

Mr Liam Fitzpatrick

# North Street Dental Practice

## Inspection Report

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Date of inspection visit: 10 February 2020

Date of publication: 07/04/2020

### Overall summary

We carried out this announced inspection on 10 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 Street Dental Practice is in Bourne, a town in the South Kesteven district of Lincolnshire. It provides mostly private dental care and treatment for adults. There is a small contract with NHS England for the provision of NHS dental care for children.

There is level access to the practice for people who use wheelchairs and those with pushchairs through an entrance at the rear of the premises. There are no car parking facilities on site, but there is on street car parking with time restriction at the front of the premises.

The dental team includes two dentists, two dental nurses, one dental hygienist and two receptionists. One of the

# Summary of findings

dentists was on an extended period of leave at the time of our visit but was due to return to work shortly. The practice has three treatment rooms; one on 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 27 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, one dental nurse, the dental hygienist and two receptionists. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday 9am to 5pm, Tuesday 9.15am to 5pm, Wednesday 9.15am to 2pm, Thursday 8am to 5pm, Friday 9am to 1pm and on six Saturdays during the year, 9am to 1pm.

## 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, although annual training was overdue. This had been booked. Appropriate medicines and life-saving equipment were available with exception of some clear face masks.
- The provider had systems to help them manage risk to patients and staff. We also noted areas of risk that had not been identified; these required further oversight.
- 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. References or other evidence of previous satisfactory conduct for two staff members were not available for us to view on the day of our visit. A reference for one staff member was forwarded to us afterwards.
- 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.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team. They spoke highly of management.
- The provider asked staff and patients for feedback about the services they provided. We noted patient feedback received in CQC comment cards was very positive about staff and care received.
- The provider had systems to deal with complaints.
- Governance arrangements required strengthening.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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






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

- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Implement an effective system for receiving and responding to patient safety alerts issued by the Medicines and Healthcare products Regulatory Agency.
- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records and adopting a risk based approach to the frequency of radiographs taken.
- Improve and develop staff awareness of the requirements of the Mental Capacity Act 2005 and Gillick competence. Ensure all staff are aware of their responsibilities under the Act and the principle as it relates to their role.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b>	
<b>Are services effective?</b>	<b>No action</b>	
<b>Are services caring?</b>	<b>No action</b>	
<b>Are services responsive to people's needs?</b>	<b>No action</b>	
<b>Are services well-led?</b>	<b>Requirements notice</b>	

# Are services safe?

## Our findings

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

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

Staff had systems to keep patients safe. We noted some areas that required further oversight by the provider.

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. Contact information was included in policy provision and in a folder, but not displayed.

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.

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.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The limitations of space within the premises meant it was not possible to have a separate de-contamination suite. Surgeries were used for the de-contamination process in a zoned area with separate hand wash facilities available. Used instruments in the surgery room upstairs were transferred for the sterilisation process in a separate room.

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 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 in January 2020 showed the practice was meeting the required standards. There was not an Infection and Prevention Control lead at the time of our visit. Following the day, we were informed that one of the dental nurses had been nominated as the lead and was due to complete additional training.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination. The policy did not have details of external organisations that could be approached for reporting concerns. We were informed that the policy had been updated after our visit.

The dentist used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency staff. The documentation did not include reference to the legislative requirements.

We looked at two staff recruitment records for the most recently recruited team members. References or other evidence of satisfactory conduct in previous employment

# Are services safe?

were not held for the two staff in the files we viewed. One of the staff members was recruited through an agency, and we were informed that reference checks had been undertaken by the agency. Following our visit, we were sent a copy of a reference that had been obtained previously for the other staff member who was already known to the practice staff.

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 in October 2019. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice's arrangements to ensure the safety of the X-ray equipment required review as three yearly routine quality assurance measurements were last completed in January 2016. We asked for, but were not provided with annual mechanical and electrical tests for the equipment. We were informed that the provider had been waiting for three yearly testing to be undertaken by their contractor and this had been booked for 17 February 2020.

The provider held their radiation protection information online, we saw that information required was available.

We did not see evidence that one of the dentists justified, graded and reported on the radiographs they took in the sample of patient records we viewed. The provider had carried out a radiography audit although this had not identified issues to be addressed.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography. We were unable to view one of the dentists CPD as they were currently on a period of extended leave from the practice.

## Risks to patients

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

The practice had health and safety policies, procedures and risk assessments which were reviewed regularly to help manage potential risk. We noted areas that required further oversight in relation to the management of risk.

We looked at the practice's arrangements for safe dental care and treatment. Both safer sharps and traditional needles were used by staff. There were safeguards available for those who handled traditional needles. We were told that dental nurses did not handle used needles. A sharps risk assessment had been completed. We found that further detail could be included to identify the individual control measures for each type of sharp used.

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. The effectiveness of the vaccination was not checked for one of the dentists, hygienist and one of the dental nurses. After the day, we were sent information to show how this was now being managed.

None of the clinical staff had knowledge of the recognition, diagnosis and early management of sepsis. This would help ensure staff could make triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care. The staff took responsive action and completed training after our visit. We were sent evidence of this.

The provider had current employer's liability insurance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support. We noted that annual training was overdue. We were told this was booked for 19 February 2020.

Emergency equipment and medicines were available as described in recognised guidance. We noted exception in relation to clear face masks for self-inflating bag sizes 0 to four. There were some syringes with needles attached that had expired. There were also new needles present in date but no new syringes. Items that had expired were removed after this was identified.

We found staff kept records of their checks of equipment and medicines.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team. The dental hygienist was not supported. A policy was in place for when they worked without chairside support, although a risk assessment had not been completed. The policy did not identify all potential risks presented. This was updated after our visit.

# Are services safe?

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 legible, 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. The principal dentist was not familiar with the process but was able to locate the referral form when requested.

## **Safe and appropriate use of medicines**

The provider had systems for appropriate and safe handling of medicines, although some required review as they were not always working effectively.

Enough medicines were available on site when required. The stock control system of medicines held within the practice had not identified that some antibiotics had expired. Whilst we were informed this would likely be identified at the point of issue by staff, the items had not been checked prior to this point. Following our visit, we were told that this risk had now been addressed.

We saw staff stored records of NHS prescriptions securely as described in current guidance. There were insufficient monitoring systems to ensure that if an individual prescription was taken inappropriately, this could be identified.

The dentist was aware of guidance with regards to prescribing medicines, although they were not specifically clear on the duration a patient should take a course of antibiotics, when we discussed this on the day.

## **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.

In the previous 12 months there had been one safety incident. The nature of the incident did not result in a preventative measure being required.

The incident had been documented and discussed with the rest of the dental practice team. Staff showed awareness and understanding of the type of incident they would report to management.

The provider had a system for receiving and acting on safety alerts. It was not clear that all Medicines and Healthcare products Regulatory Agency (MHRA) alerts issued that may impact upon a dental practice, had been received by staff in the previous 12 months. Practice staff told us they had signed up to receive these alerts directly from the [www.gov.uk](http://www.gov.uk) website after our visit.



# 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**

We received very positive comments from patients about treatment received. Patients described the treatment they received as 'pain-free', 'effective' and 'gentle'. Many cards referred to individual staff. Some patients at the practice had been attending for many years and told us they would not go anywhere else for their dental care needs.

We were not assured that the clinician we spoke with always assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance. This included for example, record keeping, use of radiography, periodontal assessment and care.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to technology and equipment available in the practice, for example, intra-oral cameras, a 'piezo' device used for dental implants 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 clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale.

Staff were aware of and involved with national oral health campaigns which supported patients to live healthier lives, for example, smoking cessation.

The clinicians 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. The hygienist told us they recorded detailed charts of the patient's gum condition.

We were informed by the hygienist that an initial patient referral was made by the dentist to the hygienist when required, but as patients returned every six months, a new referral was not completed. We did not see evidence of a record of referral in the sample of patient files that we looked at. After our visit, the principal dentist told us they were co-ordinating with the hygienist to improve the process.

The dentist was not aware of new classification from the British Society of Periodontology regarding gum disease. Whilst the hygienist was aware, they were not routinely using it.

### **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.

The practice team told us they understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions.

We found examples where consent was recorded such as patients' written treatment plans which were signed by them. We found that discussions regarding any treatment options were not recorded in a small sample of patients records we viewed for one of the dentists. We noted that more detail was recorded in the other dentist's notes. Patients confirmed their dentist listened to them and gave them clear information about their treatment. Patient comments included that procedures were 'fully explained' to them and explanations given were 'brilliant'.

Not all staff were clear about the legal position regarding consent if a child was looked after.

The practice's consent policy included some information about the Mental Capacity Act 2005 although the Act was not specifically referred to. We found that staff understanding of the Act and its application required

# Are services effective?

## (for example, treatment is effective)

further review. The practice did not have access to Mental Capacity assessment forms at the time of our visit. The principal dentist told us that staff would refresh their knowledge.

The consent policy did not refer to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Practice policy stated that patients under the age of 16 would not be seen without an appropriate adult.

Staff described how they involved patients' relatives or carers when they considered appropriate and made sure they had enough time to explain treatment options clearly.

### **Monitoring care and treatment**

We found variance in the amount of information recorded in patients records when we looked at a small sample of these, completed by both dentists. One of the dentists documented patients' dental care needs which was in line with national guidance.

The other dentist's records included information about patients' medical and social history, but we found that some of their current dental needs were not included or were not in enough level of detail. For example, there was minimal information regarding those patients' extra-oral examination and soft tissue intra-oral examination and the risk assessment for caries, periodontal disease, cancer and tooth wear were not noted. The dentist assured us that this was undertaken.

We found that X-rays were not routinely undertaken; national guidance states patients' identified risk should indicate the frequency of radiographs and their recall period. Patients who paid into the private dental plan were routinely seen twice a year for check-ups.

The lack of information recorded in records we viewed meant that it was not clear that one of the dentists always assessed patients' treatment needs in line with recognised guidance. After the inspection, we were sent documentation of training completed to improve clinical record keeping.

The provider's quality assurance processes to encourage learning and continuous improvement required improvement. Whilst a record keeping audit had been completed in January 2020 and this had identified an area for improvement, an action plan was not in place to facilitate it.

### **Effective staffing**

Whilst we noted some areas where staff knowledge required improvement, staff demonstrated where they had the skills and experience to carry out their roles. For example, the principal dentist was trained in dental implants. The associate dentist had a Masters in Endodontics. One of the receptionists supported the principal dentist in practice management and administration and received support from the team. One of the dental nurses had completed implant nurse training.

Staff new to the practice including agency staff 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 dentist 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 polite, helpful and efficient.

We saw 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. For example, one patient told us that the dentist took their time with their family member who was also a patient as they had a long-term health condition. Another patient said that staff were interested in them as a person as well as their oral health.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. A patient stated that they were able to have treatment completed earlier than expected when they had a dental problem just prior to Christmas.

There was an information folder, selection of magazines and a television in the patients' waiting area.

### 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 did not provide privacy when reception staff were dealing with patients. This was because the practice had space limitations. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screen was 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 requirements of the Equality Act.

We saw:

- Interpreter services were available for patients who did not speak or understand English. The practice did not currently have any patients who would benefit from this service.
- Staff told us they communicated with patients in a way they could understand, and easy-read materials could be obtained if needed.
- An alert could be placed on a patient's record if they had any requirements.

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 clinician 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 website provided detailed explanations of procedures, such as crowns, implants, bridges and root canal treatment.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models, X-ray images and an intra-oral 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 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. Staff had worked in the practice for many years and told us they knew their patients and their needs well.

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.

27 cards were completed, giving a patient response rate of 54%

100% of views expressed by patients were positive.

Common themes within the positive feedback were the friendliness and caring nature of staff, easy access to dental appointments and cleanliness in the premises.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Patients with mobility problems were seen in the ground floor treatment room. Longer appointments were allocated when required.

The practice had made most reasonable adjustments for patients with disabilities. This included step free access through a door at the rear of the building. There was a downstairs patient toilet facility, although its size meant it was not suitable for those who used wheelchairs. There was a magnifying glass at the reception desk. The practice did not have a hearing loop.

Access arrangements had been subject to audit. One audit had identified that a hearing loop could be obtained.

Staff contacted patients in advance of their appointment to remind them to attend. This was based on patient preference of communication.

### Timely access to services

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

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment within 24 hours.

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 unduly waiting.

The dentists shared emergency on-call cover between them. If the dentists were not available, they had an agreement with another local practice to see their patients.

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. 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 would view complaints and concerns seriously and would respond 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 provided information that explained to patients about how to make a complaint.

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

The principal dentist would aim to settle complaints in-house and would invite patients to speak with them in

# Are services responsive to people's needs?

(for example, to feedback?)

person to discuss these, if appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice had dealt with their concerns.

The practice had not received any complaints within the previous 12 months.

# 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 supported by the clinical team had the capacity, values and skills to deliver high-quality, sustainable care. There were however, improvements required in the service.

The provider had a mission statement which included their aims to provide high quality treatment in a clean, state of the art environment. This was displayed on their website.

The provider had invested in the practice since they had taken ownership in 2001 and we saw there were continued refurbishment plans in place. These included new surgery work tops in one of the treatment rooms, a glass canopy over the front door and a new back door.

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.

Staff planned the services to meet the needs of the practice population. There was a small contract in place with NHS England for the provision of NHS dental care and treatment for children.

### Culture

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

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

The staff focused on the needs of patients. Patient feedback consistently supported a caring and responsive approach by the provider.

The provider had systems to ensure compliance with the requirements of the Duty of Candour. Not all staff were aware of this term, but they told us that they adopted an honest and transparent approach to their work.

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. They, along with support from one of the receptionists were 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. We found that some policy provision required a review to include further information. Not all policies were dated which meant it was not clear when they had been subject to review.

We noted examples where there were clear and effective processes for managing risks, issues and performance. This included fire and health and safety risk assessments completed and which were subject to review. We also saw areas that required greater management oversight. This included ensuring X-ray machines were subject to three yearly routine quality assurance measurements and clinical staff awareness of current national guidance.

The practice demonstrated their positive responsiveness to issues that we identified on the day. They provided us with actions they were taking to improve on existing systems and processes, where these were required. For example, reviewing latest national guidance, refreshing staff knowledge in relation to the Mental Capacity Act and improvement in relation to stock control processes.

### Appropriate and accurate information

Quality and operational information, for example NHS BSA performance information and patient surveys were used to ensure and improve performance.

The practice did not hold all the appropriate information needed. For example, evidence of all staff immunity to

# Are services well-led?

Hepatitis B. Where this information was not held, a risk assessment had not been completed at the time of our visit. We noted that systems were in the process of being strengthened after the day.

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 and encouraged verbal comments to obtain staff and patients' views about the service.

We saw an example of a suggestion from patients the practice had acted on. The front entrance to the practice was re-opened five minutes earlier in the afternoon following lunch-time closures.

The provider gathered feedback from staff through meetings 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 positioning of the autoclave.

## **Continuous improvement and innovation**

The provider's systems and processes for learning and continuous improvement were not all working effectively.

The staff were not involved in quality improvement initiatives such as peer review.

The provider had some limited quality assurance processes to encourage learning and continuous improvement. This included audits of infection prevention and control. Whilst there was evidence of clinical record keeping and radiography audits, these were not sufficient in identifying all areas needed for improvement and did not have resultant action plans.

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>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"><li>• There were limited systems for monitoring and improving quality. For example, radiography audit.</li></ul> <p>There were some ineffective systems or processes 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"><li>• At the point of our inspection, stock control systems for medicines had not identified those medicines that had expired.</li><li>• X-ray equipment was overdue three yearly routine quality assurance measurements.</li></ul> <p>There were limited 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:</p> <ul style="list-style-type: none"><li>• Patients' dental assessments were not recorded in accordance with nationally recognised evidence-based guidance.</li></ul> <p><b>Regulation 17(1)(2)</b></p>