Solid Rock Services Limited

Solid Rock Specialist Dental Practice - Doncaster

Inspection Report

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Overall summary

We carried out this announced inspection on 5 November 2018 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 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

Solid Rock Specialist Dental Practice is in Doncaster and provides private routine dentistry, oral surgery and dental implants to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the rear of the practice.

The dental team includes the principal dentist, who is registered with the General Dental Council as an Oral

Summary of findings

Surgeon and three trainee dental nurses. The practice has three treatment rooms, one of which is out of commission. On occasion a locum dentist will cover holidays and sickness.

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 9 CQC comment cards filled in by patients. We

were unable to speak to patients during the inspection as there was no one booked in for appointments.

During the inspection we spoke with the principal dentist and three trainee dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 10:30am – 1:30pm and 5pm – 8pm

9am – 1pm Saturday

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 life-saving equipment were available.
- Improvement was needed to have appropriate systems to help them identify and manage risks to patients and staff.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures. Improvements could be made in respect to staff document checks.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Improvements could be made to protect the privacy and personal information of their patients.
- The provider was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- There was a defined leadership role within the practice, staff felt supported and worked well as a team.
- The governance and management of the practice could be improved.
- The practice asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- Information governance arrangements did not reflect General Data Protection Regulations (GDPR) requirements.

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

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

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

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

- Review the practice's protocols for the use of closed circuit television cameras (CCTV) taking into account the guidelines published by the Information Commissioner's Office.

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

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

The practice had systems and processes to provide safe care and treatment, we identified some areas where improvements could be made. In particular:

- The systems and processes for Legionella and fire safety management.
- The process for receiving and responding to safety alerts.
- Control of Substances Hazardous to Health (COSHH).
- The process for identifying, reviewing and investigating when things went wrong.
- Maintaining an effective governance process in respect to timely review of policies and staff awareness of their content.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Where appropriate, staff were qualified for their roles. The process to check relevant disclosure and barring service checks could be improved.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The principal dentist did not use rubber dams routinely in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had suitable arrangements for dealing with medical and other emergencies.

Are services effective?

No action

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, excellent and very good. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Summary of findings

Are services caring?

No action

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

We received feedback about the practice from 9 people. Patients were positive about all aspects of the service the practice provided. They commented that staff were friendly, caring and helpful.

They said they were given honest explanations about dental treatment, and were listened to.

The provider had no governance systems in place for the use of CCTV within the practice. For example, there was no policy or privacy impact statement.

Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action

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

The practice's appointment system met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

Requirements notice

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).

There was a defined management structure and staff felt supported and appreciated.

A significant event incident reporting process was implemented in December 2016. We reviewed this process and found there were no entries since it was set up. The process for identifying, reviewing and investigating when things went wrong was not embedded within the team.

There were no procedures in place to reduce the possibility of Legionella or other bacteria developing in the water systems. A risk assessment was carried out in November 2016 but was not available for review during the inspection.

Summary of findings

We reviewed the fire safety management processes and found improvements could be made. External fire safety checks were carried out bi-annually, but no in-house processes were in place to check emergency lighting and smoke detectors. A fire risk assessment was carried out in September 2018, the recommendations had not been acted upon.

Suitable risk assessments to minimise the risks that can be caused from hazardous substances were not in place.

The provider had registered with the Medicines and Healthcare Products Regulatory

Authority alerts (MHRA) in November 2016. There had been no recorded alerts or documentation retained since 2016. Improvements are needed to ensure a system is in place to review alerts in a timely manner and respond accordingly.

We reviewed the location of the dental care records and found they were kept in an unlocked cabinet in an unsecured area. The security of dental care records could not be guaranteed, this process was not in line with the General Data Protection Regulations (GDPR) requirements. Information governance arrangements did not reflect General Data Protection Regulations (GDPR) requirements.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

Audit processes could be improved to identify areas of non-compliance. For example, the audit process had not highlighted the lack of Legionella control measures or validation for the washer disinfector.

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, Equipment & premises and Radiography (X-rays)

The practice had systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on records, for example, children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

We discussed the need to have a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation as staff were not aware.

The practice had a whistleblowing policy, which staff had signed but were unsure of its content. Staff felt confident they could raise concerns without fear of recrimination.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff. We looked at four staff recruitment records, including the locum dentist and found the process to check appropriate disclosure and barring service (DBS) checks could be improved. For example: two staff records held disclosure and barring certificates for previous employers; one of which was not role specific and no risk assessments were in place to mitigate this. The provider sent supporting documentation showing updated DBS certificates after the inspection and told us these had been risk assessed.

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

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

We reviewed the fire safety management processes; records showed the fire alarm was tested monthly and fire extinguishers were regularly serviced. We noted in addition that:

- No in-house process was in place to check other fire detection equipment, such as emergency lighting and smoke detectors.
- A fire risk assessment was carried out in September 2018, the risk assessment identified one area which required improvement and one area which did not comply with fire regulations. These had not been acknowledged and acted on.

We brought these areas to the attention of the principal dentist, who made arrangements on the day of inspection to implement the recommendations. Confirmation after the inspection supported that work would be carried out on the 8 November 2018.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

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

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

The practice had a cone beam computed tomography (CBCT) machine. Staff had received training and appropriate safeguards were in place for patients and staff.

Are services safe?

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and practice risk assessments were recently reviewed to help manage potential risk. The practice 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 in July 2018 and the sharps injury protocol was recently reviewed.

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

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) on the 2 November 2018.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks 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 GDC Standards for the Dental Team.

The provider had implemented a Control of Substances Hazardous to Health (COSHH) folder in December 2016, which contained safety data sheets for materials used and a single page multi-product risk assessment. The risk assessment did not identify the associated risks for all materials being used. For example, the assessment only covered acids, mercury, bleach and powders. Suitable risk assessments to minimise the risk that can be caused from hazardous substances were not in place.

The practice 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 (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. We received conflicting information with regards to the use of the washer disinfector. Because of the conflicting information and no evidence of regular maintenance or validation, the provider rendered the machine out of service to prevent accidental use.

The practice had protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the work was fitted in a patient's mouth.

There were no procedures in place to reduce the possibility of Legionella or other bacteria developing in the water systems. The provider had not received the completed risk assessment report and therefore had not put any measures in place to mitigate any associated risks. We reviewed a hand-written summary of the site visit; the summary was not a comprehensive account of recommendations and did not give details of Legionella water line management requirements. Since the inspection took place, the provider informed us that the risk assessment from 2016 had since arrived and water line management has been implemented. No supporting evidence of this was seen.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits annually. The latest audit showed the practice was meeting the required standards. The audit process had not highlighted the lack of Legionella control measures or validation for the washer disinfector. We highlighted to the provider these audits should be carried out twice a year in line with recommended guidance. The provider assured us this would be implemented.

Information to deliver safe care and treatment

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

Are services safe?

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients 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 practice had reliable systems for appropriate and safe handling of medicines.

The dentist was aware of current guidance with regards to prescribing medicines.

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

Lessons learned and improvements

A significant event, incident reporting policy and protocol was implemented in December 2016, which included the Reporting of Injuries Death and Dangerous Occurrences Regulations 2013 (RIDDOR). We asked staff if they knew what could be considered an incident or significant event, they were unaware and could not offer any examples. The provider could give an example, and told us there had been nothing of note to record. We identified and highlighted areas of concern on the inspection day which met the criteria for a significant incident, for example, there were no Legionella processes in place and the security of patient care records required attention. These had not been identified and considered. The process for identifying, reviewing and investigating when things went wrong could be improved.

The provider has registered with the Medicines and Healthcare Products Regulatory

Authority (MHRA) in November 2016. We reviewed the system and noted there had been no recorded alerts or documentation since 2016. We discussed this with the provider who assured us they did review the alerting system. We highlighted to the provider that there had been dentally related alerts since 2016; we asked the provider to ensure these were reviewed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

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

Helping patients to live healthier lives

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 where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

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.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice 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 dentist gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed by feedback the dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years can give consent for themselves. The 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 dentist assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

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 annual appraisals and one to one meetings. Trainee dental nursing staff were enrolled on a training course with a dental nurse training provider. The team described how their progress was monitored in-house and how assistance was provided by the dentist to help with their studies. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

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

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice 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.

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

Are services caring?

Our findings

Kindness, respect and compassion

There were no patients booked in to see the dentist during the inspection day.

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

Patients commented positively that staff were friendly and courteous. One patient commented that the dentist made you feel at ease and was very calming.

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

Thank you cards were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy they would take them into another room. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the

requirements under the Equality Act.

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that 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.

The practice 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. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website 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, models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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.

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

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included level access from the

street to a ground floor treatment room and reception area.

The practice operated Closed Circuit Television cameras (CCTV) in the practice. Signage was visible throughout but no policy or privacy impact statement was in place. We highlighted this to the provider who assured us this would be addressed.

Timely access to services

Patients were able to 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 on their website.

The practice had an efficient appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day.

The staff took part in an emergency on-call arrangement with other local practices.

The practices' website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The principal dentist was responsible for dealing with these. Staff would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist 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 dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

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

The principal dentist worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Culture

The provider failed to ensure that improvements after similar areas of concern had been highlighted during a previous inspection had been embedded and sustained. The provider was open to feedback and discussion to the issues raised during the inspection and took immediate action, where possible to address these.

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

The practice focused on the needs of patients.

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

Staff told us they could raise concerns and were encouraged to do so but were not aware of the whistleblowing policy. We reviewed the whistleblowing policy and saw staff signatures to confirm they had read it. We highlighted this to the provider who assured us a more effective method of ensuring staff understood the policies would be implemented.

Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The principal dentist 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. Staff had read and signed the policies at the start of their employment but we noted that most of the policies had been reviewed by the provider within the two-week period of the announced inspection.

Improvements could be made to the practice's recruitment procedures to ensure that DBS checks are carried out in a timely manner and risk assessments put in place when necessary.

Improvements could be made to existing systems and processes for identifying and managing risks, for example:

- There was limited awareness of Legionella management and no procedures were in place to reduce the risk of Legionella in the water systems. A risk assessment was carried out in 2016 but the completed copy was not followed up by the provider to ensure compliance.
- A system was in place to receive MHRA alerts but there was no evidence to support the process had been maintained. As a result, relevant safety alerts had not been received by the practice.
- A fire risk assessment had recently been carried out; the recommendations in the assessment had not been acknowledged. Fire safety management systems were not embedded within the team and could be improved.
- There was a system to help reduce the risks of hazardous substances used at the practice; this process had not been maintained, evidence showed that only a few materials had been assessed.
- A system was set up in 2016 to establish a process for identifying, reviewing and investigating when things went wrong. This had not been maintained and awareness of this process was limited.

The provider had no governance systems in place for the use of CCTV within the practice, for example, there was no policy or privacy impact statement.

We reviewed the location of the dental care records and found they were kept in an unlocked cabinet in an unsecured area. We highlighted our concern to the provider who explained that there was a key for the cabinet but felt there was a greater risk to the records if the key was lost. The security of dental care records could not be guaranteed, this process was not in line with the General Data Protection Regulations (GDPR) requirements.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Improvements could be made to the practice's information governance arrangements. The provider had registered

Are services well-led?

with the Information Commissioners Office (ICO) (the ICO is the independent regulatory office in charge of upholding information rights in the interest of the public), but had not updated their processes to reflect the GDPR requirements.

Engagement with patients, the public, staff and external partners

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

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. The processes to audit standards in infection prevention and control were not in line with national guidance and had not identified issues relating to the validation of decontamination equipment.

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

The staff team had appraisals and regular one-to-one meetings to discuss their training progress. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The practice provided support and encouragement for them to do so.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person did not have effective systems in place to ensure that the regulated activities at Solid Rock Services Limited were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **How the regulation was not being met:** The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • The registered person had failed to ensure that improvements made after similar areas of concern had been highlighted during a previous inspection had been embedded and sustained. • The registered person failed to follow up on the location of the Legionella risk assessment to ensure that all recommendations and water line management systems were implemented in line with the risk assessment. • The registered person failed to ensure that fire risk assessment recommendations were acted upon. In addition; ongoing fire safety management checks were not effective. • The registered person failed to effectively asses the individual risks of each hazardous material being used at the practice. • The registered person failed to ensure an effective system was in place for receiving and responding to patient safety alerts.

This section is primarily information for the provider

Requirement notices

- The registered person failed to ensure that staff were aware of what constituted an incident, significant event or RIDDOR event and what the reporting process was to learn from and prevent further occurrences.

There was additional evidence of poor governance. In particular:

- The registered person failed to ensure they followed the correct process to obtain appropriate documents prior to staff commencing employment. In particular:
- Disclosure and Barring Service checks.
- The registered person failed to effectively protect patients' personal information and had not updated their processes in line with the GDPR.Infection prevention and control audits had failed to identify the lack of servicing and validation for the washer disinfector, and the lack of Legionella control measures.
- The registered person did not have a system to ensure that practice policies were reviewed and updated at appropriate intervals. We found these had been reviewed in response to the inspection announcement.

Regulation 17 (1)