

Anderson, Broadberry & Smith

# Anderson, Broadberry & Smith

## Inspection Report

46 Worksop Road  
Swallownest  
Sheffield  
South Yorkshire  
S26 4WD

Tel: 01142 872305

Website: [www.abdentalcare.co.uk](http://www.abdentalcare.co.uk)

Date of inspection visit: 10 June 2019

Date of publication: 12/07/2019

### Overall summary

We carried out this announced inspection on 10 June 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

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

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

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

##### **Are services effective?**

We found that this practice 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**

Anderson Broadberry and Smith is in Sheffield and provides NHS and private treatment to adults and children.

# Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the practice.

The dental team includes five dentists, eight dental nurses, one dental hygiene therapist, one receptionist and a practice manager. The practice has five treatment rooms. An area of the building not used by the dental practice was utilised by a dental technician who works there on a self-employed basis.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at the time of inspection at Anderson Broadberry and Smith was the one of the dentists.

On the day of inspection, we collected 29 CQC comment cards filled in by patients.

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

The practice is open: Monday to Friday 8am – 6pm.

## 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.
- The practice had systems to help them manage risk to patients and staff; areas such as sharps and sepsis management required review.
- Safeguarding processes were in place. Most of the staff knew their responsibilities for safeguarding vulnerable adults and children. Improvements could be made to embed practice procedures fully within the team.
- The provider had thorough staff recruitment procedures.

- In most respects clinical staff provided patients' care and treatment in line with current guidelines. We noted in some areas where guidance was not always followed.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health, in some area's guidance was not always being followed.
- The appointment system took account of patients' needs.
- Clinical oversight and leadership could be improved.
- The practice had systems for continuous improvement: audit processes for the completion of radiography and patient care records were not effective.
- Staff felt involved and supported and worked well as a team.
- General awareness of the Mental Capacity Act 2005 and Gillick competence was limited.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements. Improvement was needed to ensure information recorded in patient care records was consistent.

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 regulations 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 protocols for patient assessments and ensure they are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance. In particular: British Society of Periodontology (BSP) and the Faculty of General Dental Practice (UK) (FGDP).

# 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 had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

All staff had received training in safeguarding. We identified inconsistencies in respect to staff awareness of reporting procedures and responsibilities. We were assured these areas would be addressed.

Staff were qualified for their roles and the practice completed essential recruitment checks.

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

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

The grading of the radiographs was not standardised amongst all clinicians and did not always follow recognised guidance. We discussed this with the dentists who assured us this would be addressed.

The practice's safe sharps management systems and associated risk and responsibility for all sharps items in use had not been effectively assessed in line with current regulations.

No action



### Are services effective?

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

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We identified that improvements could be made to ensure clinicians remain up to date with guidance provided by the British Society of Periodontology and the Faculty of General Dental Practice (UK).

Patients described the treatment they received as very good, caring and professional. The dentists discussed treatment with patients, so they could give informed consent and, in most respects, this was recorded in their records.

We looked at a sample of dental care records to confirm our findings and noted that improvements could be made to ensure records are completed fully in line with guidance. Dental care record audits were not carried out effectively and did not reflect our findings.

No action



# Summary of findings

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. The provider supported staff to complete training relevant to their roles and had systems to help them monitor this. Our findings on the inspection day in respect to lack of awareness in some areas showed this process could be improved.

## 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 29 people. Patients were positive about all aspects of the service the practice provided. They told us staff were wonderful, caring and knowledgeable.

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



## 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 took account of patients' needs. Patients could get an appointment quickly if in pain.

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

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

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).

Some systems of clinical governance were not fully understood by staff and were not effectively monitored to ensure the practice was performing in line with recommended guidance and legislation. For example:

- The grading of radiographs was not standardised amongst clinicians.
- Audits of dental care records were not carried out effectively.
- We found limited awareness of safeguarding reporting procedures.

Requirements notice



# Summary of findings

- We found limited awareness of the Mental Capacity Act 2005 and Gillick competence.

We found inconsistent evidence that some clinicians were not up to date with guidance provided by the British Society of Periodontology.

Dental care records were not consistently completed in line with guidance provided by the Faculty of General Dental Practice (UK). These areas of concern had not been highlighted during dental care record card audits.

The practice had no systems for the management of sepsis and staff awareness was limited.

The practice was in the process of transitioning from paper records to an electronic version: neither system was being utilised fully.

The absence of clinical leadership and oversight was evidenced through ineffective audit processes, inconsistent record keeping and inconsistent use of paper and electronic records throughout.

Systems in place to manage sharps had not been risk assessed.

Staff felt supported and appreciated.

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

Systems and processes for learning and continuous improvement were not embedded within the team.

# Are services safe?

## Our findings

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

The practice had systems to keep patients safe.

Most staff we spoke with knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. We identified some areas where a review of staff knowledge and practice protocols would be beneficial.

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. These did not include systems 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.

We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect. Some staff had a limited awareness of the procedures to follow should concerns need to be escalated and staff were not aware of reporting notification to the CQC. We highlighted this to the practice manager, who assured us these areas of concern would be addressed.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

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

The dentists 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, this was documented in the dental care record and a risk assessment completed.

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

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the practice followed their recruitment procedure.

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

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

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced in line with a risk assessment.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. The practice had an orthopantomogram (OPT) panoramic X-ray machine sited on the first floor in an area off the main thoroughfare. The OPT was currently out of use due to the X-ray processor being broken. We reviewed documentation for the OPT and noted the radiation control area was not defined in the local rules. (Local rules summarise the working instructions intended to restrict exposure in radiation areas). We highlighted this to the practice manager who assured us the practice's radiation protection supervisor would review this and adjust the local rules accordingly.

We saw evidence that the dentists justified, reported on and audited the radiographs they took. The grading of the radiographs was not standardised amongst all clinicians and did not always follow recognised guidance. The condition of some digital X-ray sensors was poor and required replacement. This had not been identified in practice audits. We discussed this with the dentists who assured us this would be addressed.

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

# Are services safe?

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. A sharps policy was in place and sharps risks was included in the general practice risk assessment. The practice's safe sharps management systems and associated risks and responsibilities for all sharps items in use at the practice had not been effectively assessed in line with current regulations.

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.

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

A dental nurse worked with the dentists and the dental hygiene therapist when they treated patients in line with 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 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 (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 practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

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

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment dated February 2019. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We noted the area of the building occupied by the dental technician had not been included as part of the risk assessment. This part of the building was on the same water system as the dental practice. We identified that no water line management systems were in place in the laboratory area. We also noted in the dental practice there were two cold faucets and one hot faucet which could still be used but were not considered part of the supplementary tap flushing process. For example, the bath in the first-floor bathroom was not in use but the taps were operational, and an indoor hosepipe attachment faucet was out of use but was still functional. The practice manager added these taps to the water line management schedule on the inspection day and a further Legionella assessment for the laboratory area was arranged for 21 June 2019.

The practice was visibly clean when we inspected.

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

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

## Information to deliver safe care and treatment

We discussed with the dentists how information to deliver safe care and treatment was handled and recorded.

Dental care records 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 stored and kept records of NHS prescriptions as described in current guidance.

## **Track record on safety and Lessons learned and improvements**

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted 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. We saw they were shared with the team and acted upon if required.



# 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 some clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance. During discussion, we identified that improvements could be made to ensure all clinicians remain up to date with guidance provided by the British Society of Periodontology.

The practice offered dental implants. These were placed by the 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.

### 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.

We found inconsistent evidence, clarified during discussion that some clinicians were not up to date with guidance provided by the British Society of Periodontology, for example: we were given inaccurate information from the dentists in respect to the age at which a basic periodontal examination (BPE) score can be taken. A BPE is an examination to assess the health of the gums and what (if any) gum treatment the patient needs.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

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.

The dental hygiene therapist described to us the procedures they used to improve the outcomes for patients

with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled to visit the dental hygiene therapist at more frequent intervals for review and to reinforce home care preventative advice.

### 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. Records we reviewed showed the dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions, we noted some records had limited recording of these options and as such improvements could be made.

Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. All staff had recently undertaken relevant training. We discussed with staff what their responsibilities were under the act when treating adults who may not be able to make informed decisions, we found awareness was limited in this area and could be improved. The consent policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. We discussed staff understanding of this and found limited awareness of the need to consider this when treating young people under 16 years of age. We highlighted this with the practice manager, who assured us this would be addressed.

### Monitoring care and treatment

The practice was in the process of transitioning from paper records to an electronic version. During the inspection we reviewed patient care records and medical history completion forms and found inconsistencies in all areas, neither system was being utilised fully which had led to gaps in recording patient information.

# Are services effective?

(for example, treatment is effective)

We saw the practice audited patients' dental care records to check that the clinicians recorded the necessary information. These audits were ineffective, they had not identified the areas of concern we found during the inspection.

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

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

Dental nurses and reception staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed training requirements. There was no clinical oversight in place for clinicians.

## **Co-ordinating care and treatment**

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

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

We asked what systems they had to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections. We found no system was in place to follow up patients who were at risk and no system in place to enable assessment of patients with presumed sepsis in line with recognised guidance and quality standards. Staff were unaware if sepsis management had been discussed within the practice.

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

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

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

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

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

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

Information folders, patient survey results and thank you cards were available for patients to read.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided 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 requirements under the Equality Act.

- Interpreter services were available for patients who did not use English as a first language. Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

We discussed the practice's awareness of the Accessible Information Standard, which is a requirement to make sure that patients and their carers can access and understand the information they are given. The practice manager confirmed they were not aware of this but would make every effort to integrate this process into the practice without delay.

Patients confirmed that 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.

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 and X-ray images to help them better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

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

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, a magnifying glass and accessible toilet with hand rails and a call bell. We were told that clinicians who normally work on the first floor would swap their treatment rooms to accommodate patients who found the stairs to the first floor difficult to manage.

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

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

### Timely access to services

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

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent

appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with the 111 out of hour's service.

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

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

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

The practice manager 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 last 12 months.

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

# Are services well-led?

## Our findings

### Leadership capacity and capability

Company leaders were not present during the inspection day. Clinicians told us if clinical assistance or advice was required, the more senior associates would be available to offer guidance.

We were told that the company leaders visited the practice monthly. The practice manager was visible and approachable and worked closely with staff and others to make sure they prioritised objectives for the practice.

The absence of clinical leadership and oversight was evidenced through ineffective audit processes which had failed to identify and rectify clinical shortfalls, inconsistent record keeping amongst some clinicians and inconsistent use of paper and electronic records throughout.

### Culture

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

The practice focused on the needs of patients.

The practice had systems in place to deal with poor performance for support staff. We identified that with limited clinical oversight at the practice, performance from a clinical perspective had been overlooked.

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

### Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The company leaders had overall responsibility for the management and clinical leadership of the practice.

The practice manager was responsible for 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 in place which included policies, protocols and procedures that were accessible to all members of staff.

We looked at a sample of dental care records to confirm our findings and noted that improvements could be made to ensure records are completed fully in line with guidance provided by the Faculty of General Dental Practice, for example:

- An update of patient medical history was not being consistently obtained.
- Inconsistent recording of diagnosis and risk factors.
- Inconsistent recording of treatment options discussed with the patient.
- The recording, diagnosis and discussion of treatment options for periodontal (gum) disease was not in line with recognised guidance. This had not been identified in audits although some staff were aware that it was occurring.
- Insufficient justification for the use of a temporary filling material as a stabilisation material.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

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

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

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, in response to patient requests the practice had extended its opening hours to accommodate early and later opening.

# Are services well-led?

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

## Continuous improvement and innovation

- There were systems and processes for learning and continuous improvement. We found areas within these systems where improvement was required. In particular:
- The dental care record audit did not reflect our findings.
- The grading of the radiographs was not standardised amongst all clinicians and did not always follow recognised guidance. This had not been identified in practice audits.

In addition, staff awareness of the following areas could be improved:

- Clinical awareness of British Society of Periodontology guidance and the Faculty of General Dental Practice (UK) guidance for clinical examination and record-keeping.
- Sepsis awareness and management.
- The Mental Capacity Act 2005.
- Gillick competence.
- Safeguarding reporting procedures.

The dental nurses and reception staff had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The provider supported and encouraged staff to complete CPD. Our findings on the inspection day in respect to lack of awareness in some areas showed this process could be improved.

## 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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></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><b>How the regulation was not being met</b></p> <p>There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• The registered person had failed to ensure processes relating to safer sharps systems were in line with regulations. No sharps risk assessment was in place and the sharps policy did not reflect the practice's processes.</li><li>• The registered person had failed to ensure systems were in place to identify and manage patients who were prone to or had presumed sepsis. Staff awareness of sepsis was limited.</li></ul> <p>There were no systems or processes that enabled 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"><li>• Audits for radiographic quality assurance and completion of care records were inconsistent and not completed in line with relevant guidance.</li><li>• There were no systems in place to ensure visible leadership and clinical oversight.</li></ul> <p>There was additional evidence of poor governance. In particular:</p>

## Requirement notices

### **Systems and processes to ensure staff knowledge remained up to date: In particular:**

- Staff awareness of safeguarding responsibilities and reporting processes were limited.
- Staff awareness of their responsibilities in respect to the Mental Capacity Act 2005 and Gillick competence was limited.
- Systems and processes for learning and continuous improvement were not embedded within the team.
- The administration and IT systems in use to record patient's personal information and medical history were not utilised effectively.

### **Patient care records were not completed in line with guidance provided by the Faculty of General Dental Practice. In particular:**

- Up-to-date patient medical history was not consistently obtained.
- Inconsistent detail recorded on the paper and electronic patient care records.
- Inconsistent recording of diagnosis and risk factors.
- Inconsistent recording of treatment options discussed with the patient.
- The recording, diagnosis and discussion of treatment options for periodontal (gum) disease was not in line with recognised guidance.
- Insufficient justification for the use of a temporary filling material as a stabilisation material.
- Diagnosis was poorly documented and, in some cases, not recorded at all.

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