

## The Butts Dental Practice

# The Butts Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 19 October 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

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

##### **Are services safe?**

We found that this practice was 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**

The Butts Dental Practice is in Brentford in the London Borough of Hounslow and provides NHS and private treatment to adults and children. The practice is a training practice and currently has one trainee dentist.

The practice is set out over four floors. There is level access for people who use wheelchairs and those with pushchairs via a lift to the lower basement entrance. The treatment rooms in the basement are accessible for people with restricted mobility and those with pushchairs.

The dental team includes seven dentists, one trainee dentist, seven dental nurses, two dental hygienists, two

# Summary of findings

receptionists and a practice manager. The practice facilities includes eight treatment rooms, two decontamination rooms, two patient waiting areas, staff room and an office.

The practice is owned by a partnership 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 The Butts Dental Practice was one of the principal dentists.

On the day of inspection, we collected 16 CQC comment cards filled in by patients.

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

The practice is open: 8.30am to 8.00pm Monday to Wednesdays; 8.30am to 5.00pm on Thursdays and 8.30am to 3.00pm on Fridays.

## Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice did not have suitable information governance arrangements.
- The practice staff were aware of safeguarding processes though improvements were required.

- The practice had staff recruitment procedures. However, documents such as interview notes and references were not available in the files we reviewed.
- The practice did not have sufficient systems to help them manage risk.
- The clinical staff provided patients care and treatment in line with current guidelines. Improvements were needed to ensure national guidelines were followed when they were carrying out sedation procedures.

The provider confirmed immediately after the inspection that they had stopped providing dental treatment under conscious sedation beginning with immediate effect and until the shortcomings were rectified. The action that the provider took assured us that there were no risks to patient safety in relation to this area.

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.

## 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:

- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice's protocols for medicines management and ensure all medicines are stored and dispensed safely including appropriate labelling.
- Review staff training to ensure that dental nursing staff who assist in conscious sedation have the appropriate training and skills to carry out the role, taking into account guidance
- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice, in particular when recording sedation procedures.
- Review the practice's arrangements for providing chairside support for dental hygienists, ensuring that a risk assessment is in place if they are lone working.

# Summary of findings

- Review the practice's protocols to ensure audits of infection prevention and control are undertaken to

improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

Staff were qualified for their roles and the practice completed essential recruitment checks, although documentation was not available to demonstrate this in all cases.

The practice had arrangements for dealing with medical and other emergencies, although improvements were required.

Improvements were required for when the practice carried out dental treatment under conscious sedation. The provider confirmed immediately after the inspection that they had stop providing these procedures until this was rectified. The action that the provider took satisfied us that there were no risks to patient safety in relation to this area.

Staff told us they had received training in safeguarding and knew how to recognise the signs of abuse. Training certificates was not available for all staff to demonstrate this. Contact details of external organisations for reporting concerns were not readily available to staff.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, effective and good. 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 and had systems to help them monitor this.

No action



### Are services caring?

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

We received feedback about the practice from 16 people. Patients were generally positive about all aspects of the service the practice provided, we received two comments where patients felt improvements could be made. They told us staff were friendly, respectful and caring.

No action



# Summary of findings

They said that they were given helpful, thorough explanations about dental treatment, and said their dentist listened to them.

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

## Are services responsive to people's needs?

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

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

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

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

No action



## Are services well-led?

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

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

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely. However, records relating to sedation procedures required improving.

The practice did not have arrangements to ensure the smooth running of the service. The systems for monitoring the safety and quality of the care and treatment required improving.

The practice did not have robust systems for monitoring clinical and non-clinical areas of their work to help them improve and learn.

Requirements notice



# Are services safe?

## Our findings

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The policy needed to be updated with the the local authority details. We discussed this with staff and during the inspection the practice located and updated the policy to include the correct local authority details.

Staff we spoke with knew about the signs and symptoms of abuse and neglect and how to report concerns. We saw evidence that some staff had received safeguarding training. Certificates were missing for some other staff.

The practice had a whistleblowing policy.

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

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff. We looked at eight staff recruitment records. We found that accurate, complete and detailed records needed to be maintained for all staff. For example, copies of interview notes, references and copies of identification needed to be stored appropriately on all files.

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

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

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

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

The practice had a cone beam computed tomography (CBCT) machine. Staff had received training. Appropriate maintenance and servicing had not been carried out to the machine.

We discussed this with the provider and they agreed to stop using it until it had the relevant safety checks carried out. The provider contacted us shortly after the inspection to confirm that they had arranged for and the machine had been serviced.

Organisation of documents relating to servicing and testing required improving. We asked for the up to date gas safety certificate and were given a certificate that expired in June 2018. The provider contacted the external company who had undertaken the servicing to ascertain information. They advised us that it had been serviced and agreed to forward the certification.

We saw records relating to servicing of fire extinguishers. The practice manager assured us that emergency lighting and equipment such as smoke detectors had been serviced. However, the practice was unable to provide records.

### **Risks to patients**

The practice's health and safety policies, procedures were up to date however risk assessments were not being carried out regularly. We saw the most recent risk assessments completed had been carried out in July 2016. The risk assessment covered areas such as autoclave, biological agents, electrical, eye injury. The practice manager acknowledged that risk assessments required improving and assured us that they would improve the current system. A fire risk assessment was booked for the 1st November 2018.

The practice had current employer's liability insurance.

# Are services safe?

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

The provider 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 (BLS) every year. Immediate Life Support (ILS) training for sedation was also completed.

Emergency equipment and medicines were available as described in recognised guidance. The practice also stocked antibiotics and midazolam. Improvements were needed to ensure staff were keeping records of their checks to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. The dental hygienists worked alone. Improvements were required to have a risk assessment in place for when the dental hygienist worked without chairside support.

The provider did not have suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We reviewed the control of substances hazardous to health regulations (COSHH) folder. The folder needed to be updated with an accurate list of materials held or risks associated.

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

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

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

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

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

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

The practice carried out infection prevention and control audits twice a year. We reviewed the last two audits completed in August 2017 and April 2018. We saw that actions identified in the August 2017 had not been completed. They were highlighted again in the April 2018 audit and action still had not been taken, there was no explanation in the audit explaining why they were outstanding.

## Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. The dental care records relating to sedation needed improvements.

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

We found that medicines were stored safely. Improvements were required to ensure a log was maintained of dispensed medicines such as amoxicillin antibiotics.

The practice stored and kept NHS prescriptions. Improvements were required to ensure a log of prescriptions was maintained as described in current guidance.

# Are services safe?

An antimicrobial prescribing audit had been carried out. The most recent audit was completed in January 2015.

## **Track record on safety**

The practice monitored and reviewed incidents. All accidents and incidents were logged in a book and then the analysis, lessons learnt and action taken were recorded in the team meeting minutes. This meant that there was no concise way of tracking analysis, lessons learnt or action taken. We discussed this with the provider and they assured us they would review their current systems in place.

In the previous 12 months there had been eight safety incidents. We saw that some of the incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future. However, documentation of them was haphazard and had no clear audit trail (e.g. recorded in different places).

## **Lessons learned and improvements**

The practice learned and made improvements when things went wrong.

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

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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

The practice had access to intra-oral scanners and cameras and extra oral digital scanner to enhance the delivery of care.

### Helping patients to live healthier lives

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

The dentists told us 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.

The dentists told us that where 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.

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

### Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists 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.

Some staff demonstrated that they understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The staff we spoke with were aware of the need to consider this when treating young people under 16 years of age. The practice's consent policy needed improvement to ensure it included information about the Mental Capacity Act 2005.

### Monitoring care and treatment

The dentists assessed patients' treatment needs in line with recognised guidance.

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories though improvements were required for record keeping in relation to procedures undertaken under conscious sedation.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. Improvements were required to maintenance of records in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The dentist told us they assessed patients appropriately for sedation. The dentist told us that systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. However, records were not maintained to demonstrate that they were doing these checks. For example, we reviewed dental care records for patients who had undergone sedation and there were no records of blood pressure checks, pulse check, medical history. Also, oxygen set aside for sedation was not checked by staff (oxygen cylinder was past its use by date of 2014) and it was not stored in line with guidelines for storing oxygen.

We discussed our concerns with the provider and they told us that they would withdraw sedation services with

# Are services effective?

(for example, treatment is effective)

immediate effect until they had reviewed their procedures and they were in line with published guidance. The provider sent written confirmation of their decision the day after our visit.

## Effective staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

## Co-ordinating care and treatment

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

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

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

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

The practice monitored all referrals to make sure they were dealt with promptly.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were excellent, friendly and respectful. We saw that staff treated patients appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients commented that staff were compassionate and understanding. The results of the most recent patient feedback survey showed that 98% of patients said that staff were caring.

Patients' feedback indicated that staff were kind and helpful when they were in pain, distress or discomfort.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided 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 patients' personal information where other patients might see it.

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

### Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff that might be able to support them. Languages spoken by staff included Arabic, Polish, Punjabi and Hindi.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The results of the most recent patient survey showed that 95% of patients said they felt involved in decisions about their treatment and care.

The practice staff were however not 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).

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, 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

### 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. The principal dentists had information relating to the local area demographic which enabled them to plan and deliver services in line with local needs.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, the entrance was located in the basement of the building. To enable wheelchair users and those with pushchairs to access the building they had an external lift. Other reasonable adjustments for patients with disabilities included provision of reading glasses and accessible toilet.

A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients.

### Timely access to services

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

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that between 12-14 appointment slots were reserved each day for emergency appointments. If a patient requested an urgent appointment they were seen the same day.

The practice 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' feedback indicated that they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. A copy of the complaints procedure was displayed in the downstairs waiting room near the reception area.

The practice manager was responsible for dealing with complaints. The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in 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

### Leadership capacity and capability

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

### Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice were aware of the demographics of the area the practice was in and was able to plan for the needs of patients in line with this.

### Culture

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

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

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

### Governance and management

Staff had designated responsibilities, roles and systems of accountability.

One of the principal dentists had overall responsibility for clinical leadership of the practice. The other principal dentist and the practice manager was responsible for the governance and 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 in place which included policies, protocols and procedures that were accessible to all members of staff. We found that the policies were not updated regularly, neither did they contain appropriate information. For example, they did not have a policy that covered Mental Capacity, the practice did not have the local authority details for the local safeguarding authority and there was no policy in place for sedation procedures.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

### Engagement with patients, the public, staff and external partners

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We saw that the practice monitored results and provided feedback on them to patients.

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

### Continuous improvement and innovation

Systems and processes for learning and continuous improvement required improving. The practice manager and principal dentist maintained separate records of staff training and as a result of the two systems it was difficult to establish what training staff had completed. We discussed this with one of the principal dentists and they told us that their log was a new initiative and there were plans for the practice manager to have access to the system in the future.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs, crown preparation, antimicrobial prescribing and infection prevention and control. Some of the audits had not been carried out recently and did not have clear records of the results of these audits and the resulting action plans and improvements. For example, the infection control audit had been completed but there were actions that had been outstanding from previous audits that had not been completed or followed up. We discussed

## Are services well-led?

this with the principal dentist and practice manager and they assured us that audits in the future would be completed with evidence of actions followed up and improvements.

The practice used innovation to improve the quality of care for patients. They had 3D digital scanning and printing equipment that allows patients to obtain high quality images. One of the dentists told us that patients appreciated the innovation and quality of images that the

equipment provided. The practice also had a dental laboratory on site. They had equipment whereby crowns could be made on the same day which was very responsive to patients' needs.

The staff team had annual appraisals. Staff told us 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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17</p> <p>Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none"><li>• Systems were not in place for maintaining complete sets of staff recruitment documents;</li><li>• Staff training details were not maintained in an orderly manner as the provider did not have complete records to evidence some training they told us some staff had completed.</li></ul> <p>There was additional evidence of poor governance. In particular:</p> <ul style="list-style-type: none"><li>• Policies and procedures were not up to date or in place for some key areas, such as safeguarding, child protection and sedation.</li><li>• There was no comprehensive or orderly system in place for maintaining policies and other key documents for running the service. For example, the gas safety certificate could not be located, the fire risk assessment could not be located and staff were unsure when it was last done</li><li>• Servicing of equipment was overdue. For example, the cone beam tomography machine was overdue for servicing</li></ul>

This section is primarily information for the provider

## Requirement notices

- Dental care records in relation to sedation procedures required improvement and there were no governance structures in place for this.

### **Regulation 17(1)**