Genix Healthcare Ltd

Genix Healthcare - Beeston

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 14 September 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

Genix Healthcare - Beeston is situated in the Beeston area of Leeds. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services provided included routine restorative dental care, preventative advice and treatment.

The practice has four surgeries, a decontamination room, a waiting area, a reception area and disabled toilet facilities. Treatment and waiting rooms are on the ground floor of the premises.

There are currently three full-time dentists, a part-time dentist, a dental hygiene / therapist, six dental nurses who also cover reception duties and a practice manager.

The opening hours are Monday, Tuesday and Thursday 8-30am to 5-30pm, Wednesday 8-30am to 6-30pm, Friday 8-30am to 4-00pm and Saturday 9-00am to 3-00pm.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

During the inspection we spoke with three patients who used the service and reviewed 13 completed CQC comment cards. The patients who provided feedback

Summary of findings

were generally positive about the care and treatment they received at the practice; however some were unhappy about the lack of continuation of care due to frequent changes of dentists. They told us they were involved in all aspects of their care and found the staff to be friendly and helpful and they were treated with dignity and respect.

Our key findings were:

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- Patients were treated with care, respect and dignity.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions. Staff received training appropriate to their roles.

We identified regulations that were not being met and the provider must**:**

- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Ensure all audits have a documented action plan with guidance on improvements required and timescales for review.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.

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?

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

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any incidents in the last 12 months but there was a system in place to act upon any incidents which may occur in the future. Patients would be given an apology and informed of any actions as a result of the incident.

Staff had received training in safeguarding and knew the signs of abuse and who to report them to.

The staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Are services effective?

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

The practice monitored any changes to the patient's oral health and made referrals for specialist treatment or investigations where indicated.

Staff were supported to deliver effective care through training and supervisions. The clinical staff were up to date with their continuing their professional development (CPD) and they were supported to meet the requirements of their professional registration.

Are services caring?

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

We reviewed 13 completed CQC comments cards and spoke with three patients on the day of the inspection. Patients were generally positive about the care they received from the practice. However there were some comments about issues with lack of continuing care as a result of frequent changes to the dentists and waiting times for appointments. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentist and felt any concerns were listened to.

We witnessed that patients were treated with respect and dignity during interactions on the reception desk and telephone.

Are services responsive to people's needs?

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

The practice had an appointment system in place to respond to patients needs. There were vacant appointments slots for urgent or emergency appointments each day. We saw that these appointments were filled very quickly. Patients who could not get an emergency slot that day were offered a sit and wait appointment or placed on a waiting list to be contacted if any slots became available.

Summary of findings

There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure and had received training in dealing with complaints.

Are services well-led?

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 at the end of this report).

A clearly defined management structure was in place and all staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice.

Patients' dental care records did not always provide comprehensive information about their current dental needs and past treatment. Dental care records which we reviewed on the day of inspection were frequently not completed, not thorough, did not include evidence about discussions of treatment options, relevant X-rays or justification of X-rays.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning. However, recent clinical record audits which we looked at had no action plans in place.

The practice regularly undertook patient satisfaction surveys and were also undertaking the NHS Family and Friends Test.

Genix Healthcare - Beeston

Detailed findings

Background to this inspection

This announced inspection was carried out on 14 September 2015 by two CQC inspectors.

We informed the local NHS England area team and Healthwatch Leeds that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we spoke with two dentists, three dental nurses and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. We saw evidence that they were documented, investigated and reflected upon by the dental practice. Significant events were discussed regularly at the monthly staff meetings. Patients were given an apology and informed of any action taken as a result. The practice manager understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The practice responded to national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The practice manager was the safeguarding lead professional in the practice and all staff had undertaken safeguarding training. There had not been any referrals to the local safeguarding team; however they were confident about when to do so. Staff we spoke with told us they were confident about raising any concerns with the safeguarding lead professional.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments).

Rubber dams (this is a rectangular sheet of latex used by dentists for effective isolation of the root canal and operating field and airway) were used in root canal treatment in line with guidance from the British Endodontic Society.

Dental care records were stored both on paper and electronically. We saw that these records were stored securely to keep people safe from abuse.

Medical emergencies

The practice provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency resuscitation kits, oxygen and emergency medicines were stored in the staff room for easy access for all staff. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed daily checks were carried out to ensure the equipment was safe to use. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team within the last 12 months.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed. The practice manager told us the practice carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We reviewed records of staff recruitment and these showed that all checks were in place.

All qualified clinical staff at this practice were registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them.

Are services safe?

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, fire evacuation procedures and risks associated with Hepatitis B.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) Regulations, including substances such as disinfectants, blood and saliva. The practice identified how they managed hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. The practice had a nominated infection control lead who was responsible for ensuring infection prevention and control measures were followed.

Staff received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hep B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination room to be generally clean and hygienic. The practice used an external cleaning company to clean the non-clinical surfaces of the practice. We noted that on the day of inspection there was debris on the floor of one surgery and the wating room. This was brought to the attention of the practice manager and they informed us that they would contact the cleaning company to ensure that this is addressed.

Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. We saw evidence of daily cleaning schedules for the nurses to reference to ensure that all areas of the surgery were effectively cleaned.

There were hand washing facilities in each treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients we spoke with confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used a washer disinfector machine or manually scrubbed the used instruments, examined them visually with an illuminated magnifying glass, then sterilised them in an autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore PPE during the process and these included disposable gloves, aprons and protective eye wear. We noted that heavy duty gloves were not used when manually scrubbing dirty instruments and also instruments were scrubbed under running water. This was brought to the attention of the practice manager who ensured us that action would be taken to ensure the practice followed HTM 01-05 guidance with regards to the manual scrubbing of instruments.

The practice had some systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. These tests included test strips being used on the first sterilisation cycle of the day. However, the practice did not undertake a daily automatic control test of the autoclaves. This test ensures that the correct temperature and pressure is achieved during the sterilisation cycle. We informed the practice manager who told us that these tests would commence immediately.

Are services safe?

The practice had carried out the self- assessment audit relating to the Department of Health's guidance on decontamination in dental services (HTM01-05) in September 2015. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards and improvements had been made where required.

Records showed a risk assessment process for Legionella had been carried out in August 2015. Legionella is a term for particular bacteria which can contaminate water systems in buildings. This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included using a water conditioning solution, running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, autoclaves and the compressor. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts which required renewal. We saw evidence of validation of the autoclave and the compressor. Portable appliance testing (PAT) was completed (PAT confirms that electrical appliances are routinely checked for safety).

Prescriptions were stamped only at the point of issue to maintain their safe use. The practice kept a log of all prescriptions given and also audited prescriptions given by each dentist to ensure that they were safely given and in line with current guidelines.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries and within the radiation protection folder for staff to reference if needed.

X-ray audits had been carried out in the last year. This included assessing the quality of the X-ray and also checked that they had been justified and reported on. The results of the audits showed that the X-rays were of an acceptable quality. However, X-rays were not always justified or reported on in line with IR(ME)R regulations.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had paper and electronic dental care records. They contained limited information about the patient's current dental needs and past treatment. The dentists told us that they carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice UK (FGDP).

The practice did not always follow current guidelines and research in order to continually develop and improve its system of clinical risk management. For example, following clinical assessment, the dentists did not always follow the guidance from the FGDP with regards to taking X-rays to ensure that disease processes could be monitored or treatment could be provided effectively. Justification for the taking of an X-ray was infrequently recorded in the patient's care record.

The dentist used National Institute for Health and Care Excellence (NICE) guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented in the dental care records.

Health promotion & prevention

The medical history form patients completed included questions about smoking and alcohol consumption. The dentists told us patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. However, this was not always recorded in the patients' dental care records. There were oral health promotion leaflets available in the practice to support patients look after their oral health.

The practice was aware of the importance of preventative care and supported patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). For example, the practice recalled children at high risk of tooth decay to receive fluoride applications to their teeth. The practice had a selection of dental products on sale in the reception area to assist patients with their oral health. When required, high fluoride toothpastes were prescribed.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. One of the staff members had recently started working at the practice and they informed us that they had started the induction process and that it had been beneficial to becoming integrated into the working environment.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all relevant staff and we saw evidence of on-going CPD. Mandatory training included basic life support and infection prevention and control.

The practice manager monitored staffing levels and planned for staff absences to ensure the service was uninterrupted. If staff members were ever absent then staff could be moved over from branch practices to ensure that the service continued unaffected.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. Staff told us the practice manager was readily available to speak to at all times for support and advice. Staff told us they had received six-monthly appraisals and reviews of their professional development. We saw evidence of completed appraisal documents.

Working with other services

The practice worked with other professionals in the care of its patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. Referrals were made in a timely manner. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. Letters received back relating to the referral were first viewed by the dentist to see if any action was needed and then were stored in the patients paper dental care records.

The practice kept a log of referrals which had been sent to ensure referrals were adequately followed up.

Consent to care and treatment

Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent

Are services effective?

(for example, treatment is effective)

was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. Patients were asked to sign a treatment plan prior to undertaking treatment, this included the costs of treatment. However there was little evidence in the dental care records that discussions had taken place with regards to treatment options. Staff had received training in the Mental Capacity Act (MCA) 2005 and were aware of it's importance in gaining consent from those who lack capacity.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We reviewed 13 completed CQC comments cards and spoke with three patients on the day of the inspection. Feedback from patients was generally positive and they commented that they were treated with care, respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. We observed staff were helpful, discreet and respectful to patients. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them.

Patients' care records were stored both electronically and on paper. Paper record cards were locked in cabinets when the practice was closed and electronic records were password protected and regularly backed up to secure storage.

Involvement in decisions about care and treatment

Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Patients were also informed of the range of treatments available on notices in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in the waiting room and on the practice website. Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours. Each dentist had an allocated emergency slot each day for patients who had a dental emergency. The practice also had a sit and wait service for emergency patients where the emergency slots had been taken for that day. Patients confirmed they had good access to routine and urgent appointments. Patients were sent text messages to remind them of appointments and also if they were due for a routine check-up.

The practice had also taken in to account the recent demand for appointments and started to open on a Saturday.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. The practice recognised the needs of different groups in the planning of its services. We saw that they had made adjustments to enable patients to receive their care or treatment, including an audio loop system for patients with a hearing impairment.

All treatment rooms were on the ground floor of the practice. There were disabled toilet facilities.

We spoke with a patient who mentioned that some of the surgeries were rather small which made manoeuvring their wheelchair into the surgeries quite difficult. However, one of the surgeries was larger and would comfortably accommodate a wheelchair. The patient also mentioned that there were no disabled parking spaces in the car park at the front of the building.

Access to the service

The practice's opening hours were Monday, Tuesday and Thursday 8-30am to 5-30pm, Wednesday 8-30am to 6-30pm, Friday 8-30am to 4-00pm and Saturday 9-00am to 3-00pm. CQC comment cards reflected patients felt they were able to contact the service easily and had choice about when to come for their treatment. The practice information leaflet and website provided patients with a helpline for out of hours emergency dental care.

The practice provided patients with information in the waiting room, including information about the services they provided, fees and emergency appointments.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was a system in place which helped ensure a timely response. Information for patients about how to raise a concern or offer suggestions was available in the waiting room, on the practice website and in the practice leaflet. We reviewed complaints which had been received in the past 12 months and these had been dealt with in a timely manner. The practice kept a tracker of complaints which had been received which included details of the complaint and when letters or correspondence had been sent to acknowledge the complaint. It was evident from these records that the practice had been open and transparent with the patient.

Are services well-led?

Our findings

Governance arrangements

The practice manager was in charge of the day to day running of the service. We saw they had systems in place to monitor the quality of the service; however, these systems were not always followed through.

The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. We saw risk assessments and the control measures in place to manage those risks, for example fire and infection control.

We reviewed with the dentists the information recorded in 15 patient care records regarding the oral health assessments, treatment and advice given to patients. Clinical records were not always completed, did not always include an assessment of the patients gum health and did not include details of discussions with regards to treatment options being discussed. There was no record of patients being informed of a diagnosis of gum disease. We also noted that there was no record of oral hygiene advice, dietary advice or smoking cessation advice which had been given. Medical history checks were updated by each patient every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

There was an approach for identifying where quality of dental treatment was being compromised and steps taken in response to issues. These included audits of infection control, patient records, prescriptions and X-ray quality. We reviewed the clinical record audits which had been undertaken in the last year. The audit undertaken in August 2014 had identified poor record keeping and an action plan had been implemented with the help of a clinical adviser. This action plan had been well documented and the practitioners had been sent a letter to inform them of what was required of them to improve their records. The audit had been repeated again in April 2015. This audit again identified poor record keeping. However, there had not been any further action plans documented. The most recent audit, done in August 2015 again identified poor record keeping and again there was no documented action plan. Even though there were no action plans documented we were told that the individual dentists had been given the results of the audits.

We were told on the day of inspection that there had not been a clinical adviser available to discuss the audit results and formulate an action plan with the dentists since April. However, we were informed that there had been a new clinical adviser appointed who would address these issues.

The practice manager had only recently taken over at the practice and was working hard to establish a working environment which provided effective care for patients. Nurses told us that they felt supported and were clear about their roles and responsibilities.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. This was evident when we looked at the complaints and compliments they had received in the last 12 months and the actions that had been taken as a result.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team to address issues. All staff were aware of whom to raise any issue with and told us that the practice manager was approachable, would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

Learning and improvement

Staff told us they had access to training and this was monitored to ensure essential training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

Information about the quality of care and treatment was actively gathered from a range of sources, for example incidents and comments from patients. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as medical records, X-rays and infection control. We looked at these audits and it was evident that

Are services well-led?

dentists were not performing well with regards to clinical record keeping. Recent clinical record audits had identified concerns. However, there had not been any documented action plans for the two most recent clinical record audits.

The practice held monthly staff meeting where significant events and ways to make the practice more effective were discussed and learning was disseminated. All nurses had six-monthly appraisals where learning needs and aspirations are discussed.

Practice seeks and acts on feedback from its patients, the public and staff

Patients and staff told us that they felt engaged and involved at the practice both informally and formally. Staff told us their views were sought and listened to. The practice had systems in place to involve, seek and act upon feedback from people using the service and staff, including carrying out regular patient surveys. Results of the patient surveys were displayed in the waiting room. The practice also undertook the NHS Family and Friends Test.

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 provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17(2)(a). The registered provider failed to maintain accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided (including justification and results of diagnostic tests). Regulation 17(2)(c).