

Atherstone Dental Practice Partnership

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Inspection Report

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Overall summary

We carried out this unannounced inspection on 4 March 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

Atherstone Dental Practice Partnership is in Atherstone, Warwickshire and provides NHS and private dental care and treatment for adults and children.

The practice is situated above a commercial business and is accessed through a streetside entrance leading immediately to a flight of stairs to the first floor. The practice informs all new patients wishing to register that they are not wheelchair accessible and they signpost

Summary of findings

patients that cannot manage the stairs to a nearby practice. Car parking including spaces for blue badge holders are available in local free of charge car parks within a five-minute walk from the practice.

The dental team includes four dentists, one qualified dental nurse, five trainee dental nurses and two receptionists. The team are supported by two practice managers and a head nurse that works across several practices within the group. The practice has three 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 Atherstone Dental Practice Partnership is one of the practice managers.

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

During the inspection we spoke with two dentists, three dental nurses (one of whom is the group head dental nurse and one is a trainee dental nurse), one receptionist and two practice managers. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday, Wednesday and Fridays from 8.30am to 5.30pm.

Thursdays from 8.30am to 7.30pm.

Saturdays from 9am to 2pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained. However, we found that there was a leak from the dental unit in one of the treatment rooms. We saw that an engineer had attended the day before, but the fault had reoccurred. This was reported to the engineer during our inspection.
- The provider had infection control procedures which mostly reflected published guidance. There were two illuminated magnifiers and both lights were not working, this had not been reported to management by staff. New magnifiers were ordered during our

inspection. Sharp bins were not all labelled and disposed of in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. These shortfalls were rectified during the inspection.

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. However, we found that the defibrillator pads had exceeded their October 2019 expiry date. Replacement pads were ordered during the inspection.
- The provider had some systems to help them manage risk to patients and staff. No incidents, near misses or significant events had been recorded although we found incidents had occurred. We found shortfalls in appropriately assessing and mitigating risks in relation to infection control processes, medical emergency equipment, staff recruitment, incident reporting and fire. Immediate action was taken within 48 hours of our inspection to address most of these shortfalls.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which mostly reflected current legislation. There had been a large turnover of staff in the past 12 months and there were suitable numbers of staff employed. However, we were not shown disclosure and barring service checks for six staff members, these were applied for during the inspection.
- 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had a management team to provide leadership to the practice staff which consisted of two practice managers, both of whom were qualified dental nurses, and a head dental nurse. The team supported several practices within the group.
- The provider had a culture of continuous improvement. Online training was funded and provided for all trainee dental nurses alongside some in house training.

Summary of findings

- Staff told us they felt involved and supported and worked as a team. They told us they enjoyed working at this practice.
- 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 regulations the provider was not meeting are at the end of this report.

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

No action ✓

Are services effective?

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

No action ✓

Are services caring?

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

No action ✓

Are services responsive to people's needs?

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

No action ✓

Are services well-led?

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

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 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 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.

The provider 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, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately. However, we found that neither of the illuminating lights were working on the two magnifiers in the decontamination and this had not been reported to management by staff. New magnifiers were ordered during our inspection.

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 completed in February 2019. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

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

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. However, we found one sharps bin in the practice that had been in use for over three months and one sharps bin that had not been labelled. These shortfalls were discussed with the head nurse who displayed a poster next to the sharps bins to ensure compliance. The out of date sharps bins were removed and disposed of on the day of our inspection.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit completed in October 2019 showed the practice achieved a score of 94% and was meeting the required standards.

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. The practice had access to a Freedom to Speak Up Guardian and 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 and had checks in place for agency and locum staff. We looked at 11 staff recruitment records to check compliance with legislative requirements. There had been a large turnover of staff, excluding the management team, in the past 12 months with the longest

Are services safe?

serving employed staff member having worked at the practice for eight months. There were suitable numbers of staff employed. We asked for but were not shown disclosure and barring service checks for six staff members that were recruited between August 2019 and February 2020, these were applied for during the inspection.

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 fire risk assessment was carried out by the practice manager in 2009 and had been reviewed annually. The risk assessment did not take into account emergency lighting provision, fire marshal training or fire doors. We discussed this with the practice manager who advised they would schedule a visit from a fire safety professional to complete a fire risk assessment. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

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. Certificates that were not available to view during the inspection were sent to us within 48 hours of the visit.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. Stickers were placed on the date these had been reviewed on a wall planner in reception and signed by the manager that had completed the review. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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. Due to a shortage of the vaccine three of the new starters had only received the first two vaccines at the time of our inspection. The practice manager had contacted their local occupational health department who informed them that the dental nurses were able to work clinically after the first vaccine. The inspection team contacted the occupational health department following the inspection and it was confirmed that in line with the green book this advice had been given to the practice. We noted that no individual risk assessments had been completed with the staff members to discuss and mitigate the risks.

Staff had not completed sepsis awareness training. The managers told us that they would include this as a core topic and ensure all staff completed this. Sepsis prompts for staff and patient information posters were displayed throughout the practice.

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

Emergency equipment and medicines were available as described in recognised guidance. However, we found that the defibrillator pads had exceeded their October 2019 expiry date. Replacement pads were ordered during the inspection. We found staff kept records of their checks of medicines and most of the equipment to make sure they were available, within their expiry date, and in working order. The check log was amended to include the defibrillator pads expiry date following the inspection to ensure this was not overlooked in the future.

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.

Are services safe?

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.

There was a 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.

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

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

The provider had implemented some systems for reviewing and investigating when things went wrong. There were risk assessments in relation to safety issues. Staff monitored and reviewed incidents relating to equipment failure and accidents, however no other incidents had been recorded. The practice did not have an incident reporting policy to help staff to understand different types of risks that required reporting or drive safety improvements.

In the previous 12 months there had been no safety incidents recorded although during discussion several incidents were identified that had not been recorded. Managers told us that they would ensure staff had better understanding and any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

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.

Staff had access to clini-pads and digital X-rays to enhance the delivery of care.

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.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in local schools and nurseries. Team members regularly visited local schools and nurseries to educate children in tooth brushing techniques and deliver healthy eating advice.

The dentists 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. As part of this the practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans which included dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

Consent to care and treatment

Staff 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 staff were 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 dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. 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, 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.

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.

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

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles. The team received regular support from both practice managers and the head nurse who visited the practice weekly.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. Trainee dental nurses were supported by the qualified dental nurses and

the provider funded online training to ensure that they had access to core topics. The management team had a training matrix to ensure they had oversight of all team members completed training.

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 helpful, pleasant and professional. We saw staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Several patients commented that they were made to feel comfortable and they would recommend this practice to friends and family.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. Comments received informed us that emergency appointments were easy to book for the same day.

Information folders, posters and leaflets were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment had also been completed.

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 also 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.
- Large print documents and braille could be made available to patients upon request.
- Longer appointments were given to patients that required more time to discuss and understand their treatment options.

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. Details of local support networks and community services were placed in the waiting room.

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 dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, study models, videos and X-ray images.

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. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. The registered manager had completed training in autism awareness and had shared learning with the practice.

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

On the day of our inspection we gave the practice CQC feedback comment cards to display, encouraging patients to share their views of the service.

Nine cards were completed. 100% of views expressed by patients were positive. Common themes within the positive feedback were friendliness of staff, easy access to emergency dental appointments and a service was provided.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff gave examples of where nervous children had attended with a dolly or teddy and they were given simulated dental care in the chair whilst the child received theirs.

The practice was situated above a commercial business and was accessed through a streetside entrance leading immediately to a flight of stairs to the first floor. Due to the building constraints wheelchair access was not possible. The practice informed all new patients wishing to register that they were not wheelchair accessible and would signpost patients that could not manage the stairs to a nearby practice.

The practice had made reasonable adjustments where possible for patients with disabilities. This included a magnifying glass, large print documents and braille upon request.

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

All patients were reminded of appointments four weeks before and again two days before by text message. In addition to this staff told us that they also telephoned all patients two days before their appointment.

Timely access to service

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 offered extended hours appointments opening later Thursdays until 7.30pm and opening on Saturdays from 9am and 2pm.

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 some other local practices within their group. Patients were also signposted to the NHS111 out of hour's service if they required emergency treatment outside of the practice opening hours.

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 registered manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Are services responsive to people's needs?

(for example, to feedback?)

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. 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 over the past 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 practice was part of a small group of practices which were owned by different providers which supported one another and worked together closely to share best practice.

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

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

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.

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

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.

Staff stated they felt respected, supported and valued. They were proud to work in the practice. There had been a large turnover of staff in the past 12 months and there were suitable numbers of staff employed.

Staff discussed their training needs at one to one meetings with the managers and during practice meetings. All of the nursing and reception team had been employed for less than eight months and had received appropriate probationary review meetings. At the time of our inspection none of the team had received appraisals as they had been in post for less than 12 months. We reviewed the appraisal document and policy and were informed these were scheduled for completion in September 2020.

The staff focused on the needs of patients. For example, following feedback from one of the dentists, the lighting was replaced in the treatment room to provide a brighter atmosphere for patients.

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. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour, however some of the staff members we spoke with were unaware of this.

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

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

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

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The provider did not demonstrate that they had consistently clear and effective processes for managing risks. For example, we noted shortfalls in appropriately assessing and mitigating risks in relation to infection control processes, medical emergency equipment, staff recruitment, incident reporting and fire. Immediate action was taken within 48 hours of our inspection to address most of these shortfalls.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS BSA performance information, surveys and audits were used to ensure and improve performance. Performance information was combined with the views of patients.

Are services well-led?

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

The provider used patient surveys, online feedback and encouraged verbal comments to obtain 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. For example, the next of kin protocol for staff was changed following staff feedback.

Continuous improvement and innovation

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

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

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, delivering better oral health, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The managers showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, a closed social media group had been set up for the team to share immediate information and for the managers to offer additional support.

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

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>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>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Fire risk assessment was insufficient and did not highlight issues including staff not having received fire marshal training and the building not having any emergency lighting contingency.• Infection prevention and control processes were not being followed as faulty equipment was being used and had not been reported to managers. Sharps bins were not all labelled and disposed of in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.• Oversight of medical emergency equipment checks required review as the defibrillator pads had passed the recorded expiry date.• Incident reporting processes required review as there was no supporting policy. Although incidents had occurred none had been reported or investigated to share learning and drive improvement.

This section is primarily information for the provider

Requirement notices

- Staff recruitment processes were not in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Disclosure and barring service checks were not completed for six staff members.

Regulation 17 (2)