

Dr. Matthew Jones

Henley-in-Arden

Inspection Report

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Overall summary

We carried out this announced inspection on 24 September 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 two specialist dental advisers.

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

Henley-in-Arden is in Henley in Arden and provides NHS and private dental treatment to adults and children. The services are provided under two separately registered providers at this location. This report only relates to the provision of general dental care provided by Dr. Matthew Jones. An additional report is available in respect of the general dental care services which are registered under Ivory Bespoke Dentistry Ltd.

Summary of findings

There is access for people who use wheelchairs and those with pushchairs with the use of a portable ramp. Car parking spaces, including spaces for blue badge holders, are available in the free shopper's car parks near the practice.

The dental team includes the principal dentist, three dental nurses, one dental hygienist and one receptionist. The practice has two treatment rooms.

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 collected 14 CQC comment cards filled in by patients and spoke with two patients.

During the inspection we spoke with the principal dentist, one dental nurse and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 9am to 5pm

Tuesday from 9am to 6pm

Wednesday from 9am to 4.30pm

Thursday from 9am to 4:30pm

Friday from 9am to 5pm

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, with the exception of clear face masks for the self-inflating bag and a self-inflating bag with reservoir. These items were ordered during the inspection.

- The provider had insufficient systems to help them manage risk to patients and staff. We found shortfalls in appropriately assessing and mitigating risks in relation to legionella, fire safety, recruitment, prescriptions, record keeping and audit.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. We were not shown evidence of safeguarding adults training for the safeguarding lead.
- The provider's recruitment procedures were not robust and essential pre-employment information such as references were not obtained for all staff. We were not assured that 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.
- The provider did not demonstrate effective leadership and a culture of continuous improvement.
- 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.
- Governance arrangements required strengthening.
- The provider demonstrated they were taking responsive action to the shortfalls we identified following our visit.

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.

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.

No action ✓

Are services effective?

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

No action ✓

Are services caring?

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

No action ✓

Are services responsive to people's needs?

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

No action ✓

Are services well-led?

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

Requirements notice ✗

Are services safe?

Our findings

We found that 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 systems to keep patients safe, although we noted some areas which required further review.

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 received safeguarding training however we were not shown evidence of safeguarding vulnerable adults training for the safeguarding lead. 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 e.g. those who were known to have experienced modern-day slavery or female genital mutilation.

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

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

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

The provider had 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 five staff recruitment records. These showed the provider had not fully followed their recruitment procedure or legislative requirements as references had not been sought for four staff members.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

We found that facilities and equipment were not all maintained according to manufacturers' instructions to ensure people were kept safe. For example, five yearly electrical fixed wire testing had not been completed and we were not shown a gas safety certificate. Portable appliance testing was completed annually.

A fire risk assessment had been completed in June 2019 by the principal dentist. The risk assessment did not identify the requirement to service fire detection equipment or to undertake and record routine fire equipment / detection checks. The emergency lighting had been fitted in 2013 but not serviced in line with manufacturers guidance since installation. We were informed that weekly checks were made of the fire exits and fire extinguishers however these were not logged. We noted that the emergency lighting was not tested, and no fire evacuation drills had been completed. We were not shown evidence that staff had completed any fire safety training.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. The practice used digital X-rays fitted with a rectangular collimator which reduced the dose and scatter of radiation patients received.

We did not see evidence that the dentist justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation however there were inaccuracies between the audit and the clinical care records which we viewed.

We were not shown any evidence of radiography training for the principal dentist at the time of our inspection. However, a training certificate was sent to us within 48 hours of the inspection.

Risks to patients

Are services safe?

There were some systems to assess, monitor and manage risks to patient safety, there was scope for improvements to be made.

The practice's health and safety policies and procedures were reviewed regularly to help manage potential risk. We reviewed risk assessments in relation to first aid at work, information governance, legionella and fire. We found that the fire and legionella risk assessments required improvement and review. The provider had not risk assessed lone working, sharps or general practice health and safety. These three risk assessments were undertaken and sent to us within 48 hours of the inspection.

The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The practice had a sharps policy but had not implemented a safer sharps system as described in the EU directive. The dentist used traditional needles and told us that only they would dismantle these once used.

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 and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. This was last completed in June 2019. Staff discussed medical emergencies and equipment at regular staff meetings.

Emergency equipment and medicines were available as described in recognised guidance with the exception of clear face masks for the self-inflating bag and a self-inflating bag with reservoir. These items were ordered during the inspection. We found staff kept records of their checks of the equipment but had failed to identify the missing items. A dental nurse worked with the principal dentist and the dental hygienist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

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

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 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. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

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

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been completed in June 2012. All recommendations had been actioned and records of water testing and dental unit water line management were in place. We noted that the risk assessment had a review date of June 2014 although there was no evidence that this had been reviewed since implementation.

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. We were sent a copy of pre-acceptance waste audit which had been completed in 2018 within 48 hours of our inspection as this was not available on the day.

The provider carried out infection prevention and control audits twice a year. The latest audit completed in May 2019 did not have any analysis, action plan or learning outcomes to drive improvement.

Information to deliver safe care and treatment

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

Dental care records we saw were legible and were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Are services safe?

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

Safe and appropriate use of medicines

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

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

The practice held NHS prescriptions; we found improvement was required in ensuring that they were stored securely and could be tracked and monitored.

The principal dentist was aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were not carried out annually.

Track record on safety, and lessons learned and improvements

There were procedures in place to monitor and review incidents. This would help staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents recorded. We saw that incidents were a standing agenda item at staff meetings to ensure that these would be discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

There were adequate systems for reviewing and investigating when things went wrong.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

We were not assured that the principal dentist always assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance. In particular we found there was scope to improve the standard and level of detail in relation to record keeping.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants which was in accordance with national guidance.

The principal dentist used dual monitors in the treatment room to enhance the delivery of care by showing patients X-rays and treatment plans during treatment planning discussions.

Helping patients to live healthier lives

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

The principal dentist told us that due to the water fluoridation levels in the local area they very rarely applied fluoride varnish or prescribed high concentration fluoride toothpaste. They told us that if a patient's risk of tooth decay indicated fluoride application or high concentration fluoride toothpaste would help them then this would be administered.

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 health promotion leaflets to help patients with their oral health.

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

The principal dentist 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.

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

The practice carried out oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance. We did not see evidence in the clinical care records of six-point pocket charting. Patients with high scores or advanced periodontal disease were referred to the hygienist.

Consent to care and treatment

Records we viewed showed that patients' consent to care and treatment was not always documented in line with legislation and guidance. The principal dentist told us they gave patients information about treatment options and the risks and benefits of these. Treatment plans we viewed were saved within the clinical care records, the practice did not request that the patient sign the plan once they had been given a copy.

Patients confirmed their dentist listened to them and gave them clear information about their treatment. One patient told us they were phobic with needles and the principal dentist listened to their needs and always clearly explained the procedures as they knew this calmed them and helped them to receive 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 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. 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

Are services effective?

(for example, treatment is effective)

We looked at a sample of patients' dental care records. We found that information was not always noted in sufficient detail regarding radiograph justification and grading; risk assessment for oral cancer, caries and tooth wear; basic periodontal examination; patient consent and updating medical histories.

The practice had not audited patients' dental care records to check that the clinicians recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The provider funded online training for all staff to ensure that they had access to core training as required by the General Dental Council (GDC).

All staff members had been recruited in 2012 shortly after the practice had been purchased by the provider, with the exception of the hygienist who was recruited more recently in 2017. We saw some induction plans in staff files however these would benefit from greater detail and evidence of a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the GDC.

Staff discussed their training needs at appraisals and at any time that they wished too as this was a small team who communicated daily. 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 principal dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

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

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

Staff monitored most referrals through an online tracker to make sure they were dealt with promptly. There was no system to monitor referrals that were not made online.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were always helpful, very caring and supportive. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone. Due to staff having worked at the practice since it opened it was evident to see that they knew their patients well and they had built professional and supportive relationships.

Patients said they were happy with their treatment and their dentist always clearly explained things to ensure they understood their treatment options. Feedback we received from 16 patients was overwhelmingly positive about the level of care received and included comments such as 'I received fab treatment, always caring and listening', 'Nothing is too much trouble and I always feel the treatment received is suitable and proportionate' and 'All the staff are friendly and caring. My dentist is very professional and always explains in detail about every appointment'.

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

Privacy and dignity

Staff 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 Accessible Information Standards and the requirements under the Equality Act.

The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The 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 photographs, models, X-ray images and by using the 'tell, show, do' technique.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. One patient told us that they had an engineering background and the dentist took this into account when treating them by explaining the composition of filling materials and the mechanics behind the equipment they were using as this helped to distract and calm them.

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

The principal dentist described how the practice met the needs of more vulnerable members of society such as patients with a learning difficulty and patients living with dementia. Longer appointments would be scheduled for any patients that were particularly anxious. The principal dentist shared an example of how they encouraged and supported a particularly nervous patient to receive treatment by arranging a series of discussion appointments to build their confidence.

Patients without exception described high levels of satisfaction with the responsive service provided by the practice.

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. This included access with the use of a portable ramp, a ground floor treatment room and an accessible toilet with hand rails. The practice did not have a portable hearing loop to assist patients who wore hearing aids.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice. Patients received text messages or email reminders 48 hours before their appointment dependent upon their preference.

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 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.

NHS patients were signposted to the NHS 111 out of hours' service if they experienced a dental emergency outside of the practice's opening hours. Private patients were given contact details for the principal dentist if they required out of hours' emergency treatment.

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

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

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

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

Are services responsive to people's needs?

(for example, to feedback?)

The principal dentist 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 principal dentist had dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the past 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

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

We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care; however, we found that improvements were required in the service.

Following our inspection, we noted that staff made efforts to rectify some of the shortfalls we identified. This included undertaking risk assessments, obtaining items for the emergency medicines kit, completing radiography training and amending policies.

The principal dentist had the experience, capacity and skills to deliver the practice strategy and address risks to it. They purchased the building in 2008 and the premises had been redesigned, refurbished and refitted to renovate into a dental practice. This had required significant planning and investment from the provider to make premises comfortable for patients and fit for purpose when first acquired. Since establishment of the practice the provider had made regular improvements and adjustments to the practice to enhance the patient care and journey. The decontamination room had been refitted and modernised in 2017.

Staff told us that the principal dentist was approachable, communication was enhanced due to being such a small team that all worked closely together. Staff told us there was a culture of compassionate and inclusive leadership.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice. All of the team with the exception of the hygienist had worked at the practice since 2012. As long-standing team members they knew each other and their patients well and were able to support patients' needs due to having spent time building professional relationships.

The staff focused on the needs of patients.

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

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 that they felt well supported and could raise any concerns with the principal dentist. All the staff we met said that they were happy in their work and the practice was a good place to work. They were proud to work in the practice.

Governance and management

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

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

The provider did not demonstrate that they had clear and effective processes for managing risks. For example, we noted that not all appropriate risk assessments had been completed for lone working, sharps or general practice health and safety. These three risk assessments were implemented and sent to us within 48 hours of the inspection. We found that the fire risk assessment required further detail and the legionella risk assessment had not been reviewed. The practice did not have access to all emergency equipment that might be required, although missing items were ordered during the inspection.

We found there were not always effective processes for managing issues and performance. For example, we found the provider was not always following national guidance in relation to completion of clinical care records.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Are services well-led?

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

The provider used patient surveys and verbal comments to obtain 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 regularly used their own patient satisfaction surveys to seek feedback and gather possible improvement ideas from patients. They had collated the results of 20 respondents from the most recent survey which showed that 100% of patients felt the practice was meeting their expectations.

The provider gathered feedback from staff through meetings, appraisals, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. We saw examples of suggestions from staff the practice had acted on. For example, staff chose the colours and style of their uniforms.

Continuous improvement and innovation

There were insufficient systems and processes for learning, continuous improvement and innovation.

The provider had limited quality assurance processes to encourage learning and continuous improvement. These included a radiograph audit completed in which we found inconsistencies and an infection and prevention control audit which did not have any analysis, action plan or learning outcomes to drive improvement. The provider had not completed any audits for record keeping or antimicrobial prescribing. Therefore, we were not assured that audit was used to drive improvement in the practice.

The provider valued the contributions made to the team by individual members of staff. 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 funded online training for all staff to ensure that they had access to core training as required by the GDC. However, we were not shown evidence of safeguarding adults training or radiography training for the safeguarding and radiation protection lead. We were sent a copy of the radiography training certificate within 48 hours of the inspection.

The dental nurses and reception last received appraisals 18 months ago. We were advised that due to being a small team these were completed every two years rather than annually. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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.</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• There were limited systems for monitoring and improving quality. For example, inconsistencies within the radiography audit and no action plan or analysis for the infection prevention and control audit.• Effective procedures were not in place to ensure all recruitment documentation was routinely collated.• There was ineffective monitoring for safeguarding training, to an appropriate level, in the safeguarding of children and vulnerable adults. Specifically we were not shown evidence of this training for the safeguarding lead. <p>There were limited systems or processes established to enable 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:</p> <ul style="list-style-type: none">• Risk assessments had not been undertaken in relation to safety issues including: for lone working, sharps and general practice health and safety. The fire risk assessment required further detail and the legionella risk assessment had not been reviewed.

Requirement notices

- NHS prescription pads in the practice were not stored securely or logged to track and monitor their use.

There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Patients' dental assessments were not recorded in accordance with nationally recognised evidence-based guidance.

Regulation 17(1)