M.I.D.H.S Limited

MIDHS at Beacon Business Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 25 March 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Maggie's Independent Dental Hygiene Service (MIDHS) is in Mossley and provides private treatment to adults and children. This is primarily a dental hygiene service, with a routine dentistry provision one day a week. In addition, the service offers advanced restorative treatments and conscious sedation.

There is single step access into the practice. Car parking spaces are available near the practice.

Summary of findings

The dental team includes, two dental hygienists (one of whom is the provider and senior dental hygienist), one dentist, two dental nurses and the practice manger/ receptionist. On an ad-hoc basis the practice is visited by a dentist who has a special interest in restorative dentistry and a dentist who has a special interest in the provision of conscious sedation. The practice has one treatment room.

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 MIDHS is senior provider.

On the day of inspection, we collected 26 CQC comment cards filled in by patients, all of which were complimentary about the service being provided.

During the inspection we spoke with the provider, one dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed. Patients were not booked in for appointments during the inspection.

The practice is open: Monday, Wednesday and Thursday 9am to 5pm

Tuesday 9am to 7pm and Friday 9am to 4pm.

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.
- Improvements could be made to manage risk to patients and staff, in particular materials identified as hazardous to health and response to risk assessment recommendations.
- Systems were not in place to ensure conscious sedation was carried out in line with guidance.
- Systems to ensure appropriate training and qualifications were up-to date in respect to the provision of conscious sedation were not in place.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Recruitment procedures were in place, the process to review appropriate staff checks was not effective.
- Improvements could be made to ensure staff training was undertaken in a timely manner.
- Systems for recording, investigating and reviewing incidents or significant events were not embedded.
- Except for one area relating to antimicrobial prescribing, the clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider could improve their leadership of the practice to ensure full oversight of systems and processes taking place out of their field of expertise.
- The practice culture of continuous improvement could be improved.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

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

Full details of the regulations the provider was not meeting are at the end of this report.

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

Summary of findings

- Review the practice protocols to ensure clinical staff remain up-to-date with guidance issued by the Faculty of General Dental Practice. In particular; antimicrobial prescribing.
- Review staff training to ensure that dental nursing staff who assist in conscious sedation have the appropriate training and skills to carry out the role. In addition, ensure all staff participating in conscious sedation have undertaken an appropriate level of life support training taking into account guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.
- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requirements notice 

We found that this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

Except for one area relating to antimicrobial prescribing, the clinical staff provided patients' care and treatment in line with current guidelines.

Systems were not in place to ensure conscious sedation was carried out in line with guidelines. In particular; pre-assessment checks, equipment checks and record keeping. We highlighted these findings to the provider who took immediate action and formally ceased any future sedation treatments until such time more robust systems and processes were in place

Systems to ensure appropriate training and qualifications were up-to date in respect to the provision of conscious sedation were not in place.

The systems to identify, report and learn from incidents were not embedded.

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

The practice's risk awareness and response to risk assessment recommendations, effectiveness of Hepatitis B vaccination and hazardous materials could be improved.

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

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

Systems to ensure relevant staff checks were carried out in line with Schedule 3 of the Health and Social Care Act in respect to persons employed were not effective. In particular; disclosure barring service checks and professional training certification.

There was no system in place for receiving and acting on safety alerts.

Are services effective?

No action 

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

The clinician's assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as simply amazing, excellent and fantastic.

Summary of findings

In most cases the clinicians discussed treatment with patients so they could give informed consent and recorded this in their records, there were areas where we found improvements could be made to ensure consistent documentation.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles.

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 26 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, very well organised and helpful.

They said that they were given helpful, honest explanations about dental treatment, and said the dental hygienists and 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 took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

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).

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

Summary of findings

The practice had arrangements to ensure the smooth running of the service. There were clear responsibilities, roles and systems of accountability to support governance and management. We identified areas within good governance where improvements could be made. For example, systems and processes had failed to ensure that:

- there was a requirement to assess the risks against individuals where staff checks were not in place or valid.
- appropriate checks were in place to confirm continuing professional development (CPD) certification to support the qualification and provision of conscious sedation.
- appropriate indemnity was in place for clinical staff.
- a quality assurance process was in place to highlight the poor quality of radiographs.

Dental care records were, clearly written or typed and stored securely.

Systems in place to ensure timely completion of recommended training such as safeguarding, infection prevention and control and basic life support were not effective.

Processes for learning, continuous improvement and innovation were in place but were not consistently acted upon.

Are services safe?

Our findings

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

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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had 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. We saw limited evidence that all staff had undertaken safeguarding training at the appropriate level. Evidence was sent to us after the inspection to show staff had since completed the relevant training.

The practice had a whistleblowing policy. 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 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 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 practice had a recruitment policy and procedure to help them employ suitable staff. We looked at all staff recruitment records. These showed improvements could be made to ensure recruitment processes were in line with Schedule 3 of the Health and Social Care Act in respect to persons employed or appointed for the purpose of a regulated activity. For example:

- One staff member had a disclosure Scotland check which was not transferable. No risk assessment was in place to mitigate this.
- Applications for two staff member's disclosure and barring service check (DBS) had taken place since announcing the inspection. No risk assessment was in place to mitigate the gap from start of employment.
- Evidence of one staff member's DBS check was not available to review.
- One staff member's DBS had been carried out by a different employer and it was more than three months old at the point of application; no risk assessment had been undertaken.
- Continuing professional development (CPD) certification was not in place to support the qualification for the staff involved in the provision of conscious sedation.

Records showed that clinical staff were qualified and registered with the General Dental Council (GDC). We were unable to confirm professional indemnity cover for two clinical staff members, evidence has been sent since the inspection to confirm indemnity cover was in place.

Improvements could be made to ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. For example:

- No 5-year fixed wiring maintenance check had been carried out.
- There was no evidence to confirm suitable validation and maintenance checks for the pulse oximeter and the spare medical oxygen cylinder; equipment which, we were told was brought in to the practice during the provision of conscious sedation.

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. We noted that not all safety recommendations, highlighted in the 2012 fire risk assessment had been addressed. For example, signage and maintenance work recommended in the cellar and the requirement for a fixed wiring maintenance check.

Are services safe?

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.

We saw evidence that the dentists justified and reported on the radiographs they took but grading the quality of these images was recorded inconsistently. No evidence was available to confirm that radiography audits were carried out following current guidance and legislation.

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

Risks to patients

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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. We noted the provider had evidence of the effectiveness of the vaccination for only one staff member and had not requested evidence or carried out risks assessments on other clinical members of staff.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Except for the visiting Sedationist, records to confirm that BLS with airway management or Immediate Life Support training for staff involved in conscious sedation were not in place.

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

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

The provider had some risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Not all materials used at the practice had been individually assessed to reduce risk to as low as reasonably possible.

The practice had an infection prevention and control (IPC) policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. We reviewed IPC staff training records and found four had no evidence of completing recommended training and one staff member had not completed any training since 2017. We highlighted this to the provider who assured us a more effective system would be put in place.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider 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 provider how information to deliver safe care and treatment was handled and recorded. We

Are services safe?

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 in respect to hygiene services and general dentistry were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements. Improvement was needed to ensure that contemporaneous and comprehensive records were kept during the provision of conscious sedation.

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

Records reviewed showed inconsistencies against nationally agreed standards and guidance from the Faculty of General Dental Practice guidance (FGDP), in respect to the length of dose considered when prescribing antimicrobials. The provider assured us they would bring this to the dentist's attention.

Track record on safety and Lessons learned and improvements

The systems in place to identify, report and learn from incidents were not embedded. Protocols were in place, but staff were not aware of what constituted an incident or significant event or what the reporting process was.

There was no system in place for receiving and acting on safety alerts. We discussed this with the provider who assured us this would be corrected and thoroughly reviewed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The main provision of treatment at the service was dental hygiene. The provider worked within the scope of practice which enabled patients to have direct access for hygiene treatments without a referral from a dentist. There were systems to inform patients of the providers scope of practice and appropriate medical history and consent forms were in place.

The practice offered dental implants. These were placed by a visiting clinician 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 clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided oral health leaflets developed by the practice to help patients with their oral health.

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

The provider 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 for review and to reinforce home care preventative advice.

Consent to care and treatment

Except for the areas where we found improvements could be made, 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. Patients confirmed the clinician 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 may 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 dentist assessed patients' treatment needs in line with recognised guidance.

The practice had carried out one audit of dental care records to check that clinicians recorded the necessary information. Records of the audit showed no tally of results and no learning outcomes. We highlighted this to the provider who assured us this would be improved.

The practice carried out conscious sedation for patients who were nervous. The sedation team included a dentist who was trained as a Sedationist to administer medication for anaesthesia and monitor the health of the patient during conscious sedation treatment, a dentist who carried out the dental treatment and a supporting dental nurse.

We found improvement was required to ensure governance systems currently in place were more effective and embedded to help them carry out the conscious sedation process safely and in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015. We reviewed three sedation records and found inconsistencies throughout.

For example:

- No evidence of pre-assessment checks undertaken.
- Inconsistent records of a detailed medical history being taken at the time of the conscious sedation appointment.

Are services effective?

(for example, treatment is effective)

- Inconsistent recording of the medication used for anaesthesia.
- Inconsistent recording of batch numbers, expiry date of medication used for anaesthesia and inconsistent recording of the injection site.
- Inconsistent recording of pre-treatment vital signs.
- Discrepancies relating to consent and contemporaneous notes being taken.

We asked the provider what process was in place to confirm the sedation team were appropriately trained and competent to deliver dental treatment under sedation. The provider told us and we saw that effective systems to carry out appropriate checks were not in place. For example, no evidence of continuing professional development (CPD) was available for the Sedationist, no evidence of any life support training was available for the dentist carrying out treatment during conscious sedation and the supporting dental nurse was not on a sedation training pathway.

In addition, one conscious sedation record keeping audit had taken place on one set of patient care records; no tally of results and no learning outcomes were recorded. We highlighted these findings to the provider who took immediate action and formally ceased any future sedation treatments until such time more robust systems and processes were in place.

Effective staffing

Staff new to the practice had a period of induction based on a structured programme.

Staff discussed their training needs at annual appraisals. 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.

The practice had systems to refer 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 dental 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 monitored all referrals to make sure they were dealt with promptly.

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 amazing, professional and caring and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

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

Staff 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

the requirements under the Equality Act. Interpreter services were available for patients who did not use English as a first language. Staff communicated with patients in a way that they could understand and communication aids were available. 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 about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A provider 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 dental hygienist described to us the methods they used to help patients understand treatment options discussed. These included for photographs, models and X-ray images to help them better understand the diagnosis and treatment.

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.

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

The practice had some patients for whom adjustments had to be made to help them receive treatment. Staff explained they would help patients who used a wheelchair into the practice and made sure details were explained clearly and slowly for patients who were hearing impaired.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

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

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. No appointments were booked on the day of the inspection.

The staff took part in an emergency on-call arrangement with the dentist working there.

The practice's 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 commented 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 policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

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

The provider 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, compliments and complaints the practice received within the last 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The provider had the capacity and skills to deliver a high-quality, sustainable hygiene service. Improvements were needed to ensure the provision of other aspects of the service were managed appropriately. In particular: systems and processes to ensure effective staff recruitment, equipment and premises, monitoring care and treatment and continuous improvement and innovation.

They were knowledgeable about issues and priorities relating to the quality and future of services. They were open to discussion and feedback to improve the service and took quick action to cease the provision of sedation until this could be reviewed and safe systems implemented. They understood the challenges highlighted during the inspection and were addressing them.

The provider was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Processes to develop leadership capacity and skills, including planning for the future leadership of the practice were in place.

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 practice focused on the needs of patients.

Systems were in place to deal with poor performance.

The provider was aware of the requirements of the Duty of Candour. We highlighted to the provider during the inspection that staff awareness could be improved in respect to identifying and reporting incidents for learning and improvement.

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

Governance and management

The provider had overall responsibility for the management and leadership of the practice relating to the hygiene service being provided. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. We found improvements could be made to enhance communication within the team, particularly with the staff members who worked at the practice part-time or on an ad-hoc basis.

There were clear responsibilities, roles and systems of accountability to support governance and management. We identified areas within good governance where improvements could be made. For example, systems and processes had failed to ensure that:

- appropriate staff checks were in place which were in line with Schedule 3 of the Health and Social Care Act in respect to persons employed or appointed for the purpose of a regulated activity.
- there was a requirement to assess the risks against individuals where staff checks were not in place or valid.
- appropriate checks were in place to confirm continuing professional development (CPD) certification to support the qualification and provision of conscious sedation.
- appropriate indemnity was in place for clinical staff.
- a quality assurance process was in place to highlight the poor quality of radiographs.
- the effectiveness of the Hepatitis B vaccine was checked for all staff to rule out having to put adjustments in place to protect a low responder to the vaccine.
- hazardous substances were risk assessed appropriately.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. These were in the process of being reviewed and updated.

There were processes for managing risks, issues and performance.

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 and staff to support high-quality sustainable services.

Are services well-led?

The practice used patient surveys to obtain staff and patients' views about the service; responses from patient were all mainly positive.

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. We found these were not embedded or consistently acted upon. We reviewed audits for dental care records, X-rays and conscious sedation, the results of the audits had not been reviewed to identify an action plans or learning outcomes. As a result, opportunities had been missed to highlight concerns raised during the inspection. Risk assessments, where recommendations had been made had not been responded to. Infection prevention and control audits were undertaken appropriately and in a timely manner.

The provider valued the contributions made to the team by individual members of staff.

The provider was a lecturer in periodontics at a local training establishment and would on occasion utilise the large staff area on the first floor for group training sessions. The provider had also developed their own type of interdental brushes and used these in practice to help patients maintain good oral health.

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 completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete continuing professional development.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** Care and treatment must be provided in a safe way for service users. **How the regulation was not being met:** 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: • The registered person had failed to ensure systems were in place to confirm that equipment brought into the practice for the provision of conscious sedation was fit for purpose, appropriately maintained and validated. Assessments of the risks to the health and safety of service users receiving care or treatment were not being carried out. In particular: The registered person had failed to act upon recommendations in the fire risk assessment. • The registered person had failed to implement an effective system to receive and act on patient safety alerts. • The registered person had failed to ensure there was a system in place to identify, report and investigate incidents and significant events. • The registered person had failed to confirm the effectiveness of the Hepatitis vaccination for all but one clinical staff member. Where responsibility for the care and treatment of service users was shared with, or transferred, to other persons, the registered person did not ensure that timely care planning took place to ensure the health, safety and welfare of those service users. In particular:

This section is primarily information for the provider

Requirement notices

- The registered person had failed to ensure effective record keeping was in place and that essential checks were carried out to keep patients safe during conscious sedation treatment in line with guidance.

Regulation 12(1) (2)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** 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. In particular: • The registered person had failed to ensure quality assurance processes were embedded in respect to X-ray equipment and radiography processing equipment. The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to retain such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular: • The registered person had failed to ensure an effective system was in place monitor staff CPD, including sedation training records.

This section is primarily information for the provider

Requirement notices

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:

- Recommendations in the fire safety risk assessment had not been acted upon.
- The systems to monitor clinical care were ineffective. Audits carried out for X-rays, sedation and patient record cards, had not been reviewed or acted upon for learning and improvement.

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 **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons **How the regulation was not being met:** • The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular: • Appropriate action to confirm good character had not been taken for three staff members, namely the disclosure and barring service checks. • Staff indemnity or malpractice insurance was not in place for two staff members. • Evidence of up-to-date training to ensure the sedation team were competent, experienced and skilled for the role was not in place. • A process to monitor continuous professional development to ensure staff were competent and skilled for the role was not in place. • The registered person had failed to assess risks against individuals whose DBS was not in place or valid. Regulation 19(1)

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