

Affinity Dental Limited

Dale Street Dental Practice

Inspection Report

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Milnrow,
Rochdale,
Greater Manchester,
OL16 4HS
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Overall summary

We carried out this announced inspection on 13 August 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 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

Dale Street Dental Practice is in Milnrow, Rochdale and provides private treatment for adults and NHS and private treatment for children.

There is level access for people who use wheelchairs and those with pushchairs. A large free car park including spaces for blue badge holders, is available near the practice.

Summary of findings

The dental team includes one dentist, four dental nurses (one of which is the practice manager and one is the clinical director), one dental hygiene therapist and a receptionist. The practice has two treatment rooms. The dental team is supported by a company director.

The practice is owned by a company 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 Dale Street Dental Practice is the clinical director.

On the day of inspection, we collected 22 CQC comment cards filled in by patients. Patients were positive about all aspects of the service the practice provided.

During the inspection we spoke with the dentist, two dental nurses, the company director, the practice manager and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 8am to 3.30pm

Tuesday 9am to 5.30pm (the dentist does not work on Tuesdays)

Wednesday 9am to 7pm

Thursday 8am to 5.30pm

Friday 9am to 5.30pm

Our key findings were:

- The practice appeared clean, tidy and well maintained. The premises had been refurbished to improve the facilities and access for disabled people.
- The provider had infection control procedures which reflected published guidance.
- Appropriate medicines and life-saving equipment were available. We were not assured that all staff had received appropriate training to respond to medical emergencies.
- The provider did not have effective systems to help them identify and manage risk.
- Improvements were needed to enhance the level of understanding of Legionella and its management.

- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Improvements were needed to ensure staff completed training and were provided with who to contact in the event of safeguarding concerns.
- The provider had thorough staff recruitment procedures. Except for Disclosure and Barring Service (DBS) checks and references or a risk assessment. The practice did not ensure that dental professionals had appropriate professional indemnity in place.
- The clinical staff provided patients' care and treatment in line with current guidelines. The documentation and processes to audit radiographs and dental care records could be improved.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice did not have systems to ensure that staff completed highly recommended training.
- Staff provided preventive care and supporting 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 had systems to deal with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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.

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

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

- Review the practice's infection control procedures and protocols taking into account the guidelines issued by

Summary of findings

the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular, the processes for transporting instruments for decontamination.

- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking X-rays, a full report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services safe?	No action	✓
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 providing safe care in accordance with the relevant regulations.

We identified some concerns. 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)

Staff had systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse but the contact details of local safeguarding organisations and key contacts were not available. With the exception of the dental hygiene therapist, the practice manager was not aware of the last time that staff completed safeguarding training. We saw evidence that the staff were booked on a safeguarding training course in November 2019. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We discussed the requirement to notify the CQC of safeguarding referrals where concerns were observed in the practice as staff were not aware.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider did not have information available to enable staff to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation. We highlighted the availability of resources that could be made available to staff.

The provider had a whistleblowing policy. We noted that this did not include the details of any external organisations that staff could contact for advice, support or to raise concerns and raised this with the practice manager. Staff felt confident they could raise concerns without fear of recrimination.

The dentist 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, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

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

The provider had recruitment procedures to help them employ suitable staff. These reflected the relevant legislation. We looked at staff recruitment records. These showed the provider followed their recruitment procedures except for obtaining a DBS check and references for the most recently recruited member of staff. DBS checks or an adequate risk assessment should be undertaken at the point of employment to ensure the employee is suitable to work with children and vulnerable adults.

Clinical staff were qualified and registered with the General Dental Council (GDC). The practice did not ensure that they sought evidence of professional indemnity cover for clinical staff. It was identified during the inspection that there was no professional indemnity in place for any of the dental nurses since April 2019. Action was taken to obtain appropriate professional indemnity and evidence of this, and an investigation to prevent this reoccurring was sent to us the day after the inspection. We saw evidence of appropriate cover for the dentist and the dental hygiene therapist.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We noted that a 5-year fixed electrical wiring certificate was not in place. A major refurbishment of the premises including rewiring had recently been completed and they were awaiting the final installation safety certificate. We highlighted the need to ensure that gas appliances are serviced and inspected on an annual basis to ensure their safety and maintenance of appropriate water temperatures.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. Evacuation procedures were in place and we saw evidence the practice manager was booked to attend a fire marshal course.

Are services safe?

The practice had suitable arrangements to ensure the safety of the X-ray equipment and they were in the process of updating the radiation protection file.

The dentist did not consistently justify or grade the radiographs they took. We highlighted how the process to audit radiographs could be improved to identify this and evidence improvements.

The practice did not obtain evidence that clinical staff completed continuing professional development (CPD) in respect of dental radiography. We discussed this with the clinical director who gave assurance this would be addressed.

Risks to patients

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

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had not been undertaken and the practice were not aware of Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. We saw that a safer sharps and dental matrices system was in use and the practice followed relevant safety laws when using needles and other sharp dental items. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries. We noted that information relating to action to be taken in the event of a sharps injury or contamination of eyes or mucous membranes was not visible to staff. The clinical director confirmed that they had purchased flowcharts to be displayed in clinical areas but these had not yet arrived. They assured us that this would be reviewed and that sharps would be risk assessed.

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. Evidence of the effectiveness of the vaccination was not checked for three clinical members of staff. The provider

did not have a risk assessment in place in relation to staff working in a clinical environment where the effectiveness of their Hepatitis B vaccination was unknown. They assured us that immunity would be checked for these staff.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of monthly checks of these to make sure these were available, within their expiry date, and in working order. The emergency medicine glucagon was kept in the medicine fridge which was not temperature monitored. The clinical director immediately relocated this to the emergency kit and adjusted the expiry date in line with the manufacturer's instructions. We saw evidence the dentist and dental hygiene therapist completed training in emergency resuscitation and basic life support (BLS) every year. There was evidence that other staff members received first aid training. The clinical director told us they had carried out some life support training themselves with staff but there was no evidence of this. A member of staff told us they would not know how to operate the emergency medical oxygen cylinder. We discussed the need to ensure that all GDC registrants must be trained in dealing with medical emergencies, including resuscitation, and possess up to date evidence of capability.

A dental nurse worked with the dentists and the dental hygiene therapist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. The clinical director told us that on rare occasions the dental hygiene therapist worked without chairside support. They confirmed that this was only for oral hygiene instruction and advice. We highlighted that a risk assessment should be in place for when they worked without support.

The system in place to minimise the risk that can be caused from substances that are hazardous to health was not effective. The practice obtained safety data sheets for hazardous substances but did not carry out risk assessments to ensure that the manufacturer's instructions for storage, use and disposal were followed. We reviewed this with the practice manager who confirmed this would be addressed.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in

Are services safe?

primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

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 suitable arrangements for 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 validated, maintained and used in line with the manufacturers' guidance. The processes to transport contaminated instruments on perforated trays to the decontamination area should be reviewed to ensure that these are contained in rigid, leak-proof transportation boxes.

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 dental unit water lines. We identified that improvements should be made to enhance the level of understanding of Legionella and its management. There was no evidence of a recent Legionella risk assessment, Legionella management plan or training for staff and monthly hot and cold water temperature testing was not carried out. Staff confirmed that the recent refurbishment of the premises included the removal of old water pipes and dead legs to prevent areas where standing water could stagnate.

The practice was visibly clean and tidy when we inspected. Staff were responsible for cleaning and equipment was in line with the national colour coding scheme for cleaning materials.

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

The provider carried out infection prevention and control audits annually. The latest audit showed the practice was meeting the required standards. We spoke with the clinical director about carrying out six-monthly audits in line with the guidance in HTM01-05.

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 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 provider had reliable systems for appropriate and safe handling of medicines.

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.

We saw staff stored NHS prescriptions as described in current guidance. The practice held a supply of antimicrobial medicines which were dispensed as necessary to private patients. These were stored securely and a system in place to track their use. A log of NHS prescriptions was not in place. We discussed this with the dentist and clinical director to implement a system to track the issue of these and identify if any prescriptions were to go missing.

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

Track record on safety and Lessons learned and improvements

There were systems for staff to report any untoward incidents or accidents. In the previous 12 months there had been no safety incidents.

There were adequate systems for reviewing and investigating when things went wrong. For example, an incident report was sent to us after this inspection which investigated the lack of indemnity for dental nurses which included processes to prevent such occurrences happening again in the future.

Are services safe?

There was no system for receiving and acting on safety alerts and staff were not aware of these or the Yellow Card Scheme, which is a national system to report adverse side effects to medicines or defective medical devices. We showed the practice manager the systems to check there

were no medicines or devices affected by alerts and how to report any adverse reactions. The practice manager gave assurance that they would ensure that future alerts are received, acted upon and retained for reference.

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 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. We noted that X-rays were not consistently justified or graded for quality. We signposted them to nationally accepted guidance for the selection criteria and quality of radiographs from the Faculty of General Dental Practitioners (FGDP) to review their processes.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

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

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved coordinating care between themselves and the dental hygiene therapist, 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. Patients confirmed their dentist listened to them and gave them clear information about their treatment. We found the documentation of this could be improved. For example, by ensuring that explanations of the risks and benefits of treatment options were documented.

The practice had a consent policy but this did not provide staff with information about the Mental Capacity Act 2005 or Gillick competence. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. Staff were aware of the need to consider Gillick competence (by which a child under the age of 16 years of age may give consent for themselves) 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 found that the processes to audit patients' dental care records should be improved to check that the dentist and dental hygiene therapist record the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs informally and at annual appraisals. We saw evidence of completed appraisals and examples of future training that was booked for the team.

Are services effective?

(for example, treatment is effective)

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 friendly, polite and caring. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients over the telephone.

Patients said staff were compassionate and understanding.

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

Practice information, patient survey results and thank you cards were available for patients to read. There were a variety of oral health information, magazines and a play area with books for children in the waiting room. The practice provided a water cooler.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The layout of reception and the waiting area provided limited privacy when reception staff were dealing with patients but the receptionist was aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients and 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 to be involved in decisions about their care and were aware of the principles of the Accessible Information Standard 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.

Interpretation services were available for patients who did speak or understand English. Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

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

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, models and X-ray images of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found 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. The dentist conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. Staff described an example of autistic patients who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived. Two members of staff had completed Dementia awareness training.

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

The practice had made significant improvements to the layout and décor of the premises, which included providing reasonable adjustments for patients with disabilities. These included a small ramp at the entrance, an accessible toilet with hand rails and a call bell and wider surgery doors to accommodate wheelchair users. The reception desk had a lowered section and a hearing loop. The practice had replaced chairs in the waiting room in response to patient feedback from patients with impaired mobility.

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 on their website.

The practice had an appointment system to respond to patients' needs. Patients could choose to receive text message reminders and letters for forthcoming appointments. Staff telephoned some patients before their appointment to make sure they could get to the practice. Patients who requested urgent advice or care were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed.

The practice's website 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 had systems to respond 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 manager was responsible for dealing with these. Staff would tell them about any formal or informal comments or concerns straight away so patients received a quick response. The practice had not received any complaints in the past 12 months.

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 manager had dealt with their concerns.

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

We found leaders had the capacity and skills to deliver high-quality, sustainable care. They demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it. For example, they responded immediately to urgent concerns raised during the inspection and provided evidence that this had been addressed, and processes put in place to prevent reoccurrence.

Leaders were open to discussion and feedback during the inspection where concerns were identified. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood that systems required improvement and we had confidence they understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

The practice had a culture of high-quality sustainable care.

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

The staff focused on the needs of patients.

We saw the provider had systems to deal with staff poor performance.

There were systems to respond to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support governance and management.

The clinical director 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 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.

The systems for identifying and managing risks, issues and performance were ineffective. For example:

- The provider had not identified that dental nurses were working without professional indemnity since April 2019.
- Assessments were not in place to ensure that risks from sharps and hazardous substances were identified and managed.
- A Legionella risk assessment, management plan and training were not in place.
- The provider had no awareness of, and there was no system in place to ensure that patient safety alerts were received and acted on appropriately.
- The provider did not ensure they obtained evidence of immunity to hepatitis B for clinical staff.
- The provider did not evidence that they ensured enough staff were BLS trained and could respond to a medical emergency appropriately.

Appropriate and accurate information

Staff 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 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

Are services well-led?

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 the practice had acted on. For example, providing a television and replacing chairs in the waiting room.

NHS 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

The systems and processes for learning, continuous improvement and innovation should be reviewed.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. These had not identified the inconsistencies in dental record keeping raised during the inspection. We highlighted the need to ensure audits include results, the clinician's reflections and the resulting action plans and improvements.

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

The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The practice did not have a system to ensure that staff completed 'highly recommended' training as per General Dental Council professional standards. For example, safeguarding and medical emergencies and basic life support training annually.

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>The registered person 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">• GDC registered staff members did not have professional indemnity as per the requirements of their registration.• Effective Legionella control measures were not in place.• Sharps were not risk assessed in line with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.• Evidence of immunity to hepatitis B was not assured for three clinical staff members.• There was insufficient evidence that all GDC registrants were trained in dealing with medical emergencies, including resuscitation, and that all staff were familiar with their role in the event of a medical emergency. <p>Regulation 12(1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The registered person failed to ensure that all staff registered with the GDC had appropriate professional indemnity in place.

Requirement notices

- Risks from Legionella were not assessed and managed appropriately.
- Systems were not in place to assess the risks to patients and staff from the use of substances hazardous to health.
- The registered person did not ensure that a system was in place to receive and act on relevant patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- The registered person was not aware of the requirement to assess the risk from the use of sharps in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Systems were not in place to track the use of NHS prescriptions.
- The registered person did not ensure that evidence of the effectiveness of the hepatitis B vaccination was checked for three clinical members of staff. The provider did not have a risk assessment in place in relation to staff working in a clinical environment where the effectiveness of their Hepatitis B vaccination was unknown.
- The practice did not have a system to ensure that staff completed 'highly recommended' training as per General Dental Council professional standards. For example, safeguarding and ensuring that all GDC registrants were trained in dealing with medical emergencies, including resuscitation, and possessed up to date evidence of capability.
- The registered person did not ensure that a DBS check and references were obtained for the most recently recruited member of staff, or a risk assessment documented.

Regulation 17 (1)