Love-Teeth Dental Practice Ltd

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Inspection Report

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Overall summary

We carried out this announced inspection on 5 November 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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Love-Teeth Dental Practice Ltd is in Prestwich, Manchester and provides private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. A parking space for blue badge holders is available directly outside the practice, with additional on street parking near the practice.

Summary of findings

The dental team includes seven dentists, six dental nurses (one of which assists with practice management and two of which are trainees), a dental hygienist, two dental hygiene therapists, two receptionists and a treatment co-ordinator. The practice has three 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 Love-Teeth Dental Practice Ltd is the principal dentist.

On the day of inspection, we collected 47 CQC comment cards filled in by patients and received 18 positive reviews online before the inspection.

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

The practice is open:

Sunday 10am to 1pm

Monday 8.30am to 5.30pm

Tuesday 9am to 7pm

Wednesday 8.30am to 5.30pm

Thursday 8.30am to 5.30 pm

Friday 7.30am to 2pm

Our key findings were:

- The practice appeared to be visibly clean, tidy and well-maintained.
- The provider had infection control procedures which reflected published guidance. Equipment was not validated appropriately.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider did not have effective systems to help them identify and manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- 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 provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had systems to deal with complaints positively and efficiently.
- The provider had 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.

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

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

- Implement protocols for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.
- Implement protocols for domiciliary visits taking into account the 2009 guidelines published by British Society for Disability and Oral Health in the document "Guidelines for the Delivery of a Domiciliary Oral Healthcare Service".

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** ✓
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**Requirements notice** ✗

Are services safe?

Our findings

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

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

Staff 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

The provider also had a system to identify adults that were in other vulnerable situations and displayed information about local domestic violence organisations, including specific services to support Jewish women who have experienced sexual abuse.

The provider 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, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had 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 maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

Systems to ensure validation tests were completed should be reviewed. For example, the correct type of steam penetration tests was not carried out on the vacuum autoclave. The principal dentist confirmed this would be actioned. Prior to the inspection, staff had identified that efficacy tests were not being carried out on the ultrasonic instrument cleaner. They had ceased the use of this device until testing could be implemented.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

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

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean and tidy. Patients also commented on the high standards of cleanliness they observed.

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

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

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination. We highlighted with the principal dentist how local contacts could also be included and discussed with staff to allow early resolution of any concerns.

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

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for

agency and locum staff. These reflected the relevant legislation. We looked at staff recruitment records. These showed the provider followed their recruitment procedure, including for agency staff.

Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover. We saw evidence that dental nurses were covered by the principal dentist's indemnity policy. They were not aware of what cover this policy afforded them. We discussed the importance of ensuring that staff are provided with clear information on the indemnity provided.

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

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Staff confirmed the fire detection systems had not been serviced since their installation in 2016. We were sent evidence this was booked after the inspection.

The arrangements to ensure the safety of the X-ray equipment should be reviewed. The practice had registered their use of dental X-ray equipment with the Health and Safety Executive in line with the Ionising Radiation Regulations 2017 (IRR17). The radiation protection file contained evidence that a radiation protection adviser had been consulted prior to the installation of equipment. The practice had an OPG (Orthopantomogram) which is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth and gives a 2-dimensional representation of these.

Intra oral X-rays were taken with a handheld device. Critical acceptance testing was carried out on these devices and protocols for their use were clearly displayed. Three yearly routine testing on the OPG and annual servicing of the handheld X-ray device was overdue by four months. We highlighted that a policy for the handheld device should be implemented and dosimetry considered and signposted the provider to guidance on the use of handheld X-ray equipment by Public Health England. Dosimetry is the measurement, calculation and assessment of the ionizing radiation dose absorbed by the human body. We were sent evidence that routine testing was booked immediately after the inspection.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

The practice did not obtain evidence that all clinical staff completed continuing professional development (CPD) in respect of dental radiography. Evidence of this training was not available for five operators. The provider confirmed evidence of this would be obtained.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken. We noted this did not cover the risks associated with the use of sharp items other than dental needles. A safer sharps system was in use and staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles where necessary to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries. We highlighted that these procedures should include what to do when the occupational health service was closed and at weekends. After the inspection the provider confirmed the risk assessment had been reviewed to include all sharp items.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, the information held by the practice showed that evidence of the effectiveness of the vaccination was available for the majority of clinical staff. We found evidence of the

Are services safe?

effectiveness was not available for one clinical member of staff and another was a non-responder. This had not been risk assessed or acted on by seeking further advice from their occupational health service. Immediately after the inspection confirmation was received this had been acted on with their occupational health provider.

The clinicians understood how to manage patients who present with dental infection and where necessary refer patients for specialist care. We discussed that all staff would benefit from sepsis awareness training and the availability of sepsis prompts for staff and patient information to help ensure staff triage appointments appropriately.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for sedation was completed by staff involved in the provision of dental sedation.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. An Automated External Defibrillator (AED) was available and staff were aware of how to access emergency care, which included a local 24-hour CQC registered fast response ambulance service delivering emergency medical care to the Jewish community. Glucagon, which is required in the event of severe low blood sugar, was kept refrigerated but fridge temperatures were not monitored in line with the manufacturer's instructions.

A dental nurse worked with the dentists and the dental hygienists and hygiene therapists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

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 dental care records with clinicians to confirm our findings and observed that individual records were typed 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 requirements. We noted the legibility of a small amount of paper records was poor. This was discussed with the principal dentist to address.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

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

There was a 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 dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were risk assessments in relation to safety issues. The practice had a system for staff to report accidents and staff understood the importance of reporting these to help them understand risks, give a clear, accurate and current picture that led to safety improvements.

There had been no accidents at the practice. We noted there was no policy or procedure in place to encourage staff to report minor incidents and near-misses to enable the practice to investigate and discuss with the team to prevent such occurrences happening again in the future.

The practice could not demonstrate that a system was in place for receiving and acting on safety alerts. We highlighted alternative ways to ensure they received all relevant safety alerts. After the inspection the principal dentist confirmed they had registered to receive alerts and would review these routinely and act on any that were relevant.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw 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 conscious sedation for patients. This included patients who were very anxious about dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history' blood pressure checks and an assessment of health using the guidance.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen content of the blood.

The records also showed that staff recorded details of the concentrations of the sedation gases used.

The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record.

The provider occasionally carried out domiciliary visits. There was no process to ensure these were appropriately risk assessed. We signposted the principal dentist to guidelines set out by the British Society for Disability and Oral Health when providing dental care in domiciliary settings such as care homes or in people's residence.

The practice offered dental implants. These were placed by the principal dentist supported by a visiting clinician who had both undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

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 leaflets to help patients with their oral health.

The principal dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved co-ordinating care with the dental hygienist and dental hygiene therapists, providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. Several patients commented how their oral health had improved as a result of the advice and care they had received.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Are services effective?

(for example, treatment is effective)

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 might 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 in certain circumstances. 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.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The practice obtained evidence from visiting clinicians that demonstrated their qualifications and experience.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. There was no evidence that agency staff received an induction to ensure that they were familiar with the practice's procedures. The head nurse confirmed this would be addressed.

Co-ordinating care and treatment

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care through an electronic referral and tracking system if they needed treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients told us staff were kind, compassionate and helpful when they were in pain, distress or discomfort. They described how staff got to know patients and made them feel relaxed and at ease. For example, the treatment rooms were equipped with televisions. Patients could choose programmes to watch while receiving treatment.

Practice information, including price lists and treatment options were clearly displayed for patients to read. Tea, coffee and cold drinks were offered to patients and visitors.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

A CCTV system was in operation and appropriate signs were displayed to notify people of this. A CCTV policy and data protection impact assessment had not been completed in line with the General Data Protection Regulation (GDPR) requirements. The provider confirmed this would be actioned.

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, the practice would respond appropriately. 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 requirements under the Equality Act. We saw:

- Interpreter services were available for patients who did not speak or understand English. We saw notices in the reception areas, informing patients that translation services were available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials 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.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The principal dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The principal dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models, videos, X-ray images and an intra-oral camera. The intra-oral cameras and microscope with a camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

share examples of how met the needs of more vulnerable members of society such as patients with dental phobia, residents of care homes, adults and children with a learning difficulty, homeless people, people with drug and/or alcohol dependence and people living with dementia, diabetes, autism and long-term conditions.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

47 cards were completed, giving a patient response rate of 94%. We also received 18 positive reviews online before the inspection.

100% of views expressed by patients were positive.

Common themes within the positive feedback were how staff made patients feel welcome, and were caring, professional and helpful. Many patients said they had recommended the service to other people.

We shared this with the provider in our feedback.

The practice 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. These included step free access and all services at ground floor level with wide access doors, a hearing loop, a magnifying glass and an accessible toilet with hand rails and a call bell.

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 could choose to receive text message and email reminders for forthcoming appointments. Patients who requested an urgent appointment were offered an appointment the same day. Patients 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.

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 confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Staff told us the provider took complaints and concerns seriously and had systems to respond responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint. This was displayed in the waiting room and explained how to make a complaint.

The principal dentist was responsible for dealing with these. Staff told us they would tell them about any formal or informal comments or concerns straight away so patients received a quick response.

The practice 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 had dealt with their concerns.

Are services responsive to people's needs?

(for example, to feedback?)

No complaints had been received by the practice.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

The provider demonstrated a transparent and open culture in relation to people's safety. There was an emphasis on continually striving to improve. The inspection highlighted several issues and omissions. The principal dentist was open to discussion and feedback during the inspection. Immediate actions were taken to begin addressing the issues highlighted during the inspection process.

Leadership capacity and capability

We found the principal dentist had the capacity, values and skills to deliver high-quality, sustainable care.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

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

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

Culture

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

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

Staff discussed their training needs informally, at annual appraisals and during clinical supervision.

They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. The practice monitored the progress of trainee dental nurses and met regularly with assessors from the education provider to support their learning.

The staff focused on the needs of patients.

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

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

Governance and risk management systems were ineffective. Staff had clear responsibilities, but areas of risk had not been identified and acted on.

The principal dentist had overall responsibility for the management and clinical leadership and day to day running of the service of the practice with support from the lead nurse. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The processes for identifying and managing risks, issues were ineffective.

- Systems were not in place to ensure decontamination equipment was correctly validated by staff.
- Fire detection systems had not been serviced since their installation in 2016.
- The provider did not ensure that X-ray equipment was serviced at the correct intervals.
- The sharps risk assessment was insufficient to identify and manage the risks from all sharp items.
- The provider did not ensure that evidence of immunity to vaccine preventable diseases was obtained or risk assessments in place for a clinical staff member who was a non-responder.
- Incident investigation systems were not clearly established.
- A system was not in place to receive and respond to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

Are services well-led?

- There was no evidence that agency staff received an induction to ensure that they were familiar with the practice's procedures.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS BSA performance info, surveys, audits, external body reviews was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

The provider used patient surveys, online reviews and encouraged verbal comments to obtain patients' views about the service.

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

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development. Systems were not in place to obtain evidence that all staff were up to date with their continuing professional development. After the inspection the provider sent evidence to show staff were up to date. The lead dental nurse confirmed the inspection process had supported them to implement a system to ensure staff provided this in the future.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:** • The registered person did not have systems to obtain evidence that all staff were consistently up to date with their training and their continuing professional development. • Systems were not in place to ensure decontamination equipment was correctly validated by staff. • The registered person had not ensured that fire detection systems were serviced at appropriate intervals after their installation in 2016. • The registered person did not ensure that X-ray equipment was serviced at the correct intervals. • The sharps risk assessment was insufficient to identify and manage the risks from all sharp items. • The registered person did not ensure that evidence of immunity to vaccine preventable diseases was obtained or risk assessments in place for a clinical staff member who was a non-responder. • Incident investigation systems were not clearly established. • Systems were not in place to receive and respond to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England. • There was no evidence that agency staff received an induction to ensure that they were familiar with the practice's procedures.

This section is primarily information for the provider

Requirement notices

Regulation 17(1).