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Abbeyside Dental Practice

Inspection Report

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Date of inspection visit: 16 July 2019
Date of publication: 12/09/2019

Overall summary

We carried out this announced inspection on 16 July 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

We found that this practice was not 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

Abbeyside dental practice is in Stoke on Trent and provides NHS and private treatment to adults and children.

The entire practice is situated on the first floor and there is no level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available immediately outside the practice in their own car park.

The dental team includes one dentist, two dental nurses (who were also the practice managers), two trainee

Summary of findings

dental nurses and one receptionist. One dental nurse was on maternity leave at the time of our visit. The practice has two treatment rooms and a separate room for carrying out decontamination.

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 33 CQC comment cards that had been completed by patients. We spoke with the dentist, both dental nurses and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open between 9am and 5pm from Monday to Friday.

Our key findings were:

- The practice appeared clean and well maintained, although we identified some areas that required improvement.
- The provider had infection control procedures which mostly reflected published guidance. Some improvements were however required.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available but checks needed to be completed more frequently. All staff had completed training though one member's training was overdue.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Not all staff had completed training to the required level.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked well as a team.

- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.
- Validation tests for the autoclaves and ultrasonic cleaning bath were not in line with current national guidance.
- Evidence was not available that gas safety and five year electrical safety checks had been undertaken.
- The provider did not have robust recruitment procedures.
- The provider had limited systems to help them manage risk to patients and staff.
- The practice had ineffective leadership and a lack of oversight of governance.

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

- Ensure care and treatment is provided in a safe way to patients.
- 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.

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 for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.
- Review the practice protocols regarding audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	Requirements notice	✗
Are services effective?	No action	✓
Are services caring?	No action	✓
Are services responsive to people's needs?	No action	✓
Are services well-led?	Requirements notice	✗

Are services safe?

Our findings

We found that this practice was not providing safe 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.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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

The practice had limited systems to keep patients safe. We identified some necessary improvements.

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 a safeguarding policy to provide staff with information about identifying, reporting and dealing with suspected abuse. However, this was undated and not easily accessible. None of the staff had completed safeguarding training to the recommended level. Five staff members did not have any evidence to show they had completed any safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Within 48 hours of our inspection we were sent evidence that the provider and two practice managers had completed safeguarding training to the required level.

The practice had a whistleblowing policy which was accessible to staff. It included both internal and external contacts to report any concerns to. Staff felt confident they could raise concerns without fear of recrimination.

The dentist told us they used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example refusal by the patient, the dentist used alternative methods to protect the airway.

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 did not have a recruitment policy to help them employ suitable staff. The practice's recruitment procedures did not reflect the relevant legislation. We looked at three staff recruitment records and these showed that essential staff checks and pre-employment information was missing. This included staff's photographic identity and Disclosure and Barring Service (DBS) checks. One staff member had been recruited in April 2018 and their DBS check had been completed one week before our visit in June 2019. No evidence of satisfactory conduct in previous employment was present.

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

Portable appliance testing had been completed on the electrical appliances to ensure they were safe to use. The pressure vessel had not been serviced since May 2018 and was overdue a service. The provider told us that the servicing company had advised them that a service was due every two years. They said they had booked a service after our visit but did not provide any details of a date.

There was no evidence that a gas safety check had been completed. The provider told us they had booked this to take place in a few days but did not have any previous documents as they said that the landlord had access to all the previous checks. The provider told us they leased the premises and the electrical safety certificate was held by the landlord. This was not forwarded to us after the visit so we cannot be assured this safety check had been carried out.

Records showed that the firefighting equipment was regularly tested and serviced. Monthly fire drills were documented to ensure that staff were rehearsed in evacuation procedures. There were no smoke detectors or fire alarms on the premises to alert staff and patients of a fire. None of the staff had received training in fire safety. An external fire risk assessment had been completed in 2010 and there was no evidence that the recommended actions had been completed. One recommendation was that the practice should install emergency lighting but this had not been completed. There was no evidence of any completed fire risk assessments since 2010. Current regulation states these should be reviewed regularly.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required

Are services safe?

information was in their radiation protection file. The equipment used for developing radiographs had not been serviced since 2016. Within 48 hours of our inspection, the provider emailed to inform us that a service had been booked but evidence of this was not provided.

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. However, the audit was incomplete as there was no action plan or learning outcomes.

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

Risks to patients

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

Many of the practice's health and safety policies, procedures and risk assessments were undated and we could not be assured that they had been 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. A protocol was present for staff in the event of an injury from a used sharp instrument. This had the name and address of their local occupational health department, but there was no telephone number.

A generic risk assessment had been completed in June 2019, although this did not include a list of specific sharps items that were used within the practice.

We reviewed staff vaccination records and found that the provider had a limited system in place to check clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw evidence that the majority of staff had received the vaccination and the effectiveness of the vaccination had been checked. However, the immunisation records were missing for one staff member and incomplete for one other staff member. We found that risk assessments had not been completed where there were gaps in assurance around this.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. However, one staff member's training was overdue.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. However, they did not check the automated external defibrillator, and the checks of other items were not as frequent as current guidance recommends. One medicine was refrigerated but the temperature was not checked daily to ensure it remained within the recommended parameters. Within 48 hours of our inspection, the provider informed us they had started to carry out more frequent checks of the medicines and equipment.

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

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The provider had very limited assessments in place to minimise the risk that could be caused from substances that are hazardous to health. These only included a small proportion of the substances used in the practice. There were no safety data sheets present. Staff told us the risk assessments were reviewed every year but the documents were undated.

The practice had an infection prevention and control policy and procedures. They mostly 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. However, we identified some necessary improvements. The policy was undated. The infection control lead had completed role specific training in 2017 but had not updated this since then. There was no evidence that the other staff members had completed any training in infection control.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was not consistently validated, maintained or used in line with the manufacturers' guidance. The ultrasonic cleaning bath's

Are services safe?

weekly and quarterly validation tests were overdue. The autoclaves had been serviced appropriately but only two cycles were validated each day. Guidance states that all cycles should be validated.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment in 2013. 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 treatment rooms and the decontamination room. No schedules were available for other areas in the practice. The practice was visibly clean when we inspected. The upholstery on the clinical chair was damaged in one treatment room which would make effective cleaning difficult. Within 48 hours of our inspection, the provider sent us a photograph to show temporary repairs to the defect. The material used to repair the patch was impervious but the surface was not completely smooth so a more permanent option would be required.

The provider had limited policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Improvements could be made to ensure the room where clinical waste was stored was locked.

No infection prevention and control audits had been carried out. Current guidance states these should be completed twice a year.

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

The practice stored NHS prescriptions as described in current guidance. The practice kept a log of prescriptions issued so that each one could be tracked. Improvements could be made to the current process for tracking the prescription pads.

Antimicrobial prescribing audits had not been carried out to ensure the dentist was prescribing according to national guidelines.

Track record on safety and Lessons learned and improvements

There were some risk assessments in relation to safety issues. There were no risk assessments for lone working at the practice.

In the previous 12 months there had been no adverse safety events. We reviewed one accident record from May 2018 and saw evidence that it had been investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening in the future.

The practice had policies and procedures to report, investigate, respond and learn from accidents. Staff knew about these and understood their role in the process. However, they were not recording incidents to support future learning. Staff awareness about the Reporting of Injuries, Diseases and Dangerous Occurrences regulation required improvements. Examples of incidents were discussed with the practice manager and we were assured that these would be documented with immediate effect.

The dentist was aware of the serious incident framework but was unaware of the Local Safety Standards for Invasive Procedures to prevent wrong site surgery.

There was a limited system for receiving and acting on national safety alerts. Staff had signed up to one authority

Are services safe?

that issued them with safety alerts via email and the emails were checked daily by the practice manager. However, they had not registered with any of the main organisations and consequently staff were unaware of one recent safety alert.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental 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.

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 children and adults 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 had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

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

The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in local schools. The practice managers visited primary schools as they were both trained oral health educators.

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

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

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The team understood their responsibilities under the Mental Capacity Act 2005 when treating adults who might not be able to make informed decisions. They also had an understanding of Gillick competence, by which a child under the age of 16 years of age might give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age. Not all staff had completed training relevant to the Mental Capacity Act. Within 24 hours of our inspection the provider had completed online training and forwarded evidence of this to us.

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 dentist recorded the necessary information. However, there were no action plans or learning outcomes to drive improvement.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, both practice managers were also qualified dental nurses. They both had qualifications which enabled them to carry out extended duties such as oral health education and fluoride applications.

Staff new to the practice received a verbal induction as there was no documented structured programme. Staff's

Are services effective?

(for example, treatment is effective)

personal development records were unavailable so we could not be assured that clinical staff completed the continuing professional development required for their registration with the General Dental Council.

The practice did not need to use locum and/or agency staff as the existing staff were employed part-time but were flexible and often increased their hours during periods of staff shortage.

Staff told us they discussed their training needs annually as part of an informal discussion. There was no evidence of completed appraisals so we could not be assured that 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.

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

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

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were very caring, helpful and fantastic. We saw that staff treated patients respectfully and professionally and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Many of the staff were longstanding members of the team and told us they had built strong professional relationships with the patients over the years.

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

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 waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff 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 stored paper records securely.

The landlord had installed Closed Circuit Television (CCTV) to improve security for patients and staff. Cameras were not present inside the dental practice but one camera was positioned to film the rear car park. The CCTV Code of Practice (Information Commissioner's Office, 2008) states that signs should be prominently displayed to inform visitors that surveillance equipment has been installed. There was no policy about the CCTV usage.

Involving people in decisions about care and treatment

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

Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpretation services were available for patients who did not speak or understand English. Staff told us that most patients at the practice spoke fluent English. Patients were also told about multi-lingual staff that might be able to support them. Additional languages spoken by staff included Punjabi. We were informed that patients could invite family relations to attend to assist. This could present a risk of miscommunications / misunderstandings between staff and patients.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available upon request.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Staff shared anonymous examples of how the practice met the needs of more vulnerable members of society such as patients with dental phobia, people with drug and alcohol dependence and people living with dementia.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff working on reception supported patients that required any physical assistance when entering and leaving the premises.

The practice had made some adjustments for patients with disabilities. The practice was situated on the first floor and access was via stairs only. Staff told us that all new patients were informed of this if they enquired. Patients requiring level access were directed to a local NHS practice. Staff were able to assist patients with pushchairs and those with limited mobility. Patients with visual impairments had access to reading materials in larger font size upon request. A hearing induction loop was not available but staff were able to communicate by writing information down, lip reading or patients could bring an interpreter with them.

A disability access audit had not been completed to help improve access for patients.

Timely access to services

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

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Dedicated daily slots were incorporated into the dentist's appointment diary to allow them to treat patients requiring urgent dental care. 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.

Reception staff informed patients immediately if there were any delays beyond their scheduled appointment time.

The practice referred patients requiring urgent dental care to NHS 111 out of hours service.

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

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

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

The practice managers aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available in the practice leaflet about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at one complaint that the practice had received in the previous 12 months. We noted that it was resolved to the patient's satisfaction during a discussion and explanation from staff. We were told that outcomes were discussed with staff informally to share learning and improve the service.

Are services well-led?

Our findings

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

Staff told us the provider was approachable and responsive to their needs.

Vision and strategy

The practice aims and objectives were to provide dental care and treatment of consistently good quality for all patients and only to provide services that meet patients' needs and wishes. The practice aimed to make care and treatment as comfortable and convenient as possible.

Culture

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

Staff we spoke with were not aware of the requirements of the Duty of Candour. This requires staff to demonstrate openness, honesty and transparency with patients. Although some of the staff were not aware of the requirements of this regulation, we were told they worked alongside its principles.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed by the practice owner.

The practice was small and friendly and had built up a loyal and established patient base over the years. Staff told us they enjoyed their job and felt valued in their work.

Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They were also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The principal dentist had a limited system of clinical governance in place. Some policies were overdue a review and other documents were missing or incomplete.

There were some processes for managing risks, issues and performance but these needed to be more robust.

The practice held monthly staff meetings where learning was disseminated.

Although the practice had policies in place, many of these were undated so we could not be assured that they were up to date and reviewed on a regular basis. Risk assessment was limited, and we noted a few identified safety concerns within the practice that had not been addressed.

Appropriate and accurate information

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

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

The provider used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on. Examples included improvements in the car parking facility and décor at the practice.

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

The provider gathered feedback from staff through 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 limited systems and processes for learning, continuous improvement and innovation.

The practice had limited quality assurance processes to encourage learning and continuous improvement. We did not see any evidence that regular audits of infection prevention and control had been carried out. We reviewed previous audits and none of them had learning outcomes or action plans to drive improvement.

Are services well-led?

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. They were keen to support staff in furthering their development.

The practice had limited arrangements to ensure the smooth running of the service. Some governance arrangements were in place but many areas identified during our visit indicated a lack of oversight and effective leadership.

None of the staff members had received a documented appraisal. These would have given staff the opportunity to formally discuss their learning needs, general wellbeing and aims for future professional development.

It was unclear whether staff had completed all 'highly recommended' training as per General Dental Council professional standards. Not all staff were up to date with training in safeguarding or the management of medical emergencies.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 12</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The service for the pressure vessel was overdue.• Validation tests for the autoclaves and ultrasonic cleaning bath were not in line with guidance.• There were no fire detectors or alarms on the premises.• There was no electrical safety certificate.• There was no gas safety certificate.• There was no evidence that action had been taken to mitigate fire risk from the previous fire risk assessment.• Several staff had not completed any training in safeguarding.• One staff member's training in the management of medical emergencies was overdue.

This section is primarily information for the provider

Requirement notices

- The dentist was unaware of the Local Safety Standards for Invasive Procedures to prevent wrong site surgery.
- There were no data sheets and some risk assessments were missing for the control of substances hazardous to health.
- There was no evidence of immunity to the Hepatitis B virus for one staff member and there were incomplete records relating to a second staff member. There were no risk assessments in relation to this.

Regulation 12

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 17

Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person had systems or processes in place that operated 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:

Requirement notices

- Infection control audits were not carried out.
- Other audits did not have documented learning outcomes and action plans.
- The equipment and medicines for medical emergencies were not checked as frequently as guidance recommends.
- The equipment used for developing X-rays had not been serviced since 2016.
- There were no cleaning schedules for non-clinical areas of the practice.
- The practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports were inadequate.
- The practice did not have a system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Many of the practice's policies, risk assessments and procedures were undated.

There was additional evidence of poor governance. In particular:

- Staff training, learning and development needs were not reviewed at appropriate intervals and there was no effective process for the ongoing assessment and supervision of all staff employed. For example, staff training in safeguarding and infection control was overdue.
- There were several defects in the upholstery on the clinical chair which would make effective cleaning difficult.
- Many of the practice's health and safety policies, procedures and risk assessments were undated.
- The risk assessment for handling sharp instruments did not include a list of specific sharp items.

This section is primarily information for the provider

Requirement notices

Regulation 17 (1)

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 19

Fit and proper persons employed

How the regulation was not being met

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:

- The practice's recruitment procedures did not ensure that all staff had the necessary recruitment checks including qualifications, photographic identity verification. The provider failed to ensure valid DBS checks were sought at the point of employment and no risk assessments were in place for when a staff member had commenced employment.

Regulation 19(3)