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# Poynton House Dental Surgery

## Inspection Report

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### Overall summary

We carried out this announced inspection on 16 July 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. We visited the practice on 24 April 2018 to complete the inspection, but we made the decision to terminate that inspection due to exceptional circumstances. We re-inspected on 16 July 2018. The content within this inspection report is based upon the evidence we reviewed at our visit in July 2018.

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

Poynton House Dental Surgery is in Market Drayton 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 outside the practice.

The dental team includes four dentists, five dental nurses (two of whom are trainees), one dental hygienist and one receptionist. There is also a practice manager who is qualified as a dental nurse. The practice has four treatment rooms.

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

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

During the inspection we spoke with two dentists, two dental nurses, one 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 between 9am and 5pm from Monday to Thursday. It is open between 9am and 4pm on a Friday.

## 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.
- The practice had limited systems to help them manage risk.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice had staff recruitment procedures but these were not always consistent.
- Not all 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 practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice did not have a culture of continuous improvement.
- 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 had suitable information governance arrangements.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure specified information is available regarding each person employed

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

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

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

The practice had limited systems and processes to provide safe care and treatment. Their processes for documenting and learning from incidents required improvements.

Staff knew how to recognise the signs of abuse and how to report concerns. Not all staff had received training in safeguarding.

Staff were qualified for their roles and the practice completed recruitment checks. Their recruitment processes were not consistent for all staff.

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.

No action



### Are services effective?

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

Not all the dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent. The dentists discussed treatment with patients so they could give informed consent. This was not consistently recorded 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 did not have 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 ten people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, helpful and respectful.

They said that they were given excellent treatment and said their dentist was patient with them. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

No action



# Summary of findings

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 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 patient dental care records which were clearly written and stored securely. They were not always comprehensive and in line with current guidance.

The practice processes for monitoring clinical and non-clinical areas of their work to help them improve required improvements.

The practice had limited arrangements to ensure the smooth running of the service. Some governance arrangements were in place but many areas identified during our visit indicated a lack of oversight and effective leadership. Several of these had been identified during our previous visit in April 2018 but changes had not been implemented and maintained.

The practice manager assured us following our visit that these issues would be addressed immediately and procedures put in place to manage the risks. We have since been sent evidence to show that a number of improvements have been implemented. However, as various documents were not available for inspection we were not able to comment on their completeness and accuracy. We have though noted the information and it will be reflected once we carry out a follow up inspection at the practice.

Requirements notice



# Are services safe?

## Our findings

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

The practice had systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. These policies were undated but the practice manager informed us these were reviewed in November 2017.

Staff shared an anonymised example of a referral that they made following safeguarding concerns about one of their patients. This demonstrated excellent team-working skills and appropriate discussions with relevant organisations. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. However, they were not aware of the requirement to notify the CQC when the referral was made.

We saw evidence that some staff members had received safeguarding training. This was discussed with staff during our first visit in April but some staff members had not completed it at the time of our second visit which was three months later. The practice manager informed us that all staff had enrolled onto online training and would complete the relevant training.

There was 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 told us they felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a recruitment policy to help them employ suitable staff. This reflected the relevant legislation but they

did not always carry out recruitment procedures in a consistent manner. For example, some staff had references in their files but others did not. We reviewed three recruitment records for staff that had recently joined the practice.

We noted that clinical staff (with the exception of the trainee dental nurses) were qualified and registered with the General Dental Council (GDC). There was evidence that all qualified staff had professional indemnity cover apart from one dentist. We were told that the dentist was appropriately indemnified but evidence of this was not forwarded to us.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances. The Fixed Wiring Electrical Testing had not been carried out at the practice. This was not forwarded to us after the visit so we cannot be assured this essential safety check had been carried out.

Fire safety procedures at the practice required improvements. There was no evidence that a fire risk assessment had been carried out. Fire drills are important so that staff are well rehearsed in evacuation procedures. There was no evidence that these had been carried out. The fire extinguishers were serviced in April 2018 and the smoke detectors were checked weekly. Fire exit signage was clearly displayed throughout the practice. Within 48 hours, the practice manager informed us they had arranged for a fire risk assessment to be carried out by a specialist in September 2018.

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 with the exception of the mandatory notification to the relevant authority.

We saw evidence that some of the dentists justified, graded and reported on the radiographs they took. The practice did not carry out radiography audits every year in line with current guidance and legislation.

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

### **Risks to patients**

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

# Are services safe?

We reviewed the practice's health and safety policies, procedures and risk assessments. We were told they were regularly updated although the documents were undated. The practice had current employer's liability insurance.

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 protocol was present for staff to use in the event they sustained an injury from a sharp instrument. However, this did not contain any contact details for the Occupational Health department. Within 48 hours of our inspection, this information was added to the protocol.

We reviewed staff's vaccination records and found that the registered manager had a system in place to check clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw evidence that the vast majority of staff had received the vaccination and the effectiveness of the vaccination had been checked. However, some of the records were missing and some were incomplete for some clinical staff. We found that risk assessments had not been completed where there were gaps in assurance around this. Within 48 hours of the inspection, the practice informed us they had requested this missing information.

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 to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienists 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 but this was undated. The policy and their procedures were in line with current guidance. 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. Within 48 hours of our visit, the practice manager informed us that the policy had been reviewed and all staff had signed and dated it to confirm they had read and understood its contents.

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 were validated, maintained and used in line with the manufacturers' guidance.

The practice had systems 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 limited procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. They did not have a risk assessment although this was discussed with staff in April 2018. Following our second visit, the practice manager booked for a specialist to carry this out one week later.

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.

There was no evidence that the practice carried out infection prevention and control audits twice a year in line with guidance. Staff told us they had recently completed an infection control audit but were unable to access this document on the computer system. The practice manager informed us they would complete further audits within the next month.

## 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

# Are services safe?

managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with General Data Protection Regulation (GDPR) protection requirements.

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 practice 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.

The dentists were aware of current guidance with regards to prescribing medicines.

## **Track record on safety**

There were comprehensive risk assessments in relation to safety issues. The practice did not document incidents. Not all staff were aware of RIDDOR reportable incidents.

## **Lessons learned and improvements**

Not all staff we spoke with were aware of the Serious Incident Framework and Never Events. There were some processes in place to report, investigate and learn from these. We found they were not recording all incidents to support future learning and reduce risk.

There was no evidence that adequate systems were in place for reviewing and investigating incidents when things went wrong. The practice should learn and share lessons, identify themes and take action to improve safety in the practice. Within two working days of the inspection, the practice manager forwarded us a copy of their newly implemented policy about incident reporting.

The practice had subscribed to receive safety alerts. These included external safety events as well as patient and medicine safety alerts. However, there was no formal mechanism of disseminating this information to staff. Following our visit, the practice manager informed us that a folder had been compiled and all staff would be requested to sign and date any alerts as the practice receives them.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had some systems to keep dental practitioners up to date with current evidence-based practice. Not all the clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance. We saw evidence that certain treatments and record keeping were not in line with current guidance.

### Helping patients to live healthier lives

Some of the dentists were providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. One dentist we spoke with was not familiar with this toolkit. Within 48 hours, the practice manager informed us they had downloaded the toolkit and copies would be given to all relevant staff. It would also be discussed at the next team meeting.

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 dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice and detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance 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 patients' consent to treatment; however, this was not always recorded. 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 team understood their responsibilities under the Mental Capacity Act (MCA) 2005 when treating adults who may not be able to make informed decisions. The practice's consent policy did not include information about the act. Gillick competence refers to when a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### Monitoring care and treatment

Not all the dentists kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. Not all the dentists assessed patients' treatment needs in line with recognised guidance. Within 48 hours, the practice manager informed us they had sourced the latest guidance for record keeping and that templates would be issued to all clinicians once they have received the guidance. They said that all staff would be made aware of the minimum requirements regarding record keeping.

The practice audited patients' dental care records to check that the dentists recorded the necessary information. However, actions had not been implemented because the dental record keeping was not in line with guidance.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Some staff had carried out further education to enhance their role. For example, some of the dental nurses were qualified to carry out oral health education and take X-rays at the practice.

Staff new to the practice had a period of induction based on a structured induction programme. We reviewed records and found that some were incomplete. We confirmed clinical staff completed the continuing professional development (CPD) required for their registration with the General Dental Council. New CPD requirements came into force in January 2018 for dentists

# Are services effective?

(for example, treatment is effective)

but the dentist did not have a personal development plan in line with guidance at the time of our visit. Information about this was available at the practice and staff were aware of the new requirements.

Staff told us they had recently started discussed training needs during appraisals. The practice manager told us these would be repeated every 6-12 months moving forward. 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 did not have any formal policies, processes or systems to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections. Within 48 hours, the practice manager had contacted us regarding this policy to ensure they had the correct information.

The practice 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 friendly, helpful and respectful. We saw that staff treated patients in a professional manner and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they 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.

### **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 and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- 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, for example, one staff member was fluent in Bulgarian.
- 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.

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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

# 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. Staff shared anonymised examples of how they managed patients living with dementia.

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

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

The practice sent appointment reminders to all patients that had consented.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, wheelchair access to all treatment rooms and an accessible toilet.

Reading materials, such as appointment slips, were available in larger font size for patients with visual impairments. A hearing induction loop was not available but staff were able to communicate by writing information down or patients could bring an interpreter with them.

A Disability Access audit had not been completed.

### 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 this in their practice information leaflet.

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.

They took part in an emergency on-call arrangement with some other local practices during weekends. The provider saw their own patients when the practice was closed between Monday and Thursday.

The 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 managed complaints and concerns from patients and responded to them appropriately to improve the quality of care.

The practice did not have a complaints policy that provided guidance to staff on how to handle a complaint. Patients could not access information about the complaints procedure without having to request this from staff.

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

Staff told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. No information was available to patients about organisations they could contact if not satisfied with the way the practice dealt with their concerns.

We looked at complaints the practice received in the previous 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. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### Vision and strategy

There was a clear set of values at the practice.

### Culture

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

The practice manager was not aware of the requirements of the Duty of Candour. This requires staff to demonstrate openness, honesty and transparency with patients. We were told that staff worked alongside its principles. Within 48 hours of our inspection, the practice manager informed us they had downloaded information about this and copies would be given to all relevant staff. It would also be discussed at the next team meeting.

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

### Governance and management

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

The principal dentist 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 limited system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. The practice had compiled many policies since November 2017 and planned to review these on an annual basis. However, many of these policies were undated.

There were some processes for managing risks, issues and performance but these needed to be more robust.

### 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 comment cards and verbal comments to obtain staff and patients' views about the service. They also planned to carry out patient satisfaction surveys later this year.

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 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 limited systems and processes for learning, continuous improvement and innovation.

The practice had limited quality assurance processes to encourage learning and continuous improvement. We did not see any evidence that regular audits of dental care records, radiographs and infection prevention and control had been carried out. The practice manager told us that these would be carried out within one month of our visit.

The principal dentist was unable to demonstrate a firm commitment to learning and improvement. Staff told us the principal dentist and practice manager valued their contributions.

The practice had limited arrangements to ensure the smooth running of the service. Some governance arrangements were in place but many areas identified

## Are services well-led?

during our visit indicated a lack of oversight and effective leadership. Several of these had been identified during our previous visit in April 2018 but changes had not been implemented and maintained.

The dental nurses and receptionists had recently completed appraisals. The practice manager told us these would be undertaken every six to twelve months. We saw evidence of completed appraisals in the staff folders.

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

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 HSCA (RA) Regulations 2014</b></p> <p><b>Care and treatment must be provided in a safe way for service users</b></p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out.</p> <p>In particular:</p> <p>There were no risk assessments for fire or Legionella.</p> <p>There was additional evidence that safe care and treatment was not being provided.</p> <p>In particular:</p> <p>The Fixed Wiring Electrical Testing had not been carried out.</p> <p>Fire drills were not carried out.</p> <p>No evidence of infection control audits were seen.</p> <p>Not all staff were aware of RIDDOR reportable incidents, the Serious Incident Framework or Never Events.</p> <p>There was no formal mechanism of disseminating information about safety alerts to staff.</p>
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>Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014</b></p> <p><b>Good governance.</b></p>

## Requirement notices

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:

- Audits were not undertaken at regular intervals to help improve the quality of service.
- The practice's complaint handling procedures were not accessible to patients.

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:

- There was no system in place to ensure that untoward events were appropriately documented, investigated and analysed to prevent their reoccurrence.
- A Legionella risk assessment had not been carried out.

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

In particular:

- The records were not consistently in line with current guidance.

There was additional evidence of poor governance.

In particular:

This section is primarily information for the provider

## Requirement notices

- Staff training, learning and development needs were not reviewed at appropriate intervals and there was no effective process for the ongoing assessment and supervision of all staff employed.

### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

#### **Regulation 19 HSCA (RA) Regulations 2014**

**Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons**

**The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.**

In particular:

- **Recruitment procedures were not consistently documented. This included staff's vaccination records and evidence of indemnity.**