

North Huyton Dental Practice

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Inspection Report

North Huyton Primary Resource Centre
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Date of inspection visit: 20 February 2020
Date of publication: 26/03/2020

Overall summary

We carried out this announced inspection on 20 February 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

North Huyton Dental Centre is based in a purpose built, shared facility in Huyton, Liverpool and provides 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, including dedicated parking for people with disabilities, are available near the practice. The practice has three treatment rooms and is located on the first floor of the building, which is accessed by a lift.

Summary of findings

The dental team includes two dentists, three dental nurses, one of whom is a trainee, one dental hygiene therapist and a practice manager.

The practice is owned by a company 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 North Huyton Dental Practice is the principal dentist.

On the day of inspection, we collected nine CQC comment cards filled in by patients. All views expressed were highly positive.

During the inspection we spoke with both dentists, two dental nurses, the trainee dental nurse who was carrying out reception duties and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open from 9.30am to 5pm Monday to Thursday and from 9.30 to 3pm on Friday.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies.
- Some items of emergency equipment were not available as described in recognised guidance.
- The provider had systems to help them manage risk to patients and staff.
- Systems in place to receive safety alerts and clinical updates did not meet the needs of all staff.

- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Knowledge of and application of consent processes in relation to young patients could be further developed.
- The provider had staff recruitment procedures which reflected current legislation. These were not adhered to consistently.
- 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 culture of continuous improvement.
- Staff felt involved and supported and worked as a team. Some aspects of leadership could be further developed and improved.
- 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. Some awareness of these could be strengthened.

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.

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 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 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. We saw that there were no face masks or visors available in the decontamination room for staff use.

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.

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. When staff demonstrated the manual cleaning of instruments to us, we observed they were not scrubbing instruments submerged under water, to reduce splashing.

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. 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.

The provider carried out infection prevention and control audits twice a year. The latest audit showed the practice 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. These reflected the relevant legislation. We reviewed three staff recruitment records. We found that the recruitment policy and procedure were not consistently followed. For example, one staff member had started work at the practice as a locum, with no evidence of indemnity insurance in place. The document held by the provider for this staff member was a quote for insurance, rather than indemnity cover. The

Are services safe?

provider was able to confirm that appropriate insurance was in place when the staff member began permanent part time work at the practice at a later date. For a further two staff members, there was no history of immunisations received, or that these staff had been tested for Hepatitis B immunity. The provider was unable to produce this information on the inspection day or in the days following the inspection, or show that a risk assessment had been carried out mitigate risks faced by staff in their daily duties.

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 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.

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.

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. 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.

Clinical staff had an awareness of Sepsis. We found there were no prompts for reception staff to follow when triaging patients for appointments.

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

Emergency medicines were available as required. Some items of emergency medical equipment were not available as described in recognised guidance, for example, self-inflating bags, oropharyngeal airways and clear face masks in all sizes recommended, for the self-inflating bags. We found staff kept records of their checks of these items, however the list staff were checking items against did not reflect recognised guidance.

A dental nurse worked with the dentists and the dental therapist 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.

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 and legible. During our inspection we observed that equipment for viewing X-ray images was in a room at the end of a corridor accessed by patients. This computer was not closed or locked after use. This meant that patient dental care records could be accessed by unauthorised persons passing this room. This does not comply 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

Are services safe?

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 on a monthly basis. The most recent audit indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. Staff told us that 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. However, the system in place could be improved. At present, the alerts go to the principal dentist only, and staff did not always have sight of these or discuss them as a team to ensure understanding.

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.

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 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

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 understanding of the need to obtain proof of legal

guardianship, for those children attending with adults who were not their primary carer, or Power of Attorney for patients who lacked capacity could be further developed and improved. We discussed how this could be achieved. 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 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

Staff had the skills, knowledge and experience to carry out their roles.

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.

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 friendly, approachable and professional. We saw staff treated patients respectfully 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.

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 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. We saw notices in the reception areas informing patients that translation services were available.
- 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 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, study models 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.

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.

Nine cards were completed, giving a patient response rate of 18%

100% of views expressed by patients were positive.

Common themes within the positive feedback were friendliness of staff, easy access to dental appointments and continuity of care provided.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, easy rise chairs in the waiting area, a hearing loop at reception 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.

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 NHS managed 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 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.

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 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 principal dentist and practice manager were visible and approachable. Staff told us they worked closely to make sure they prioritised compassionate and inclusive leadership.

We saw the provider did not have processes in place to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice manager did not have the autonomy to take decisions in the absence of the principal dentist, who was at the practice for just one day each week.

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. They were proud to work in the practice.

Staff did not have any formal opportunities to discuss their training needs. There were no annual appraisals in place, or intermediate reviews of staff achievements, future training requirements and professional development. We saw that one staff member was not receiving the practical work experience they needed to support their learning that would enable to achieve their chosen qualification.

Communication across the practice could be improved. The principal dentist was at the practice for one day each week. Some practice meetings were held but these were not held with any regular frequency. There was no formal agenda in place, for example updates on any patient safety alerts, or updates on clinical guidance to be shared with dental nurses.

The staff focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to any incidents and complaints. 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 principal dentist had overall responsibility for the management and clinical leadership of the practice. The principal dentist and the practice manager were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. This arrangement could have been improved. The practice manager said they wanted to support a system of staff appraisal but had not been given the autonomy to do this.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. Refresher training on some of these was required for some staff. We saw there were processes for managing risks, issues and performance. Some of these could be further embedded. For example:

- Staff technique for manually cleaning dental instruments did not follow recognised guidance.
- All records required as part of the recruitment process and for the ongoing safety of staff, were not held as required. This included no evidence of immunity to Hepatitis B for two staff members.
- There were no prompts for staff to follow in respect of patients at risk of sepsis, particularly staff working on reception.
- Some items of emergency medical equipment were not available as described in recognised guidance. The list staff were checking these items against was out of date and did not reflect recognised guidance, making these checks ineffective.
- Security of electronic patient records in one room in the practice required review.
- Systems and processes to ensure staff could read and confirm understanding of patient safety alerts and updates to clinical practice, required improvement.

Are services well-led?

- Understanding of issues around consent, particularly for children attending with adults that were not their primary carer, could be strengthened, along with checks on this and how this should be recorded in patient records.
- There was no formal appraisal system in place for staff, or to review the progress of staff in training, or to discuss training and development needs of staff.
- Communication across the practice could be improved. There were no regular practice meetings in place that were minuted so that staff could refer to these to ensure they were acting on the most up to date information.

Appropriate and accurate information

Quality and operational information including audits and performance data 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. These could be improved through refresher training so that staff do not overlook instances when computer screens are potentially visible to the public, and not secured when patients are passing these areas.

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 and comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, there were easy rise chairs in the waiting area for those patients who found rising from sitting difficult. 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.

Continuous improvement and innovation

The provider had systems and processes for continuous improvement.

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.

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

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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17</p> <p>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>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:</p> <ul style="list-style-type: none">• Systems and processes to ensure staff followed and adhered to appropriate recognised guidance were ineffective. Staff did not fully follow guidance in HTM01 05 when carrying out manual cleaning of dental instruments. Staff did not follow guidance on how the instruments should be immersed in water when cleaning.• Systems and processes described in the practice recruitment policy, were not adhered to. All required recruitment records were not held by the provider in relation to all staff. For example, evidence of immunity to Hepatitis B for two staff members,

Requirement notices

- Systems to ensure patients were triaged effectively were not sufficiently robust. Staff performing reception duties had not received any training on effective triage of patients, including asking questions to identify the risk of sepsis.
- Systems for checks on medical emergency equipment were ineffective. These had failed to identify items missing which included self-inflating bags, airways and clear face masks in the appropriate sizes. The list staff were making checks against was outdated and had not been reviewed.
- Systems to ensure the confidentiality of patient records required improvement. One computer in the practice did not automatically log out and the screen was visible to patients using one of the corridors in the practice.
- Systems and processes to ensure staff could read and confirm understanding of patient safety alerts and updates to clinical practice, required improvement. were not routinely shared and discussed with nursing staff or the visiting hygienist therapist.
- There was no appraisal process in place that allowed review of staff skills, achievements and training needs. For example, we identified that some further training, or refresher training was required for staff in relation to consent. We saw that one staff member was not receiving the practical training required to reinforce desk-based learning. There was no opportunity for staff to discuss their needs with the principal dentist.
- There was no system or process in place to support communication across the practice. There were no regular practice meetings in place that were minuted so that any part-time, staff or staff on leave could refer to these notes.

Regulation 17