

Mr Peter Sharp

Thornaby Dental Centre

Inspection Report

31 Allensway
Thornaby
Stockton On Tees
Cleveland
TS17 9HA

Tel: 01642750124

Website: www.thornabydentalcentre.co.uk

Date of inspection visit: 22 August 2018

Date of publication: 26/09/2018

Overall summary

We carried out this unannounced inspection on 22 August 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection, in response to concerns we received, 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

Thornaby Dental Centre is in Stockton On Tees and provides NHS and private treatment to adults and children.

There is a step at the entrance to the practice and a portable ramp is available to aid those who require it – for example people who use wheelchairs and those with pushchairs. Car parking spaces, including a designated space for blue badge holders, are available near the practice.

Summary of findings

The dental team includes the principal dentist, two associate dentists, six dental nurses (of whom three are trainees), a dental hygiene therapist, three receptionists and a practice manager. The practice has four treatment rooms all situated on the ground floor.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we spoke with three patients who provided us with positive feedback about the practice.

During the inspection we spoke with three dentists, five dental nurses, the dental hygiene therapist, two receptionists 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 and Wednesday 8am to 5.30pm

Tuesday, Thursday and Friday 9am to 5.30pm

Saturday 8am to 1pm by appointment only.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had some systems to help them manage risk to patients and staff. The provider needed to review their protocols for undertaking risk assessments for lone working and hazardous substances. The practice's legionella and fire risk assessments identified actions which were not recognised nor implemented. Safety alerts were not received for medical equipment.

- The provider did not undertake thorough staff recruitment procedures for all staff employed.
- Training of staff was monitored; this process required strengthening to be effective.
- 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 dental professionals were providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had leadership which required strengthening.
- 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 provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Full details of the regulations 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 use of interpreter services (rather than family or friends) for people whose first language is not English.

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.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff knew how to recognise the signs of abuse and how to report concerns. One member of staff had not completed training in safeguarding children and vulnerable adults.

Staff were qualified for their roles. The practice did not complete essential recruitment checks for all employees.

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

The practice had suitable arrangements for dealing with medical and other emergencies.

The practice did not have risk assessments for all risks identified on-site. For example, all hazardous materials within the practice were not risk assessed as required by the Control of Substances Hazardous to Health Regulations, 2002 (COSHH). A lone working risk assessment was not undertaken for the cleaner. Actions from the legionella and fire risk assessments were not implemented.

The provider did not receive relevant safety alerts in relation to medical equipment.

No action



Are services effective?

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 exceptional, of a high standard 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 supported staff to complete training relevant to their roles. The provider's systems to monitor training could be improved.

No action



Summary of findings

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 three people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and patient.

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that staff 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. We observed that amongst the four treatment rooms, one door was open during a patient consultation. This was addressed immediately. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action



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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had arrangements to help patients with sight or hearing loss. Staff were not using interpreter services in line with national guidance.

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. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The systems for the practice team to discuss the quality and safety of the care and treatment provided could be improved.

There was a defined management structure and staff felt supported and appreciated. The practice manager was aware that a recent change in staff numbers had led to inadequate concentration upon all managerial duties.

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

Summary of findings

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

The practice had some systems to help them manage risk to patients and staff. The provider needed to review their protocols for undertaking risk assessments and implementing the identified actions.

The provider did not undertake thorough staff recruitment procedures for all staff employed.

Monitoring of staff training required improvement.

Are services safe?

Our findings

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

The practice had clear 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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training apart from one member of staff. The practice manager told us they would ensure this person would undergo this training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice also had a system to identify adults that were in other vulnerable situations, for example, those who were known to have experienced modern-day slavery or female genital mutilation.

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

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was documented in the dental care record.

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

The practice had a recruitment policy to help them employ suitable staff. We looked at four staff recruitment records. These showed the practice did not follow their recruitment policy.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The process for monitoring this within the practice required improving; we were shown expired certificates for two members of staff and this had not been recognised. Both the employees had current registration with the GDC and current indemnity cover as their up-to-date certificates were later shown to us.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. The recommendations made by the fire risk assessor were not acted upon.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. The practice's local rules required updating as recommended by their radiation protection advisor in March 2018. The practice manager assured us they would review their local rules and update appropriately.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. The audits we viewed were written up with analysis of the results and action plans.

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

Risks to patients

Improvements could be made to the systems for assessing, monitoring and managing risks to patient safety.

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

Are services safe?

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 been undertaken and was updated annually.

The provider did not have evidence to ensure all clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. The practice manager told us they checked the immunity status of all staff members prior to employment. We asked to see records of these and were shown these for only two members of staff. We were told the other members of staff were trainee dental nurses, underwent the vaccination course within recent months and were awaiting their blood results. A risk assessment was not carried out for these staff to mitigate the risk of working in a clinical environment where the effectiveness of the vaccine was unknown.

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygiene therapist when they treated patients in line with GDC Standards for the Dental Team.

The provider did not undertake risk assessments for hazardous materials on-site.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

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

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A risk assessment was carried out in 2016. Not all recommendations from the assessment had been actioned and we were assured this would be rectified. We saw records of dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice cleaner worked after hours and the provider had not carried out a lone-working risk assessment in relation to their safety. The practice was clean when we inspected and patients confirmed that this was usual.

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

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

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

Are services safe?

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

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

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

Track record on safety

The practice had a good safety record. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. There was one accident within the last 12 months; this was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The practice's system for receiving and acting on safety alerts required reviewing as not all alerts were subscribed to.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals 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.

The practice offered dental implants. These were placed by the one of the dentists at the practice and a visiting specialist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

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

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

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

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

The dental professionals described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

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

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

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Dental nurses and the dentist involved in dental implant placement had undergone suitable training and the principal dentist had provided all dental nurses with access to online lifelong learning.

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 at six-monthly appraisals and during clinical supervision. The practice employed trainee dental nurses who had personal

Are services effective?

(for example, treatment is effective)

development plans to assist in monitoring them their training. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

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

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

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

The practice did not monitor all referrals to make sure they were dealt with promptly. We discussed the importance of monitoring referrals to ensure continuity of patient care.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

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

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

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

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

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. We noted one treatment room door was left open and spoke to the principal dentist with regards to ensuring patient confidentiality at all times. We saw the other three treatment rooms doors were closed and the principal dentist assured us the treatment room door being open was not a regular occurrence.

The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standards (a requirement to make sure that patients and their carers can access and understand the information they are given) and the requirements under the Equality Act:

- Interpretation services were not used for patients who did not have English as a first language. The practice used patients' relatives to provide interpretation. This is not in line with national guidance.
- Staff provided support to patients, for example, a magnifying glass was available for those required it.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. This included use of a large viewing screen in each surgery, models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

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

For example, the practice met the needs of more vulnerable members of society such as patients with dental phobia by arranging appointment times to the patient's convenience and scheduling an extended treatment slot. Staff were also aware of the support required by vulnerable groups.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. The practice had assessed the needs of all groups of patients in accordance with the Equality Act 2010. There was no plan formulated in order to continually improve access for patients where reasonably practicable.

The premises had four ground floor surgeries and an accessible ground floor toilet. A portable ramp was available to aid people who required it. A magnifying glass was available for patients who requested it. The disability access assessment had recommended an induction (hearing) loop and a security pull cord in the accessible toilet to be installed. We saw these were not implemented; nor was there a plan in place to address these in future.

Timely access to services

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

The practice displayed its opening hours in the premises, and included it on their website.

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.

They took part in an emergency on-call arrangement with other local practices and the 111 out of hour's service.

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

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

The practice manager was responsible for dealing with these. Staff 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. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments and compliments the practice received within the last 12 months. The practice had received one complaint in that period. We observed the practice responded to this complaint appropriately and shared learning with the entire dental team. We saw any comments were analysed appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist carried the overall leadership for the practice.

They had knowledge about all issues and priorities relating to the quality and future of services; they did not ensure they had suitable protocols to carry these through.

The principal dentist and practice manager were approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice did not have effective processes to ensure all activities that staff undertook were efficient and monitored.

Culture

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

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

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

Governance and management

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. Staff knew the management arrangements and their roles and responsibilities.

The principal dentist had a system of clinical governance in place which included policies, protocols and procedures.

Policies were due for review and update. For example, we found the practice's infection control policy contained inaccurate information and the safeguarding policy was undated.

The processes for managing risks, issues and performance could be improved. For example, the principal dentist did not complete effective recruitment procedures to eliminate

the risks to staff and patients. The practice had a recruitment policy to help them employ suitable staff. We looked at four staff recruitment records. These showed the practice did not follow their recruitment policy.

- One member of staff was employed two weeks prior to the inspection. We found the provider had not undertaken a Disclosure and Barring Service (DBS) check, nor risk assessment, at the point of employment for this 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.
- A second member of staff had a DBS check from another employer
- A third member of staff had a standard check which is not recommended for those who work with children and vulnerable adults.
- References and proof of identification were not sought by the provider for two employees.
- Proof of qualification were not obtained for the most recent employee.

We discussed these gaps in recruitment procedures with the practice manager who assured us they would obtain the relevant documents. They also recognised the need to ensure a more consistent approach.

We looked at the practice's assessment of hazardous substances as required by the COSHH Regulations 2002. We found hazardous substances on-site had not been risk assessed and only the products' safety data sheets were stored. We explained the importance of carrying these risk assessments out for all hazardous substances and we were assured by the practice manager this would be actioned.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A risk assessment was carried out in 2016. Not all recommendations from the assessment had been actioned and we were assured this would be acted upon. For example, staff had not undergone legionella awareness training nor had samples of water been sent for testing. Water temperatures were checked monthly to ensure the temperature of the water would not allow bacteria to proliferate. Records showed, on occasion, the temperature of water was below the required minimum. This was not reported to the practice manager nor acted upon by staff.

Are services well-led?

An air conditioning unit was installed into one treatment room in 2017; the provider was unaware of whether this would pose a legionella risk and had not sought advice in relation to this.

The fire risk assessment identified the need to have appropriate signage where combustible medical oxygen gas cylinder was stored. Signage was not in place. The principal dentist assured us they would address this. Fire drills were carried out six-monthly; there was no documentation of this.

Staff immunisation statuses was not sufficiently recorded nor were risk assessments undertaken for those whose statuses were unknown.

The practice's system for receiving and acting on safety alerts required reviewing. The practice received drug safety alerts and shared these with all staff. Medical equipment alerts were not subscribed to. The practice manager assured us they would subscribe to all alerts as appropriate.

The processes to record training required improvement.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

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

Engagement with patients, the public, staff and external partners

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

The practice used patient surveys 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.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. These required reviewing to ensure they were effective.

The practice had quality assurance processes to encourage learning and continuous improvement. We saw audits of dental care records, radiographs and infection prevention and control were documented adequately.

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

The practice employed trainee dental nurses. We were told they had six-monthly appraisals and personal development plans to supervise and facilitate their learning, as recommended by the GDC. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The principal dentist provided on-line learning access for all dental nurses to enhance their professional development. A training matrix was in place to monitor the training of all staff. We viewed records from the previous four years. We found this system was ineffective as it indicated training was not carried out by all staff in recommended topics such as infection control. We asked the practice manager if they could be assured their staff had carried out this training and this was not confirmed. We were assured this process would be reviewed and strengthened to ensure it was effective.

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 person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • Management and governance systems were not effective. • Policies were not reviewed nor practice specific. • Risk assessments were not carried out for hazardous materials and lone workers. • Actions from the legionella and fire risk assessment were not completed. • Safety alerts were not received for medical equipment. • Fire drills were not documented. • Local rules for radiography equipment were not updated. • Staff training was not effectively monitored nor were any discrepancies acted upon. Regulation 17 (1)
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

This section is primarily information for the provider

Requirement notices

- Recruitment procedures were not completed adequately for staff, in particular for a recently employed member of staff.
- Protocols for obtaining adequate DBS checks, immunisation status, references, induction, photo identification, registration, indemnity and employment history were inconsistent.

Regulation 19 (1)