Care Quality Commission

Care (Lancashire) Limited

Lowton Dental Centre

Inspection Report

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Lowton
Warrington
Cheshire
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Overall summary

We carried out this announced inspection on 27 July 2017 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.

We told the NHS England area team that we were inspecting the practice. We did not receive any information of concern from them.

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

Lowton Dental Centre is in Lowton, Cheshire and provides NHS and private treatment to adults and children. The practice is also contracted to provide NHS orthodontic treatment.

Summary of findings

A portable ramp is available for people who use wheelchairs and pushchairs. Car parking spaces, including for patients with disabled badges, are available near the practice.

The dental team includes three dentists, four dental nurses (three of which are trainees), a dental hygienist, two dental hygiene therapists, an orthodontic therapist and a receptionist. The practice has five treatment rooms.

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 Lowton Dental Centre was the principal dentist.

On the day of inspection we collected 18 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

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

The practice is open:

Monday 9.00 - 13.00 14.00 - 17.45

Tuesday 9.00 - 13.00 14.00 - 17.45

Wednesday 9.00 - 13.00 14.00 - 17.45

Thursday 9.00 - 13.00 14.00 - 19.30

Friday 8.00 - 13.00

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance but improvements were needed in the control of Legionella.
- Staff knew how to deal with emergencies. Improvements could be made to the medicines and life-saving equipment available.
- Policies, procedures and the systems to help them manage risk could be improved.
- Staff knew their responsibilities for safeguarding adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care by ensuring:

- effective practice specific policies and procedures are established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- mandatory audits of aspects of the service, such as radiography records are undertaken at regular intervals to help improve the quality of service. The practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.
- risk assessments are carried out to minimise the risk of sharps injuries and the risk from hazardous products.
- a system is in place to record, investigate and learn from incidents.
- the secure storage of dental care records is in accordance with current legislation and guidance.

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

- Review availability of equipment to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the current legionella risk assessment and implement the recommended actions including the monitoring and recording of water temperatures, having due regard to the guidelines issued by the

Summary of findings

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 its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Establish whether the practice is in compliance with its legal obligations under the Ionising Radiations Regulations 1999 and the Ionising Radiation (Medical Exposure) Regulations 2000.
- Review the practice's procedures for closed-circuit television (CCTV) and compliance with the Information Commissioner's office protocols (ICO).

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice did not have procedures to effectively record, investigate and learn from incidents and significant events.

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

Staff were qualified for their roles and had appropriate indemnity in place. The practice completed essential recruitment checks.

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

Improvements could be made to the arrangements for dealing with medical and other emergencies.

Improvements could be made to the systems to assess risks. The use of sharps had not been risk assessed and protective measures were not implemented effectively. Appropriate assessments were not in place for hazardous substances and the practice had not acted upon recommendations in the Legionella risk assessment.

Not all of the dentists justified and graded the X-rays they took. Recommendations from the X-ray critical examinations had not been implemented.

Are services effective?

No action

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

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

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. The practice received NHS and private referrals from other dental practices. A referral procedure and system was in place to manage these effectively.

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

The provider used the skill mix of staff in a variety of clinical roles to deliver care in the best possible way for patients.

Summary of findings

The practice had installed CCTV with audio recording around the premises. Appropriate information provided to patients could be improved and the ICO had not been informed of the use of CCTV.

Are services caring?

No action

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

We received feedback about the practice from 21 people. Patients were positive about all aspects of the service the practice provided. They told us staff were pleasant, caring and re-assuring. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action

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

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

Patients were sent text message reminders for upcoming appointments. Staff told us that they telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children.

Staff told us that they did not currently have any patients who required interpreters but they would risk assess using family members or web based interpretation services.

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

Are services well-led?

Requirements notice

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Effective policies and procedures were not in place to support the management of the service.

The practice did not have an effective system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities. For example, the practice were not monitoring and assessing the risks from incidents and sharps.

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

Summary of findings

The practice team kept complete patient dental care records which were, clearly written or typed. The security of dental care records could be improved.

The systems to audit clinical or non-clinical areas of their work could be improved.

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

On the day of the inspection the practice were open to feedback and took immediate actions to address the concerns raised during the inspection and send evidence to confirm that action had been taken in relation to the emergency kit and servicing of equipment.

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice did not have policies or documented procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff understood their role to report any incidents to the practice manager and an accident book was available to staff, we reviewed recent entries which demonstrated this.

The process for recording and learning from incidents could be improved. The practice did not record the actions taken in response to three recent sharps injuries. The practice manager told us that the results of investigations into incidents were not currently discussed with staff to prevent re-occurrence and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff and acted on but they were not stored with details of actions taken for future reference. We discussed this with the registered manager who told us that relevant future alerts would be retained.

Reliable safety systems and processes (including safeguarding)

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 did not have a safeguarding policy but up to date procedures were displayed in all clinical rooms to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy but this did not include the details of external organisations. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. A sharps risk assessment was not in place. Some members of staff told us that only the dentists were permitted to re-sheath needles but this was not implemented consistently as two dental nurses had recently received sharps injuries involving needles during their disposal. This was discussed with the practice manager who submitted a sharps risk assessment after the inspection. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice did not have a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. Staff told us that day lists were printed to enable them to contact patients in the event of circumstances that stopped services.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency medicines were available as described in recognised guidance. Improvements were needed to the availability of the recommended equipment; Self-inflating bags with masks, syringes, needles and portable suction were not available. Glucagon, which is required to treat low blood sugar, was kept with the emergency medicines kit but the expiry date had not been adjusted in line with the manufacturer's instructions for situations where this medicine is not stored in temperature controlled conditions. The emergency kit was checked weekly and staff kept records of their checks to make sure equipment and medicines were available, within their expiry date, and in working order. The practice manager took immediate action to replace the missing items, replace the Glucagon and amend the expiry date.

Staff recruitment

The practice did not have a staff recruitment policy and procedure to help them employ suitable staff but the practice manager could demonstrate they had followed the relevant legislation. We looked at four staff recruitment files including the most recent recruit. These showed the practice had followed correct recruitment procedures.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies were not customised to the practice, up to date or reviewed to help manage potential risk. A fire risk assessment was in place and staff carried out and documented weekly checks on

Are services safe?

the fire alarm and emergency lighting, and had annual fire drills. They had received fire safety training and three members of staff were fire marshals. The practice manager told us they made visual checks of the building but these were not recorded. We saw certificates relating to the testing of the electrical safety. The practice had a small number of control of substances hazardous to health risk assessments and product safety data sheets but there was no process to ensure that safety data sheets or risk assessments were available and up to date for all hazardous products. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists, dental hygienists and dental therapists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

A Legionella risk assessment had been carried out in 2011. The practice regularly carried out and documented the results of water quality testing and had disconnected the supply to a disused shower but the recommendations to appoint a lead person, develop practice protocols, ensure all relevant staff received Legionella awareness training and implement monthly water temperature monitoring had not been acted on. We noted that not all of the recommendations were stated clearly in the risk assessment report. We discussed this with the practice manager who gave assurance that a new risk assessment would be carried out and all recommendations would be acted upon. The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the dental unit water lines.

The practice had arrangements to segregate and dispose of clinical and non-clinical waste but this did not include the disposal of gypsum waste (dental study models). The practice manager took immediate action to make arrangements for the safe disposal of gypsum waste and evidence of this was received.

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

Equipment and medicines

We saw servicing documentation for some of the equipment used. Evidence was not available that the intra-oral x-ray machines had been serviced. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice had a radiation protection file and had appointed a Radiation Protection Adviser. There was a service agreement in place to ensure the safety of the X-ray equipment; Staff told us that three-yearly routine tests had been carried out for the intra-oral X-ray machines but evidence of this was not available; The registered manager told us that they would contact the maintenance company to obtain this. We reviewed the critical examination reports for the X-ray equipment. Evidence was not available that recommended actions (relocation of isolation switches, fitting of rectangular collimators and angle of the X-ray beam through adjoining walls) had been implemented for the two intra-oral machines. The practice were working with an external company to trial new three dimensional digital X-ray equipment. Evidence was not available that the Health and Safety Executive had been notified of the new equipment. The provider confirmed these areas would be addressed.

No action

Are services safe?

We saw not all of the dentists justified, graded and reported on the X-rays they took. Audits were inconsistent and did not include all clinicians. This was discussed with the practice manager to review and improve. The practice had implemented an ongoing audit process for the new X-ray equipment.

Clinical staff completed continuous professional development in respect of dental radiography. Two of the dental nurses had received additional training in radiography to assist with taking X-rays.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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 that the practice audited patients' dental care records to check that the clinicians recorded the necessary information for all but one of the dentists.

Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit. One of the dental nurses had qualified as an oral health educator to facilitate this in the practice

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children as appropriate.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The orthodontic therapist described how they carried out specific parts of orthodontic treatment under a dentist's prescription and discussed treatment plans with the dentist.

Staffing

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

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, a dental hygienist, dental therapists and dental nurses, to deliver care in the best possible way for patients. Two of the dental nurses had enhanced skills training in radiography, one in the application of fluoride and in oral health education and one in orthodontic therapy.

Staff told us they discussed training needs regularly during informal discussions and at annual appraisals. We saw evidence of completed appraisals. Staff told us that the practice had supported them to complete additional training, for example, radiography, oral health education and fire marshal training.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

The practice received NHS and private referrals from other dental practices and information about these services was available on the practice website. A referral procedure and system was in place to manage these effectively and inform the referring dentist of patients' progress or if they failed to attend appointments.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

The provider had installed a closed circuit television system, (CCTV), internally in the reception, upstairs waiting areas and the therapist's treatment room. The provider had displayed information and staff informed all patients for what purpose the CCTV was in use and patients could

No action

Are services effective?

(for example, treatment is effective)

request this be switched off during their visits. The information did not include their right of access to footage which contains their images and evidence was not available that the Information Commissioners office had been notified of the CCTV. This was discussed with the practice manager to review and action as appropriate.

No action

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were pleasant, caring and re-assuring. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

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

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. Staff told us that 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 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.

There was a television, a variety of oral health information and magazines in the waiting rooms.

Practice information including prices for private treatment and how to complain to the provider was available for patients.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as orthodontics and endodontics.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.

No action

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction about all aspects of the service the practice provided. They told us staff were helpful and friendly.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they were unable to access the first floor surgery. Staff had recently discussed dementia awareness and improved signage at the practice as a result.

Patients were sent text message reminders for upcoming appointments. Staff told us that they telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Tackling inequity and promoting equality

The practice made reasonable adjustments for patients with disabilities. These included the availability of a portable ramp, ground floor surgery and accessible toilet with hand rails and a call bell.

We discussed how the practice would accommodate patients who required information in different formats and languages to meet individual patients' needs or translation services. Staff told us that they did not currently have any patients who required these services but they would risk assess using family members or web based interpretation services.

Access to the service

The practice displayed its opening hours in the premises and on NHS Choices.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. The website, 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.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint but we saw information of organisations patients could contact if not satisfied with the way the practice dealt with their concerns was not included. The practice did not have patient information leaflets but information of how to make a complaint was included in a rolling presentation on the televisions in the waiting areas and copies were available to patients on request. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at comments, compliments and complaints the practice received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Requirements notice

Are services well-led?

Our findings

Governance arrangements

The principal dentist 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. It was evident that governance arrangements were discussed as staff knew the management arrangements and their roles and responsibilities but written policies and procedures were not in place.

The practice did not have systems in place to ensure the availability of up-to-date, relevant policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Generic locality wide policies from other organisations had been adopted which were not customised to the practice or up to date. For example, some were dated for several years ago and there were gaps to insert the name of lead individuals, processes and the location of equipment. Several members of staff had worked at the practice for many years. We felt that informal governance arrangements were in place as staff demonstrated a working knowledge of the day to day systems of the practice.

The practice did not have policies or procedures to support staff to report incidents. We saw evidence of recent accidents reported by staff but evidence of actions taken and investigations were not documented. There was no process to ensure that incidents were discussed with staff to share learning and prevent re-occurrence. Health and safety and risk management assessments were incomplete and recommendations had not been implemented, for example, radiography, risk assessments to minimise sharps injuries and Legionella.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. We noted that dental care records were stored in an un-lockable cabinet in an area accessed by patients. The practice manager confirmed this would be addressed.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They told us they felt confident to raise any concerns or issues with the practice manager. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

On the day of the inspection the practice was open to feedback and took immediate actions to address the concerns raised during the inspection and send evidence to confirm that action had been taken. They demonstrated a commitment to continuing the work and engagement with staff and external organisations to make further improvements, particularly to develop up to date policies in collaboration with staff to govern the practice.

Improvements could be made to the quality assurance processes to encourage learning and continuous improvement. We reviewed audits of dental care records, X-rays, and orthodontics. The results of the X-ray, record keeping and orthodontic treatment audits were not clear and did not always include clinician's reflections or learning points, action plans and improvements, where necessary. The orthodontic therapist had received training to enable them to carry out orthodontic audits in the future.

The principal dentist and practice manager 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.

Staff told us they completed highly recommended training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so. The provider had encouraged and supported staff to complete additional training to expand

Are services well-led?

the skill mix in the practice and staff confirmed this. For example, staff had received additional training in radiography, oral health education and orthodontic therapy.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

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 **Regulation 17 HCSA 2008 Regulations 2014 Good governance** Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 How the regulation was not being met: There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk • Risk assessments had not been carried out to minimise the risk of sharps injuries and the risk from hazardous products. • A system was not in place to record, investigate and learn from incidents • Up to date policies and procedures were not in place to support the management of the service. • The provider did not ensure that dental care records were stored securely. • Audits were not consistently undertaken at regular intervals to help improve the quality of service. The practice could not demonstrate all audits had documented or that learning points and the resulting improvements could be demonstrated. Regulation 17(1)