Care Quality Commission

Care (Lancashire) Limited

Sefton Dental Centre

Inspection Report

375 Stanley Road
Bootle
Liverpool
L20 3EF
Tel: 0151 944 2556
Website: www.seftondental.co.uk

Date of inspection visit: 26 September 2018
Date of publication: 26/10/2018

Overall summary

We carried out this announced inspection on 26 September 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

Sefton Dental Centre is in Bootle, Merseyside and provides NHS treatment to adults and children. Private treatment is also available.

There is level access for people who use wheelchairs and those with pushchairs. There is no dedicated car parking for the practice. There is access to a space for disabled drivers which can sometimes be arranged for patients that require this.

The dental team includes three dentists, five dental nurses, one of whom is a trainee, two dental hygiene

Summary of findings

therapists and two receptionists. There is a practice manager and a human resources (HR) manager that work between this practice and a sister site. The practice has four treatment rooms.

The practice is owned by an organisation and as a condition of registration must have a person registered with the Care Quality Commission 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 Sefton Dental Centre is the principal dentist and owner of the organisation.

On the day of inspection, we collected 23 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, one dental nurses, the practice manager and HR manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Thursday, from 7.45am to 8pm, and on Friday from 7.45am to 5.30pm.

Our key findings were:

- The practice appeared clean and well ordered.
- 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.
- The practice had systems to help them manage risk to patients and staff. This required improved management, governance and oversight.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment policies in place. Our inspection of recruitment records showed that policies were not always followed. Recruitment records were incomplete.
- 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.
- The provider was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had leadership that was supportive.
- Staff felt supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The provider dealt with all feedback positively and efficiently.
- Governance arrangements required improvement.

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.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure specified information is available regarding each person employed.

Full details of the regulations 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 and procedures for the use of X-ray equipment ensuring compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Review the practice's responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

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 some systems and processes to provide safe care and treatment. We found areas that required improvement, for example, the management and oversight of risk in relation to radiography and staff records in relation to checks required on recruitment of staff and to Hepatitis B immunity of clinical staff.

They practice had recorded incidents in an accident book, but had no evidence of a system to report, record and share learning from incident analysis, to prevent reoccurrence of incidents.

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

Staff were qualified for their roles. Some of the required recruitment checks were not in place, for example, references, primary evidence of identity, and up to date Disclosure and Barring Checks.

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

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 dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, thorough and caring. The dentists 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. Systems to help monitor this required improvement.

Are services caring?

No action

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

Summary of findings

We received feedback about the practice from 23 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, caring and helpful.

They said that they were given honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. 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 was efficient and 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.

There was no hearing loop at the practice; we were told that the practice did not have any deaf patients.

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

We saw that the practice complaint procedure was accessible to patients and posters in reception areas gave information about this.

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).

The practice had arrangements to ensure the smooth running of the service. These included business continuity plans, regular staff meetings, and sharing of clinical updates and any safety alerts.

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

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

Records in relation to management of X-ray equipment and compliance with associated regulation was disorganised.

There was some evidence of clinical audit to help staff and clinicians improve and learn.

Summary of findings

There was no system in place for review of performance of nurses, or one-to-one meetings for nurses who had been with the practice for less than 12 months. We did see evidence of one-to-one meetings for a trainee nurse.

Governance in several areas required improvement, including the area of recruitment records.

Are services safe?

Our findings

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

The practice staff told us they had systems to keep patients safe.

Staff we spoke with understood 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 dental records e.g. 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.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams 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 practice had a recruitment policy and procedure to help them employ suitable staff. When we inspected recruitment records, we found all required checks for staff were not in place, for example evidence of referencing, evidence of work history, and up to date Disclosure and Barring Service checks. For several clinical staff, there was no check in place on the confirmed immunity of those staff to blood-borne viruses, for example, Hepatitis B.

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 appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had arrangements in place to ensure the safety of the X-ray equipment, for example, annual servicing and testing. Documentation required for the management and operation of X-ray equipment was disorganised and incomplete. There was no evidence that staff had read and confirmed their understanding of any local rules in place. Local rules for the X-ray sets at the practice had not been updated, and parts of the local rules were missing. A new Radiation Protection Advisor was appointed on the day following our inspection, in order to review and update local rules for X-ray equipment in each of the four surgeries at the practice.

We saw evidence that the dentists 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.

Risks to patients

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

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly 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. Following review by the practice manager, a sharps risk assessment had been undertaken and was updated to include advice that only dentists should handle sharps and dismantle matrix bands. When we made checks on the decontamination room within the practice, we saw that

Are services safe?

used matrix bands and needles were in the sharps bins in this room. When nurses were asked they confirmed that they were dismantling sharps. This conflicted with the advice provided in risk assessments.

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. When we looked at nine staff files, we could see that evidence of receiving the appropriate course of vaccines was held, but for five staff there was no evidence they had sufficient immunity to blood borne viruses, for example Hepatitis B. There were no risk assessments in place in respect of these staff. We noted that one staff member who was in training had received two of the required injections and was awaiting the third. This staff member was not carrying out any decontamination work and was observing chair side support duties. We saw that an updated protocol on the handling of sharps had been introduced, which stated that nurses should not dismantle sharps or matrix bands. When we made checks, we saw that this was not being routinely followed.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support (BLS) every year. 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 dentists and the dental hygiene therapists when they treated patients in line with GDC Standards for the Dental Team. The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice 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 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.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

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 twice a year. The latest audit showed the practice was meeting the required standards.

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

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.

Are services safe?

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

The storage and record keeping in respect of NHS prescriptions was not as described in current guidance. We brought this to the attention of staff on the day of inspection, explaining that pads issued to clinicians should be kept in a locked drawer within each surgery.

The dentists were aware of current guidance with regards to prescribing medicines.

We looked at audits carried out by the practice. These included radiography audits and infection control audits. The results of audit were shared with staff within the practice at regular practice meetings.

Track record on safety

The lack of records of incidents within the practice and the recording of incidents such as sharps injuries in the accident book only, meant a clearer picture of safety within the practice was not available. The practice did not have a system in place to monitor and review incidents, or to share learning from incidents following investigation. This made it more difficult to understand risks and give a clear, accurate and current picture, which would enable safety improvements.

There were risk assessments in relation to known safety issues. For example, a new policy had been developed for the handling of sharps, as a result of risk assessment. However, we found that not all dental nursing staff were not following the guidance provided, and were routinely handling sharps when dismantling syringes and matrix bands in the decontamination room.

Lessons learned and improvements

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. A review of anonymised patient notes on the day of our inspection supported this.

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 dentists 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 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 health promotion leaflets to help patients with their oral health.

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

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who 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 of age 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 dentists 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 had the skills, knowledge and experience to carry out their roles. All staff had access to training opportunities to enable them to maintain their professional competence.

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.

A system for performance reviews for dental nurses, one-to-one discussions and periodic appraisal was not in place. Particularly in the case of dental nurses, the practice experienced a turnover of staff, meaning that performance reviews or exit interviews had not been carried out. There was a system in place for appraisal of reception staff and the trainee dental nurse.

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)

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

The 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

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 caring, professional and friendly. We saw that staff treated patients with kindness, understanding and respect, and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

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

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

Equality Act and the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpreter services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients translation service were available.
- Staff communicated with patients in a way that they could understand. There was no hearing loop available at the practice; the practice told us they did not have any patients with hearing difficulties.
- 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. 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 dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, 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.

We saw evidence of the ways in which the practice had worked with patients with dental phobia, over a lengthy course of treatment, which had resulted in patients returning to high standards of oral health, after many years of never attending dental appointments.

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

The practice had made reasonable adjustments for patients with disabilities. This included step free access, and accessible toilet with hand rails and a call bell. The practice did not have other communication aids such as a hearing loop for patients with hearing difficulties.

A Disability Access audit had been completed which highlighted this. An action plan was being formulated to continually improve access for patients.

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 in their information leaflet.

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

The practice took any complaints or concerns received 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 practice manager was responsible for dealing with these. Staff 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 dealt with their concerns.

We looked at comments, compliments and complaints the practice received over a 24-month period. In this period no complaints had been received. When we checked feedback, for example, provided in CQC comment cards, this was universally positive.

Are services well-led?

Our findings

Leadership capacity and capability

Leaders and the principal dentist had the capacity and skills to deliver quality, sustainable care. We found that they were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Although there was a framework of policies, procedures and protocols in place to support governance within the practice, we found that this required improvement. Areas requiring improvement had not been effectively identified by leaders within the practice.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had some processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a realistic strategy and supporting business plans to achieve priorities.

The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of quality sustainable care.

Staff stated they felt respected, supported and valued.

The practice focused on the needs of patients.

Leaders and managers did not have effective processes in place to identify any poor performance, or reasons why turnover of staff, particularly dental nurses, had been higher than would be expected.

Openness, honesty and transparency were demonstrated when responding to incidents. We saw that all accidents were recorded in the practice accident book. However, there was no recording of significant events.

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

Staff were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear roles and responsibilities within the practice. We saw that some systems of accountability to support good governance and management were either ineffective or not in place.

When we made checks on the decontamination process, we saw endodontic files designed for single use were being processed for re-use. There was no protocol in place for staff to follow to support this practice.

The principal dentist identified that they were responsible as the Radiation Protection Supervisor for the practice. The local rules for each of the four clinical rooms that had X-ray equipment, were disorganised and there was no evidence that staff had read and understood these. When we checked on servicing arrangements for the X-ray equipment, we found that this was carried out annually. The practice confirmed following inspection that a Radiation Protection Advisor had been appointed on the day after our inspection, to review and update all local rules within the practice. Oversight and governance in this area required improvement.

The principal dentist, who was the registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Improved oversight of this was required. For example, in the management and review of local rules for X-ray equipment, ensuring staff have signed to say they have read and understand these.

There were processes for managing risks, issues and performance. When we reviewed these, we found the lack of recording of incidents, the discussion of these at meetings and the sharing of findings following investigation meant a true picture of safety within the practice was not clear.

We found that staff were not following the sharps policy, which stated that only dentists should handle sharps.

Are services well-led?

There was no oversight of risk in relation to staff who had received immunisations against Hepatitis B, but whose immunity had not been checked. There was no investigation or exit interviews with nurses who had left the practice; there had been a higher rate of turnover of dental nurses at the practice, with no real explanation as to why this was happening.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice 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 practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys to obtain patients' views about the service. Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The results for the FFT were consistently high, with more than 90% of those who responded, month on month, saying they would be likely or highly likely to recommend the practice.

The practice 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.

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

At the time of inspection, there was no system in place for the review of performance of dental nursing staff. These had not been carried out for dental nurse staff for more than two years. One of the reasons given for this was that dental nurses had not stayed for 12 months or longer. An appraisal system was in place for reception staff, and regular one-to-one meetings were being held with the trainee dental nurse.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. When trainee staff were qualified, all had access to on-line training courses, paid for by the practice.

The General Dental Council also requires clinical staff to complete continuing professional development. 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 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. **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. 1. Regular performance reviews were not in place for dental nurses. 2. Recruitment records were incomplete and poorly managed. 3. There was no process in place to manage the reporting, recording, analysis and sharing of lessons learned from significant events. Regulation 17(1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

The registered person's recruitment procedures did not establish whether staff were able, by reasons of their health and after reasonable adjustments, to properly perform tasks intrinsic to the work for which they would be employed. In particular:

1. Evidence of immunity to Hepatitis B was not held for all staff.

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

1. Recruitment records were incomplete. Files did not hold evidence of satisfactory conduct in previous employment. Some files did not have evidence of primary identity checks.
2. For some staff there was no evidence of criminal record check and for one member of staff, this check was out of date at the time of recruitment.

Regulation 19(1)(2)(3)