

Dr Andrew Holliday

# St James's Square Dental Surgery

## Inspection Report

6 St James Square  
Cheltenham  
GL50 3PR

Tel: 01242 530668

Website: <http://www.chippingciren.co.uk/>

Date of inspection visit: 27 November 2017

Date of publication: 29/03/2018

### Overall summary

We carried out this announced inspection on 27 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 not 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**

St James' Square Dental practice is located on St James' Square within a building close to the town centre. It provides private treatment to patients of all ages.

There is level access for patients who use wheelchairs and pushchairs. The practice has car parking spaces behind the practice.

# Summary of findings

The dental team consists of a locum dentist, a locum hygienist, an agency dental nurse and a receptionist. The practice has two treatment rooms.

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

On the day of inspection we spoke with three patients. This information gave us a positive view of the practice.

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

The practice is open:

- Monday to Thursday 8.00am – 4.30pm
- Friday 8.00am – 4.00pm
- Out of hour's information displayed on website and via telephone answering service.

## Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which mostly reflected published guidance.
- Staff had not received any recent training in how to deal with medical emergencies and did not have all the appropriate medicines and life-saving equipment available.
- The practice had some systems to help them manage risk but they were not robust or operated effectively.
- The practice had safeguarding processes and staff knew their responsibilities for safeguarding adults and children. Not all staff had received safeguarding training to the required level.
- The practice recruitment procedures did not meet the legislative requirements for the safe recruitment of staff.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.

- The practice had limited leadership which was not wholly effective and did not ensure staff completed all required continuing professional development through appraisal.
- Locum staff told us they felt supported in their work.
- The practice had not asked staff and patients for feedback about the services they provided.
- The practice had an appropriate complaint process.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure all premises and equipment used by the service provider is fit for use
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure specified information is available regarding each person 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:

- Put into place systems for monitoring and updating staff training  
We carried out this announced inspection on 27 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

# Summary of findings

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 not 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**

St James' Square Dental practice is located on St James' Square within a building close to the town centre. It provides private treatment to patients of all ages.

There is level access for patients who use wheelchairs and pushchairs. The practice has car parking spaces behind the practice.

The dental team consists of a locum dentist, a locum hygienist, an agency dental nurse and a receptionist. The practice has two treatment rooms.

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

On the day of inspection we spoke with three patients. This information gave us a positive view of the practice.

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

The practice is open:

- Monday to Thursday 8.00am – 4.30pm
- Friday 8.00am – 4.00pm
- Out of hour's information displayed on website and via telephone answering service.

### **Our key findings were:**

- The practice appeared clean and well maintained.
- The practice had infection control procedures which mostly reflected published guidance.
- Staff had not received any recent training in how to deal with medical emergencies and did not have all the appropriate medicines and life-saving equipment available.
- The practice had some systems to help them manage risk but they were not robust or operated effectively.
- The practice had safeguarding processes and staff knew their responsibilities for safeguarding adults and children. Not all staff had received safeguarding training to the required level.
- The practice recruitment procedures did not meet the legislative requirements for the safe recruitment of staff.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had limited leadership which was not wholly effective and did not ensure staff completed all required continuing professional development through appraisal.

# Summary of findings

- Locum staff told us they felt supported in their work.
- The practice had not asked staff and patients for feedback about the services they provided.
- The practice had an appropriate complaint process
  - We identified regulations the provider was not meeting. They must:
  - Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure all premises and equipment used by the service provider is fit for use
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure specified information is available regarding each person 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:

  - Put into place systems for monitoring and updating staff training.

# 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 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 Requirements Notice section at the end of this report).

The practice had some systems and processes to provide safe care and treatment. We were shown the practice had little documentary evidence to demonstrate learning from incidents and complaints to help them improve.

Staff had not received training in safeguarding to the required standard and within the required timeframe. We have received information post inspection to demonstrate that this has been addressed. The staff spoken with demonstrated they knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. The practice had not completed essential recruitment checks.

Premises and equipment were clean but not properly maintained. For example the autoclaves and compressor had required servicing in June 2017 and the x ray machines in September 2017.

The principal dentist showed us documentary evidence an engineer had been booked for the equipment to be serviced the day after inspection. The practice mostly followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had arrangements for dealing with medical and other emergencies but they did not have all the required equipment and had not received training within the last 12 months.

Requirements notice



### Are services effective?

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

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

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

The practice supported staff to complete training relevant to their roles but had few effectively operated systems to help them monitor this.

No action



# Summary of findings

## Are services caring?

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

We received feedback about the practice from three people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and helpful.

Patients said they were given honest explanations about dental treatment; costs were fully explained and always received the right care as needed. They said their dentist listened to them. Patients commented staff made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



## Are services responsive to people's needs?

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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and could provide large print information to help patients with sight loss. There were no arrangements to help patients who were hard of hearing.

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

No action



## Are services well-led?

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 Requirements Notice section at the end of this report).

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

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

The practice had not monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

The practice had some arrangements to ensure the smooth running of the service but these were not always operated effectively. The staff working at the practice were locum and agency staff and there was no system in place for monitoring clinical and non-clinical areas of the work to help them improve and learn.

Requirements notice



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report accidents, incidents and significant events. The practice recorded and responded to incidents to reduce risk. With locum staff working in the practice there was no discussion of incidents to support future learning. Staff knew about the reporting process and mostly understood their role within it. There had been no recorded incidents in the last 12 months.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and the Central Alerting System (CAS). Relevant alerts were discussed with staff, acted upon and stored for future reference.

### Reliable safety systems and processes (including safeguarding)

Staff mostly 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.

Records seen showed staff had not received safeguarding training within the last two years. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. After inspection we received evidence that staff have now completed safeguarding training.

We looked at the practice arrangements for safe dental care and treatment. These included risk assessments which had been completed by the principal dentist. The documents seen were not wholly risk assessments as they had not identified the risks clearly, or stated the action taken to minimise the risk.

We saw the fire risk assessment which had been completed by the principal dentist in October 2017. They acknowledged they were not a competent person as required by the relevant regulations. The fire risk assessment was limited and there was no pictorial plan of

the building and fire points as recommended by the approved company who serviced the fire systems. Since the inspection we have received a plan of the building detailing extinguishers and the meeting point.

The principal dentist showed us evidence the fire alarm and fire extinguishers had been checked by an appropriately registered company in October 2017. Records seen showed that weekly checks of the fire alarm, equipment and emergency lighting had not been completed in the last 12 months.

We saw the principal dentist had last completed fire training in 2012 and there were no other records of fire training for staff in the practice. Since the inspection we have been told that the practice has contacted an external company to provide fire training. We spoke with the locum staff who told us fire arrangements had not been covered in their induction to the building. The practice had no documentary evidence of their induction. Since the inspection we have received evidence that fire is now included in the induction template.

We were shown the arrangements for the Control of Substances Hazardous to Health (COSHH). The principal dentist had a file with some data sheets for products in use in the practice but not for all products used. They had not undertaken any COSHH risk assessments. We observed cleaning products were in an unlocked cupboard in a patient area.

The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

### Medical emergencies

Not all staff knew what to do in a medical emergency. We saw the locum staff had completed this training within the last 12 months but the other employed staff had not undertaken training in emergency resuscitation and basic life support since September 2016. One member of staff had never received any training in emergency resuscitation and basic life support. We received evidence post inspection to demonstrate that staff had completed the relevant training.

Not all emergency equipment and medicines as described in recognised guidance were available. We saw the oxygen cylinder was an AZ size which was very small and could not



# Are services safe?

deliver the recommended flow of oxygen required in a medical emergency. Some of the medicines were not of the correct strength, for example the midazolam was of child strength and not the adult strength as recommend.

Alongside the supply of recommended emergency medicines we saw there were out of date emergency medicines which had not been removed for safe disposal. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. However they were not checked weekly but monthly and were not accurate. We observed they were stored in a locked cupboard which staff found difficult to unlock and access the medicines and equipment.

## Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice had not followed their recruitment procedure. We asked to see the recruitment records for the agency nurse and were told the practice had none available. They told us they had requested these from the agency but could not find them. We asked the provider if they had requested any proof of identity and qualification from the agency nurse arriving at the practice and they told us this was not their practice. This was corroborated by the agency nurse with whom we spoke.

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

## Monitoring health & safety and responding to risks

The practice health and safety policies and risk assessments were not always dated or reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists when they treated patients.

## Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05:

Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. The principal dentist was not able to show us any evidence staff had undertaken infection control training in the last 12 months. Staff when asked could not recall when they had last completed it.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was used in line with the manufacturers' guidance. However it had not been maintained in line with their guidance. We saw the autoclaves had been due for servicing in June 2017. The provider showed us they had booked an engineer to attend and service the equipment the day after the inspection.

The practice had not carried out an infection prevention and control audit in the last year and they did not have an annual infection control statement. We observed a number of sterilised instruments in the surgery ready for use had passed the sterilisation safety date and the principal dentist was unaware of this. We observed the decontamination process and saw not all the recommend personal protective equipment was used e.g. they did not wear an apron or visor. In discussion with staff we were told, and saw, this equipment was not available in the decontamination room.

We asked the principal dentist and agency nurse about the management of the dental unit water lines. Neither was able to tell us how they were being managed for the safety of patients.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

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

## Equipment and medicines

We saw some servicing documentation for the equipment used. The principal dentist told us they did not have any documentary evidence to demonstrate either the electrical, gas systems or appliances were safe and maintained. The practice did not have a gas safe certificate for the boiler or a safety certificate for the electrical hard wiring of the building.



# Are services safe?

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

The practice stored private prescriptions as described in current guidance but did not keep appropriate logs as described in the guidance.

## **Radiography (X-rays)**

The practice did not have suitable arrangements to ensure the safety of the radiograph equipment. We saw the equipment had required servicing and a critical examination and acceptance testing review in September 2017.

The principal dentist showed us documentary evidence they had an engineer booked to service the OPG on the day after the inspection but no plans for the x ray equipment in the surgeries. It was therefore not clear if they met current radiation regulations. Some of the required information relating to aspects of radiation protection were seen in their radiation protection file.

We saw evidence that the dentists justified, graded and reported upon the X-rays they took. The practice had not carried out radiography audits in the last 12 months as required by current guidance and legislation.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

The principal dentist had audited their own dental care records with their supervisor as part of his GDC conditions. This good practice had not been extended to audit a sample of dental care records for each dentist to check the dentists recorded the necessary information.

### Health promotion & prevention

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

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

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

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. Although induction checklists were available they had not been completed. In discussion with the agency staff they told us the fire exits and assembly points had not been covered in their induction. The principal dentist did not have any documentary evidence of induction for staff. They showed

us a template they had but this omitted a key element of induction – fire procedures and exits. Since the inspection we have received evidence that fire has been added to the induction check list.

In discussion with clinical staff they told us they had completed the continuing professional development required for their registration with the General Dental Council. There were limited records to corroborate this.

### Working with other services

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

### Consent to care and treatment

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

The practice consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists and dental nurses 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.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

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

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

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

There were magazines in the waiting room. The practice provided drinking water.

### **Involvement in decisions about care and treatment**

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

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

The practice website provided patients with information about the range of treatments available at the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

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

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and an accessible toilet with hand rail but no call bell. The practice had access to telephone translation services. The reception desk had a lowered section to enable patients in wheelchairs to speak with reception staff easily. They did not have a hearing loop system for people living with hearing loss and there was limited provision for patients with sight impairment.

### Access to the service

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

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

The practice was committed to seeing patients experiencing pain on the same day and kept some appointments free for same day appointments. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a complaint policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint. The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they aimed to settle complaints in-house where possible 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 had received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Governance arrangements

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

The practice had some policies, procedures and risk assessments to support the management of the service and to protect patients and staff but they were not operated effectively to ensure regulatory compliance. This included the following:

- Management of significant events and risks in the practice
- Recruitment of staff
- Staff appraisal, development and training
- Communication systems with staff team
- Management of system to monitor and improve the quality of service provision

However these systems and processes were not always effectively managed

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

### Leadership, openness and transparency

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

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the principal dentist was approachable. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice had not held meetings where staff could raise any concerns and discuss clinical and non-clinical updates since 2015.

### Learning and improvement

The practice had few quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs for the principal dentist only. They had clear records of the results of these audits however there were no action plans or re-audits scheduled

While the staff team described a commitment to learning and improvement there was little evidence available to demonstrate this. The records seen demonstrated there had been no system of appraisal since 2015.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. We were unable to corroborate this with documentary evidence.

We asked the principal dentist if they kept any form of record to ensure the staff team maintained their skills and knowledge and updated them as necessary. They told us there was no clear system for monitoring staff training and ensuring they undertook training as required to maintain their skills and knowledge.

We saw limited evidence of staff certificates to demonstrate continuing professional development requirements were being met. The General Dental Council requires clinical staff to complete continuing professional development.

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

The practice did not have any specific system in place to obtain staff and patients' views about the service. Feedback received during the inspection demonstrated patients were 100% happy with the practice and no improvements were needed.

## 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><b>How the regulation was not being met:</b></p> <p>There were limited systems and 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.</p> <p><b>In particular:</b></p> <ul style="list-style-type: none"><li>• The systems in place were not operated effectively to ensure compliance with assessing, monitoring and mitigating risks.</li><li>• The provider had not adequately addressed through policy and training the correct fire procedures and checks.</li><li>• Limited systems and processes were in place for the monitoring of staff by way of induction and appraisal and the training records were incomplete and were not monitored.</li><li>• There were not adequate systems in place for checking the equipment in a timely way i.e. the compressor, had not been serviced within the required period and the autoclaves were not being appropriately validated in line with HTM 01 05 and had not been serviced since installation. The provider did not have evidence the HSE had been notified of the X ray machine installation.</li><li>• Some audits were undertaken and results available but the audit circle was not completed with action plans and dates for re-audit.</li></ul>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p>

This section is primarily information for the provider

## Requirement notices

- Staff did not receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to carry out.
- There was no evidence of induction for new agency or self-employed staff when they started working at the practice.
- There was no evidence that the hygienist had received any management supervision to ensure they were following correct procedures and clinical pathways.