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Redhill Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 6 August 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

We found that this practice was not 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

Redhill Dental Care is in Wellingborough, a town in Northamptonshire. It provides NHS treatment to children and private treatment to adults and children. Services provided include general dentistry, implant restoration and the practice has a contract with NHS England to provide orthodontic treatments to children. Orthodontics is a specialist dental service concerned with the alignment of the teeth and jaws to improve the appearance of the face, the teeth and their function. Orthodontic treatment is provided under NHS referral for

Summary of findings

children except when the problem falls below the accepted eligibility criteria for NHS treatment. Private treatment is available for these patients as well as adults who require orthodontic treatment.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available directly outside the practice in a public car park.

The dental team includes one dentist, two dental nurses (one dental nurse works mainly as a receptionist) and a practice manager. The practice has two treatment rooms, although one is not currently in use and there is a separate decontamination room. They are on the ground floor level.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 51 CQC comment cards filled in by patients.

During the inspection we spoke with the dentist, two dental nurses (including the dental nurse/receptionist) and the practice manager. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday to Friday from 9am to 5.30pm. The practice closes at lunchtimes between 1pm and 2pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and most life-saving equipment were available. We noted some exceptions, for example, a child self-inflating bag and all recommended sizes of clear face masks were not available. Required items were ordered by the provider after the day.
- The provider had systems to help them manage most risks to patients and staff. We noted some exceptions, such as lone working and ensuring staff immunity to Hepatitis B was recorded.
- The provider had safeguarding processes and staff showed awareness of their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The practice did not demonstrate that learning always took place when things went wrong.
- We were not assured that clinical staff always 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 supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- We received a large number of positive comments from patients about the service and treatment received.
- Staff felt involved and supported and worked well as a team.
- Governance arrangements required strengthening.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had systems to deal with complaints. No complaints had been received to date.

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

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- Review the practice protocols regarding audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

Summary of findings

- Review the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.
- Review the practice's protocols for the use of dental dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

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?	**Requirements notice**
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 that 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. We also noted areas that required some further review.

Staff showed awareness of 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. The leads for safeguarding were the principal dentist and one of the dental nurses.

We saw evidence that staff received safeguarding training. Staff showed awareness about the signs and symptoms of abuse and neglect and how to report concerns. Improvements could be made to have regular discussions around safeguarding issues to refresh staff awareness.

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 had a whistleblowing policy, known as the Public Protection policy. Staff felt confident they could raise concerns without fear of recrimination. Whilst one member of staff we spoke with was aware of the policy, they were not aware of external organisations they would approach to report whistleblowing concerns.

The dentist told us they did not use dental dams when providing root canal treatment but that they used other measures such as a speed reducing handpiece and rotary files. Improvements could be made to ensure that dental dam was used in line with guidance from the British Endodontic Society or a risk assessment suitably documented when a dental dam was not used.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. The plan included details of another practice that patients could be referred to in the event of the premises becoming unusable.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the provider followed their recruitment procedure.

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

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

Records showed that fire detection and firefighting equipment were regularly tested and serviced. We saw documentation dated within the previous 12 months.

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

We saw evidence that the dentists justified, graded and mostly reported on the radiographs they took. We noted that not all radiographs we looked at had been reported on. We were informed that there had been issues historically after the practice had moved to digital X-rays and a computer crash that resulted in some data loss at that time. We were informed that since this time processes had significantly improved.

The provider carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

There were mostly good systems to assess, monitor and manage risks to patient safety, though some improvements could be made.

The practice had health and safety policies, procedures and most risk assessments which were reviewed to help manage potential risk. We found that not all required assessments were undertaken, for example the practice had not completed a lone worker risk assessment or an individual work station assessment for the lone working receptionist. The reception area had however been designed and assessed utilising an external health and safety specialist.

Are services safe?

The provider had current employer's liability insurance.

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

On the day of our inspection, we saw that one of the clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of their vaccination was checked. This information for the other two clinical staff members was not available for our review on the day of the inspection. This was sent to us after the day.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. This was last completed in April 2019.

Emergency medicines and most equipment were available as described in recognised guidance. We noted exceptions, for example, a child self-inflating bag and not all the required sizes of clear face masks were available. The items were ordered after the day and we were sent evidence of this.

We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

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

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

The practice occasionally used agency nurse staff. We were informed that these staff received an informal induction to ensure that they were familiar with the practice's procedures.

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. We noted that there was the potential for one staff member who occasionally worked in the decontamination room, to undertake refresher training to ensure they were always working in line with the practice procedures and policies.

The provider had suitable arrangements for transporting, checking, sterilising and storing instruments in line with HTM 01-05. There was scope for improvement in relation to manual cleaning as we noted the temperature of the water was not checked to ensure it was 45 degrees maximum.

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

We found staff had systems in place to ensure that any work was 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. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

Staff shared cleaning duties for maintaining the general areas of the practice. We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that the clinical waste bin was locked and located outside the practice. We noted it was not secured to a fixed object to prevent its unauthorised removal.

The infection control lead carried out infection prevention and control audits. The latest audit in May 2019 showed the practice was meeting the required standards.

Information to deliver safe care and treatment

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

Dental care records we saw were legible and were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Are services safe?

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines; we also noted areas that required strengthening.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored NHS prescriptions securely as described in current guidance. Monitoring arrangements for prescriptions required review to ensure that the practice would be able to identify if an individual prescription was taken inappropriately. Following our inspection, the provider informed us that systems were in the process of being strengthened.

We found that the dentist was not always following current guidance with regards to prescribing medicines eg antibiotic prescribing. We noted that antibiotics were prescribed to a patient where they were not experiencing any symptoms, but on a 'just in case' basis.

An antibiotic prescribing audit had not been undertaken.

Track record on safety and Lessons learned and improvements

There was an accident book held in the practice. We noted one accident reported in December 2016. The documentation included the details of the accident but not any preventative action considered or implemented as a result. We were informed that preventative action was however taken.

There was a policy and procedure for significant events. We found that policy required review as it did not include reference to less serious untoward incidents that may occur, and information regarding this was not held separately. The practice had not recorded any incidents, although we identified incidents which should have been recorded and investigated. It was therefore not evident that the practice learned when things went wrong. We found that not all staff were aware of incident reporting processes.

There was 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 that this practice was not providing effective 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.

We received a high number of very positive comments from patients about treatment received. Patients described the treatment they received as excellent, professional and first class. Many made reference to the dentist and a high standard of care received from them. Some patients at the practice had been attending for many years and told us they would not go anywhere else for dental care.

Effective needs assessment, care and treatment

We were not assured that the clinician always assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance. This included for example, dental dam use, antibiotic prescribing, consent and aspects of record keeping.

The practice provided NHS and private orthodontic treatment to children and adults. Orthodontics is a specialist dental service concerned with the alignment of the teeth and jaws to improve the appearance of the face, the teeth and their function. Orthodontic treatment is provided under NHS referral for children except when the problem falls below the accepted eligibility criteria for NHS treatment. Private treatment is available for these patients as well as adults who require orthodontic treatment.

The dentist had a specialist interest in orthodontics and carried out an assessment in line with recognised guidance from the British Orthodontic Society (BOS). An Index of Orthodontic Treatment Need (IOTN) was recorded for each patient which would be used to determine if the patient was eligible for orthodontic treatment through the NHS. The patient's oral hygiene would also be assessed to determine if the patient was suitable for orthodontic treatment.

The practice offered implant restoration and worked closely with a specialist who referred patients to the practice.

Staff had access to digital X-rays and a single lens reflex (SLR) camera to enhance the delivery of care.

The dentist was involved in quality improvement initiatives. They were a member of a local clinical network that undertook activities including audit and peer review.

The practice undertook an annual PAR audit to assess the standard of orthodontic treatment. They informed us that their results showed that out of 22 cases, over 75% improvement in outcomes to patients were identified.

Helping patients to live healthier lives

Staff had visited a local nursery for pre-school age children to deliver oral health education. They were invited to attend the practice to become familiar with the dental care environment.

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

The dentist prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentist gave oral hygiene education which included tooth brushing techniques and dietary advice using dental models to enhance patient understanding of caring for their braces. One patient commented that the dentist was very good at explaining to their child how to maintain their braces.

The dentist provided patients with specific details on how to look after the orthodontic braces to prevent problems during treatment. Patients were given details of dental hygiene products suitable for maintaining their orthodontic braces; we saw that products were available for sale in reception.

The dentist discussed smoking, alcohol consumption and diet with patients during appointments.

Staff were aware of national oral health campaigns in supporting patients to live healthier lives. For example, smoking cessation.

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

Are services effective?

(for example, treatment is effective)

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

Consent to care and treatment

We looked at the process for how consent to care and treatment was obtained and whether this reflected legislation and guidance. We identified concerns in relation to knowledge and understanding demonstrated by staff.

The practice team told us they understood the importance of obtaining patients' consent to treatment. We found examples where this was not noted in patients' dental care records.

Our discussions with the principal dentist showed they were not clear on who was able to provide valid consent when, for example, a young child attended for treatment or a vulnerable adult presented who may not be capable of providing consent for themselves.

We noted an incident had occurred whereby consent had been obtained from a temporary guardian attending with a child. Staff had not considered the issue of consent and had therefore not sought assurance as to whether they had authority to provide valid consent.

The practice's consent policy did not include information about the Mental Capacity Act 2005. A document was held separately in leaflet form which included some brief information about the Act.

Our discussions with the dentist showed they did not understand their responsibilities under the Act when treating adults who might not be able to make informed decisions. The dentist told us they considered that an appropriate adult attending with a vulnerable patient could provide consent. The dentist did not show awareness of the principles of the Act.

The consent policy referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Not all staff were aware of the need to consider this when treating young people under 16 years of age.

The dentist told us they gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. However, we found examples where this was not documented in patients' dental care records. Patients confirmed that the dentist listened to them and gave them clear information about their treatment. We saw that patients were provided with documentation at the reception desk outlining their treatment.

Monitoring care and treatment

We looked at a sample of patients' dental care records which contained information such as patient concerns, medical history, basic periodontal examination and teeth examination. We found that information was not always noted in sufficient detail regarding intra-oral and extra-oral examinations, risk assessment for cancer, treatment options (explained with risks and benefits of each option) or consent.

We noted that the practice had not audited patients' dental care records to check that the dentist recorded the necessary information.

Effective staffing

Whilst we noted areas where staff knowledge required improvement, staff demonstrated where they had skills and experience to carry out their roles. For example, the dentist had a specialist interest in orthodontics and was skilled to provide implant restorations. The receptionist was also qualified as a dental nurse and provided nurse support and cover when required. Staff had access to the practice manager who managed the practice on a day to day basis.

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

Staff discussed their training needs at appraisals. We noted that staff annual appraisals were overdue, however. We saw that one staff member had a record of appraisal in January 2017 and another staff member had an appraisal in May 2018. The practice manager told us they were aware that appraisals were overdue and had plans to undertake these.

Co-ordinating care and treatment

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

Are services effective?

(for example, treatment is effective)

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

The provider also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

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

The practice was a referral clinic for orthodontics and we saw they monitored and ensured the dentists were aware of all incoming referrals daily.

Are services caring?

Our findings

We found that 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 pleasant, welcoming and reassuring.

We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Comments from patients who were nervous included that staff helped them feel calm and safe.

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

An information folder was available in the reception area for patients to read and a patient comment book was placed at the reception desk for patients to leave any feedback. We noted that many positive comments had been written.

We looked at feedback left on NHS Choices website and saw that the practice had been awarded five stars based on feedback left on one occasion in January 2019. The comment included that the nervous patient had been treated with kindness and support and praised staff.

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 the waiting area provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, the receptionist told us they could take them into another room. The reception computer screen was not visible to patients and staff told us they 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

We looked at how staff helped patients be involved in decisions about their care and their compliance with the requirements under the Equality Act and Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).

- Whilst most staff in the practice had awareness of interpretation services, the receptionist who would usually be the first point of contact for patients, did not. We were informed that there had not been a need for this service.
- Staff told us they communicated with patients in a way that they could understand. Information was not available in different formats if requested, although staff told us they could print text held on the computer system in larger font, if needed.

Staff gave patients clear information to help them make informed choices about their treatment. Many patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Patient comments included that patients were always listened to, questions always answered and choice was always given.

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, photographs, dental models, X-ray images and an SLR camera. These were shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that 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 on the importance of emotional support needed by patients when delivering care.

Three staff members had undertaken dementia awareness training. We were provided with an example of a patient who was unable to lay flat on the dental chair. They were shown one of the dental chairs and were happy to proceed with becoming a patient at the practice. We were told that longer appointment times were allocated for those who would benefit, such as patients with anxiety.

Staff told us that the practice was always busy with patient demand. Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice currently had a small number of patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made most reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails and a call bell. A magnifying glass and reading glasses were available, but a hearing loop was not installed.

Staff contacted patients by text, email or letter, based on their preference, prior to their appointment to remind them to attend. One patient comment included that patient reminders were really useful.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. We were informed that there was a waiting time for the next available routine appointment, as the practice was very busy. One patient told us that they were contacted if they could be seen earlier or if a cancellation was made.

The practice displayed its opening hours 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 seen the same day. If time could not be allocated, they could be seen at in between or at the end of the dentist's diary commitments.

Patients told us they had enough time during their appointment and did not feel rushed.

Outside of usual opening hours, patients could be directed to Bupa which opened from 8am to 8pm seven days a week. Patients were also directed to NHS 111 at other times.

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 closed. The majority of patients confirmed they could make routine and emergency appointments with ease. One patient commented that it could take a long time to get an appointment.

Listening and learning from concerns and complaints

The provider told us they took complaints and concerns seriously and had a system to respond to complaints to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. Information was also posted on a notice board in the reception area.

The principal dentist was responsible for dealing with these. Staff told us they would tell the practice manager or principal dentist about any formal or informal comments or concerns straight away, if any were to be received, to enable patients to receive a quick response.

Information was available about organisations patients could contact if not satisfied with the way the practice had dealt with their concerns.

The practice manager told us they had not received any complaints.

Are services well-led?

Our findings

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

We have told the provider to take action (see full details of this action in the Requirement Notices 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 dentist had the capacity and skills to deliver high-quality, sustainable care; however, we found that improvements were required in the service.

The principal dentist and practice manager were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The premises had received significant investment from the provider to modernise and make them fit for purpose when first acquired.

Leaders were visible and approachable. Staff told us they worked closely with them.

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

Vision and strategy

There was a vision and set of values. The provider's statement of purpose included the provision of dental care and treatment of consistently good quality for all patients and services to meet patients' needs and wishes.

Staff planned the services to meet the needs of the practice population. For example, the provision of orthodontic treatments for NHS patients.

Culture

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

The staff focused on the needs of patients. We received a high amount of extremely positive feedback from patients about the effective, caring and responsive service provided.

We saw the provider took effective action to deal with staff poor performance.

The provider was aware of the requirements of the Duty of Candour. We did not view evidence to show how this was applied in practice. The practice had not recorded any significant or untoward incidents, although we identified some that should have been recorded and investigated. Not all staff understood incident reporting or processes to follow. Whilst there was one reported accident, it was not clear that action was taken to consider if preventative measures could have been deployed to reduce the risk of future recurrence. The practice did not record agendas or minutes from practice meetings, so we were unable to ascertain how any other issues or risks were discussed and managed.

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

Governance and management

The principal dentist 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 subject to review by management. We noted that not all appropriate risk assessments had been completed, for example lone working. We found there was scope to improve governance arrangements, for example, discussions regarding safeguarding and policy such as whistleblowing, to ensure staff knowledge and awareness were kept up to date.

We found there were not always effective processes for managing issues and performance. For example, staff appraisals were overdue. We found the provider was not always following national guidance. We found that improvement was required amongst staff regarding knowledge and compliance with legislative requirements such as those relating to consent.

Appropriate and accurate information

The practice did not hold all appropriate information needed. For example, evidence of all staff immunity to Hepatitis B. Where this information was not held, a risk assessment had not been completed. We noted that efforts were made after the inspection to obtain this information.

Are services well-led?

Operational information was used to ensure and improve performance. 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, staff and external partners to support quality sustainable services.

The provider used patient feedback to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, air conditioning in the surgery.

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

The provider gathered feedback from staff through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, blocked appointments for emergency slots changed to afternoon instead of mornings.

Continuous improvement

There were insufficient systems and processes for learning and continuous improvement.

The provider had some quality assurance processes to encourage learning and continuous improvement. This included audits of infection prevention and control, radiography and PAR audit.

They had records of the results of these audits; action plans had not been required in audits we looked at. There was scope to widen practice audit to include record keeping, antibiotic prescribing and orthodontics.

The principal dentist was a member of a local clinical network that undertook activities including audit and peer review.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.

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 9 HSCA (RA) Regulations 2014 Person-centred care **The care and treatment of service users must be appropriate, meet their needs, and reflect their preferences.** **Assessments of the needs and preferences for service user care and treatment were not being carried out collaboratively with the relevant person. In particular:** • Staff did not have a clear understanding of who could provide valid consent, including knowledge of the Mental Capacity Act 2005 and how this might impact on treatment decisions. **Regulation 9 (1) (3)**

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.** **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:** • Effective procedures were not in place for significant event and untoward incident reporting. Not all staff were aware of incident reporting.

This section is primarily information for the provider

Requirement notices

- Processes to improve quality required strengthening; staff had not received up to date annual appraisals.

There were some limited systems or processes established 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:

- Risk assessments had not been undertaken in relation to safety issues including: where staff immunity status to Hepatitis B was not known and lone working.

There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Patients' dental assessments were not recorded in accordance with nationally recognised evidence-based guidance.
- Patients' dental assessments did not include information regarding the consent process.

Regulation 17(1)