was no hot water available to support decontamination procedures and follow manufacturer's instructions. The temperature of the water was 8 °C when we checked.
- Staff were aware of the requirement to clean dental instruments under temperature monitored water, this was not possible on the inspection day as there was no hot water supply.
- The process outlined in the practice's IPC policy to ensure heavy duty gloves were changed weekly in line with published guidance was not being followed.
- There was no airflow or ventilation system in the decontamination room.

The provider sent evidence to us after the inspection to demonstrate some of the concerns had been addressed, these now require embedding.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

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

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

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems in line with a risk assessment. We identified that oversight of legionella management and health and safety in respect to the provision of hot water could be improved. In particular:

- A professional risk assessment was carried out in September 2019. Hot and cold water temperatures had been recorded prior to and since September 2019 and these records showed temperatures were in line with the risk assessment requirements.
- The professional risk assessment stated the boiler was switched off at the time of assessment as a result no hot water temperatures were taken on the assessment day to ensure the water was reaching a safe temperature; this was classified by the assessor as a medium risk. No follow up by the practice or head office was done to investigate this.
- On the day of inspection, hot water was not available.

Both hot and cold running water should be available in areas where employees are expected to wash their hands in line with the Workplace (Health, Safety and Welfare) Regulations, 1992. Staff had not raised this as a concern for

Are services safe?

investigation prior to our arrival. We highlighted this concern to the clinical quality and care manager who arranged for an engineer to attend that day. The result of which was found to be a fault in the boiler.

No evidence has been submitted since the inspection day to confirm that the boiler was repaired, and that hot water can achieve safe temperatures in line with published guidance, the code of practice and the risk assessment.

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

Oversight of the practice's waste handling protocols could be improved to ensure clinical waste management was in line with guidance found in the Health Technical Memorandum 07-01, for example:

- Clinical waste bags and sharps containers were not labelled to indicate their origin. (i.e. using a label or permanent marker to clearly display the name of the facility). In addition, this was not in line with the practice policy.
- The external clinical waste receptacles were locked but not secured in the courtyard. These could be compromised as the courtyard was not secure and could be accessed by the public.

The provider sent evidence to us after the inspection to demonstrate some of the concerns had been addressed, these now require embedding.

The infection control lead carried out infection prevention and control audits twice a year. The most recent audit had not identified the processes we found which were not in line with published guidance.

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

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

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. As part of our inspection process we request to see all recruitment records. On the day of inspection all recruitment records were available for the staff working at the practice. We looked at seven staff recruitment records. These showed the provider followed their recruitment procedure.

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

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

A contracted risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. We noted there was no emergency lighting at the practice. The risk assessment stated the practice would rely on external illumination from street lighting if needed. We discussed this with the clinical quality and care manager, who agreed that a more suitable form of emergency lighting was needed to ensure a safe means of escape.

Evidence was submitted after the inspection to demonstrate that emergency lighting was now in place.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

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

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

The practice's systems to manage stock rotation were not effective. We found several in-use dental materials had expired.

Risks to patients

The practice's health and safety policies, procedures and risk assessments were reviewed regularly by the head office team to help manage potential risk. We identified areas within this where oversight of systems at practice level could be improved.

The provider had current employer's liability insurance.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff told us they followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. On the day of inspection, we noted there were used local anaesthetic cartridges and used needles in the sharps bin kept in the decontamination room, this indicated that sharps were not always being disposed of at point of use and this does not follow the process outlined in the practice's sharps policy and risk assessment.

The provider has confirmed since the inspection that the sharps bin in the decontamination room has been removed. This will ensure all sharps are disposed of at point of use going forward.

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

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

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

The system to ensure emergency equipment and medicines were available as described in recognised guidance could be improved. For example:

- There was no adult size self-inflating bag with reservoir.
- The medical oxygen cylinder had a 2122 litre capacity. The large size of this oxygen cylinder could inhibit staff from being able to easily transport it to any part of the premises if needed in an emergency. This had not been risk assessed.

The provider sent supporting evidence to us after the inspection to confirm the missing equipment had been ordered and the medical oxygen cylinder would be replaced. We also received evidence to show that comprehensive check sheets were now in place to ensure emergency medicines and equipment was checked daily, weekly, monthly and quarterly and a designated person was assigned to oversee these. The revised equipment check process still reflected a monthly check which is not in line with the audit standards detailed in the Resuscitation Council (UK) guidance.

We were informed of a medical emergency in October 2019 which involved a staff member. A record of the incident was not kept at the practice. The incident record which was kept at head office was sent to us after the inspection.

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

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

Staff were rotated throughout the organisation when there was a need at different locations; areas identified during the inspection where there was limited awareness of site-specific processes could be improved by a more robust induction for rotational staff.

The provider submitted a practice specific induction record dated February 2020, this now required embedding.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

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

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

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

Are services safe?

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

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

We saw the provider had implemented a system for reviewing and investigating when things went wrong. We reviewed this system and found improvements could be made. For example:

- There was no record at the practice of the medical emergency which took place in October 2019. The accident book was not completed to record the staff incident. The incident record was held at head office, this was sent to us after the inspection.
- There was not hot water at the practice on the day of inspection. This was not raised as an incident for immediate investigation. This was investigated on the inspection day; no update has been received since the inspection.
- No action was taken to record or investigate the boiler being switched off during the legionella risk assessment in September 2019.
- Incidents recorded in the equipment failure folder, for example, a loose step at the entrance to the practice and the late arrival of a clinician were not recorded as a significant incidents to ensure learning and improvement was taking place. These were discussed with the clinical quality and care manager who agreed that a revision of this process would be beneficial.

The provider sent evidence to us after the inspection to demonstrate that retrospective incident reports were completed for the hot water not being available on the inspection day and the loose step.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

The provider took into account guidelines as set out by the British Society of Disability and Oral Health when providing dental care in domiciliary settings such as care homes or in people's residence.

Helping patients to live healthier lives

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

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

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

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

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

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients verbal information about treatment options and the risks and benefits of these, to help them make informed decisions. We saw this documented in patients' records. Staff told us that a treatment plan was not currently printed off and given to the patient, the clinical quality and care manager was not aware of this and assured us this would be investigated.

The staff were not aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after.

The practice's consent policy included information about the Mental Capacity Act 2005. Staff did not fully understand their responsibilities under the act when treating adults who might not be able to make informed decisions. The consent policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

The provider sent supporting evidence after this inspection to demonstrate that individual update training was completed on the 29 February 2020.

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.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Where relevant, staff had completed the required role specific training and those who were in training were mentored and attended an approved training provider.

Staff new to the practice had a structured induction programme, we highlighted several areas during the inspection where staff were not fully familiar with practice specific protocols, as staff were rotated throughout the organisation when needed, some processes would differ from practice to practice. This system required review to ensure staff are fully aware of systems and processes at each practice they visit.

Are services effective?

(for example, treatment is effective)

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were very good, helpful and caring. We saw 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.

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

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. Patients were told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

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

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included, for example, study models and X-ray images to help them better understand the diagnosis and treatment.

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Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

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

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

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

Eight cards were completed, all comments were positive about the service provided. Common themes within the feedback were welcoming and friendliness of staff, easy access to dental appointments, outstanding service and cleanliness of the practice. We shared this with the provider in our feedback.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop, a magnifying glass and accessible toilet with hand rails and a call bell.

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

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

Timely access to services

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

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

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

The staff took part in an emergency on-call arrangement with the 111 out of hour's service and patients were directed to the appropriate out of hours service.

The practice's 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

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

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint. We noted there was no designated practice manager at the practice. The patient information leaflet referred complaints to the practice manager or the head office complaints department.

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 aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 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

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

Leadership capacity and capability

The director of the company and the area management team had the capacity to support the delivery of high-quality, sustainable care. Improvements could be made at senior level to ensure on-site support to clinicians in respect to awareness of clinical responsibilities and oversight of systems and process for rotational staff. For example, during the inspection, we identified a limited awareness of the responsibilities relating to the Mental Capacity Act 2005. This had not been identified or raised as an area for improvement.

The dentist had the capacity, values and skills to deliver high-quality, sustainable care.

We were told leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

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

Culture

The practice had a culture of high-quality sustainable care. Patient comments supported this.

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

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Staff openly shared information regarding the medical emergency which occurred in 2019.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

The practice was part of a corporate group which had a support centre where teams including human resources, finance, clinical support and patient support services were based. These teams supported and offered advice and updates to the practice when required. Oversight of some of the systems we found were not compliant could be improved to ensure these were fully effective and embedded.

The principal dentist had overall responsibility for the clinical leadership of the practice. The area management team were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

We saw there were processes for managing areas of risks, issues and performance. During the inspection day we identified systems and process and areas of risk management where improvements could be made. These were thoroughly discussed with the clinical and quality care manager during the inspection day. The management team responded positively and proactively to our finding and sent some supporting evidence to us to confirm where action had been taken, these now require embedding within the team.

We identified the following areas where systems and processes were not effectively managed:

- Oversight of hot water system in respect to legionella management and health and safety was not effective in some areas.
- Some aspects of infection prevention and control processes were not carried out in line with recommended guidance and the practice policy. Oversight of this area could be improved.
- The IPC audit process could be improved.
- The fire safety management system had no effective form of emergency lighting.

Are services well-led?

- Oversight of the practice's waste handling protocols could be improved to ensure clinical waste management was in line with guidance.
- Some aspects of the practice safer sharps processes were not being carried out in line with current regulations, the practice policy and risk assessment.
- Systems in place to manage the medical emergency kit were not fully effective. Oversight of this was not in place.
- Systems to identify, record and investigate significant incidents and events were not embedded. Oversight of this could be improved.
- The risks associated with staff rotation was not identified for improvement.
- The practice's systems to manage stock rotation were not effective

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Performance information was combined with the views of patients.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

The provider used patient surveys, comment cards and encouraged verbal comments to obtain staff and patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider 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

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. We identified improvements could be made to the infection prevention and control audit process to accurately reflect processes taking place. This would highlight areas of non-compliance where additional training would be beneficial.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, the provider supported the team financially with professional registration, indemnity and dentally related external training.

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

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 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. **How the regulation was not being met:** The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • Oversight of hot the water system in respect to legionella management and health and safety was not effective in some areas. • Some aspects of infection prevention and control processes were not carried out in line with recommended guidance and the practice policy. Oversight of this area should be improved. • The infection prevention and control audit process should be improved. • The fire safety management system had no effective form of emergency lighting. • Some aspects of the practice safer sharps processes were not being carried out in line with current regulations, the practice policy and risk assessment. • Systems in place to manage the medical emergency kit were not fully effective. Oversight of this was not in place. • Systems to identify, record and investigate significant incidents and events were not embedded.

This section is primarily information for the provider

Requirement notices

There was additional evidence of poor governance. In particular:

- The risks associated with staff rotation and ineffective induction processes were not identified for improvement.

Regulation 17(1)