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# Dental Practice - Barkingside

## Inspection Report

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## Overall summary

We carried out this announced inspection on 14 November 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection in response to concerns we received and 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 not providing safe care in accordance with the relevant regulations.

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

We found that this practice was not 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**

Dental Practice - Barkingside is in Ilford in the London Borough of Redbridge. The practice provides NHS and private treatments to patients of all ages.

The practice is situated close to public transport bus services.

The dental team includes the principal dentist who owns the practice, one associate dentist, one specialist periodontist and two trainee dental nurses.

# Summary of findings

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 received feedback from 25 patients.

During the inspection we spoke with the principal and two trainee dental nurses.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9am to 5.30pm.

## **Our key findings were:**

- Staff knew how to deal with emergencies.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice appeared generally clean and well maintained.
- The practice infection control procedures did not reflect published guidance. Staff did not have appropriate infection prevention and control training. Clinical waste was not disposed of suitably and staff did not have suitable immunity against vaccine preventable infectious diseases.
- The practice had limited systems to help them manage risk. There were no Legionella or sharps risk assessments available. Risk assessments that were carried out were not completed properly nor used to help understand and mitigate the risks.
- The practice had arrangements for the safe use of medicines and equipment. Improvements were needed so that the dentists used a rectangular collimator taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment and that temperature sensitive medicines requiring refrigeration were stored appropriately.
- The practice had safeguarding processes and staff knew their responsibilities for safeguarding adults and children. Not all staff had completed safeguarding training.

- The practice staff recruitment procedures were not followed so that all of the essential checks were carried out. Staff were not suitably trained or supported to carry out their duties.
- The clinical staff did not always provide patients' care and treatment in line with current guidelines.
- The practice was not providing preventive care and supporting patients to ensure better oral health.
- There was ineffective leadership and a lack of clinical and managerial oversight for the day-to-day running of the service.
- The practice did not have 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 persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure specified information is available regarding each person employed

There were areas where the provider could make improvements. They should:

- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the practice's systems in place for environmental cleaning taking into account current national guidelines.
- Review its responsibilities as regards the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and ensure all documentation is up to date and staff understand how to minimise risks associated with the use and handling of these substances.

# Summary of findings

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the protocols and procedures for use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment. This relates specifically to the use of rectangular collimation.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review practice protocols for patient assessments and ensure they are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance.
- Review the practice's protocols for referral of patients and ensure urgent referrals are monitored suitably.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health taking into account guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities.
- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.
- Review the practice's protocols for referral of patients and ensure urgent referrals are monitored suitably.

# 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 not providing safe care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The practice had some systems and processes to provide safe care and treatment but the lack of robust risk assessment affected safe delivery of the service.

The practice did not follow legislation and its own procedures when recruiting new staff to ensure that all of the essential checks were undertaken. There were no training records to show that staff undertook training in areas such as safeguarding and infection control. These records were provided after our inspection.

There were limited arrangements to ensure the practice policies and procedures in relation to safety were in accordance with current legislation and guidelines or that staff understood and followed procedures.

Improvements were needed to ensure that single use items were not re-used, that clinical waste was disposed of safely and appropriately and that there were suitable arrangements to ensure that staff had appropriate vaccinations.

Improvements were also needed to ensure that appropriate risk assessments were carried out. This was in relation to risks associated with infection control, hazardous substances, dental sharps and Legionella.

Requirements notice



### Are services effective?

We found that this practice was not providing effective 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).

Patients described the treatment they received as very good and excellent. Some patients told us that their dentist always explained their treatment in detail.

Improvements were needed to ensure that the dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Improvements were also needed so that patients' dental records were complete, accurate and detailed and included information to demonstrate that patients understood and consented to their care and treatment.

Improvements were needed to the practice's protocols for referral of patients and ensure that routine and urgent referrals were made suitably and that urgent referrals were followed up promptly.

Requirements notice



# Summary of findings

Improvements were needed to the arrangements so that staff were supported to complete training relevant to their roles and to the systems to monitor this.

## 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 25 people. Patients were positive about how they were treated. They told us staff were caring, friendly and understanding.

Patients said that their dentist listened to them and helped them to understand the treatment provided including any options available.

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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain. Patients commented that they received treatment in a timely manner.

Staff considered patients' different needs and had made arrangements to support them. There was step free access to the practice and accessible toilets facilities were available which were fitted with a handrail. The practice also had a hearing loop. Improvements were needed so that a Disability Access audit was completed and kept under review so that the practice could provide support to patients as far as was practicable.

The practice had arrangements to help patients whose first language was not English and those with sight or hearing loss should these be required.

The practice had arrangements to respond to and deal with complaints.

No action



## Are services well-led?

We found that this practice was not providing well 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 defined management structure, but the lack of suitable oversight and management systems affected the day to day management of the practice.

Improvements were required to ensure the smooth running of the service. There was a lack of clinical and managerial oversight by the practice owner to ensure that policies and procedures were bespoke to the practice, in accordance with current legislation and that they were understood and adhered to by the staff team.

Requirements notice



# Summary of findings

The practice had not effectively assessed and mitigated risks in relation to Legionella and infection prevention and control.

Improvements were needed to the arrangements to review and improve the quality of services provided, Audits, where they were carried out, were not consistently accurate and they were not used to identify areas for improvement and there were limited systems to use the findings from reviews to make improvements.

# Are services safe?

## Our findings

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

Improvements were needed to a number of the practice systems to keep patients safe.

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. There was a flow chart with contact details for the local safeguarding team and this was accessible to staff. The principal dentist was the practice safeguarding lead who had responsibility for overseeing the practice procedures.

We saw evidence that the dentists received safeguarding training to an appropriate level depending on their roles within the practice. Improvements were needed to ensure that nursing staff undertook safeguarding training.

Improvements were needed so that the practice had a whistleblowing policy and that staff including the principal dentist understood the principles of whistleblowing.

The principal dentist told us that they used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We saw rubber dam kits were available. However, staff who supported the dentists told us that these were not used. We checked the dental care records and found there were no notes as regards the use of rubber dams or a suitable alternative.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at the recruitment records for four members of staff. These showed the practice did not follow the legislation or their recruitment procedure. There was no proof of identity and no employment references available for both dentists who worked at the practice. There was no Disclosure and Barring Services (DBS) check available for one dentist.

Improvements were needed to the arrangements to ensure that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. GDC registration and professional indemnity records were not available for one of the dentists who works at the practice.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including sterilising and X-Ray equipment, electrical and mechanical appliances. We saw records to show that the autoclaves and X-ray equipment were serviced in accordance with the manufacturer's instructions.

The practice had a fire safety procedure and a fire safety risk assessment. Records showed that fire extinguishers and the smoke alarm systems were regularly tested and serviced. There was a fire evacuation procedure in place and fire safety drills were carried out on a regular basis. Staff who we spoke with were aware of the fire safety and evacuation arrangements.

The practice had 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 and there were records available to show that X-ray equipment had been serviced and maintained regularly.

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

Improvements were needed so that rectangular collimators were used taking into account the Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.

From discussions with the principal dentist and records which we viewed we noted that the dentists did not justify, grade or report on the radiographs they took. Improvements were needed so that the audits were completed in line with national guidance and The Ionising Radiation (Medical Exposure) Regulations (IRMER) 2018. We looked at the two most recent audits. Similar areas for improvements were recorded in both. There were limited action plans in place to achieve these and to improve the quality of X-ray images.

### **Risks to patients**

Improvements were needed to the systems to assess, monitor and manage risks to patient safety.

The practice had current employer's liability insurance.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

Staff had undertaken training in basic life support (BLS) and staff who we spoke with knew how to respond to a medical

# Are services safe?

emergency. Emergency medicines and equipment 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. Improvements were needed so that Glucagon was stored in line with the manufacturer's instructions.

There was no sharps risk assessment in place to identify and mitigate risks associated with the use of needles and other sharp dental items.

There was no evidence to show that 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.

Improvements were needed to the arrangements to minimise the risks that can be caused from substances that are hazardous to health. There were records available for some but not all of the hazardous materials used at the practice and there was no risk assessment in place. Staff did not have access to detailed information to guide them on how to act in the event of accidental exposure to hazardous substances.

The practice had an infection prevention and control policy. Records showed equipment used by staff for cleaning and sterilising instruments were tested daily and validated.

Improvements were needed to the arrangements for ensuring that staff undertook training in infection control and understood and followed the practice procedures and guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. There were no records available in the day of our inspection to show that the trainee dental nurses and one of the dentists had undertaken infection control training. Following our inspection these training records were made available to us.

Improvements were needed to ensure that staff understood how to maintain the autoclave in accordance with the manufacturers' instructions. One of the dental nurses told us that they drained the autoclave on alternate day and not on a daily basis as per national guidance.

We found one single use item (a matrix band) which we believed had been pouched for re-use. Upon inspection we found a white debris on the inside of the band.

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. We saw records of water testing periodically and staff told us that they disinfected the dental unit waterlines. A Legionella risk assessment had not been undertaken to assess and mitigate risks.

The practice was generally clean when we inspected. We noted low level dust in one of the dental treatment rooms and there were horizontal blinds of the type not recommended for use in dental surgeries due to the risk of dust settlement and difficulty to maintain to a suitable level of cleanliness. We were told following our inspection that these blinds had been removed.

There were appropriate sharps bins located in each of the dental surgeries.

Healthcare and clinical waste including dental amalgam was not segregated and disposed of appropriately in line with current legislation and guidance.

The principal dentist told us that they disposed of their clinical waste via waste collection through the local council. We saw that clinical dental waste was not segregated and stored in the appropriate bags or disposed of in accordance with the Health Technical Memorandum 07-01: Management of Healthcare waste. The principal dentist could not provide any records in relation to the disposal of dental amalgam.

The practice carried out infection prevention and control audits twice a year. Improvements were needed so that these audits were completed accurately. The audits which we looked at from the previous 12 months contained inaccurate information in relation to a number of areas including the arrangements for staff training, the disposal of healthcare waste and for ensuring that all clinical staff had adequate immunity for vaccine preventable infectious diseases.

## Information to deliver safe care and treatment

Dental and other records and were kept securely. Information handling processes at the practice were in compliance with General Data Protection Regulations requirements (GDPR) (EU) 2016/679.

Improvements were needed so that staff had access to information they needed to deliver safe care and treatment



# Are services safe?

to patients. We looked at a sample of dental care records and noted that individual records were not written and managed in a way that kept patients safe. Dental care records we saw lacked detail and completeness.

## **Safe and appropriate use of medicines**

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

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

The practice stored of NHS prescriptions as described in current guidance.

## **Track record on safety**

There were some systems in place for reporting and investigating accidents or other safety incidents. The principal dentist told us that there had been no safety incidents within the previous 12 months.

There were some risk assessments in relation to safety issues. Improvements were needed so that these were practice specific and reviewed appropriately to help the practice to understand risks.

## **Lessons learned and improvements**

The principal dentist described how they would investigate and review practices if things went wrong. They described how and to whom they would report any issues. Improvements were needed so that practice had arrangements for learning and sharing lessons, identifying themes and taking action to improve safety in the practice.

There were no practice systems in place for receiving and acting on and sharing safety alerts such as those issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE). The principal dentist could not demonstrate that relevant alerts were reviewed or that there were suitable arrangements in place to share and learn from these.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The principal dentist could not demonstrate that they following current evidence-based practice. The principal dentist could not demonstrate that they assessed patient needs and delivered care and treatment in line with current legislation, standards and guidelines such as that issued by The National Institute for Health and Care Excellence (NICE). The dental care records which we viewed did not show that checks such as extra oral, soft tissue, basic periodontal examinations (BPE) or oral cancer screening were carried out as part of each patient's dental assessment.

The principal dentist was unable to demonstrate that they understood and followed NICE guidelines in relation to areas such as patient recalls or extraction of wisdom teeth. They were unable to describe to us the frequency for recall for specific dental treatments or the procedures to follow for the extraction of wisdom teeth in line with the published guidelines.

### Helping patients to live healthier lives

The principal dentist told us that they were providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. They told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

We noted that there were no records made in respect of the discussions which should be undertaken with patients around smoking, alcohol consumption and diet to help them maintain and improve their oral health. Records which we viewed did not contain information in relation to advice given to patients.

### Consent to care and treatment

The principal dentist told us that they understood the importance of obtaining and recording patients' consent to treatment. They said they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

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

We saw signed consent records. Improvements were needed so that consent records included information in relation to the specific treatment, intended benefits, potential complications or risks. There was no information within the patients' dental care records to show that these or potential treatment options had been discussed.

The practice's consent policy included information about the Mental Capacity Act 2005. The principal dentist was unable to demonstrate that they understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. They told us in the event of a patient who may be unable to give their consent to treatment that they would seek consent from that persons' carer or family member.

The principal dentist was unaware of the principles of the Gillick competence by which a child under the age of 16 years of age can consent for themselves. The principal dentist was unaware of the need to consider this when treating young people under 16 years of age.

### Monitoring care and treatment

The dentists obtained and reviewed information in relation to patients' medical history including any health related conditions.

Improvements were needed so that the practice kept detailed dental care records containing information about the patients' current dental needs and past treatment.

The dental records which we checked lacked detail and completeness to demonstrate that the dentists assessed patients' treatment needs in line with recognised guidance.

### Effective staffing

Staff new to the practice had a period of induction to help familiarise themselves with the practice policies, procedures and protocols and we saw completed induction checklists.

Improvements were needed to the arrangements to ensure that staff had the skills, knowledge and experience to carry out their roles.

There was a system in place to appraise performance and discuss training and development needs for the trainee dental nurses and we saw evidence of completed appraisal documents. Improvements were needed to ensure that all

# Are services effective?

(for example, treatment is effective)

staff undertook training in areas such as infection control and safeguarding. There were no arrangements in place to monitor performance or training for the dentists who worked at the practice.

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

Improvements were needed to the practice procedures for referring patients to specialists in primary and secondary care if they needed treatment the practice did not provide. This included the 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 principal dentist told us that referrals were sent by post and that they were given to the patient to post or to take to the hospital. The principal dentist told us that a copy of the referral letters would be stored within the patients' dental records. However, they were unable to show us any copies of referrals made. Improvements were also needed so that the practice monitored all referrals to make sure they were dealt with promptly.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Patients told us that staff was caring, friendly and understanding.

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

Patients confirmed that staff were reassuring helped them to relax. A number of patients also commented that their dentist was understanding of their needs, especially if they were experiencing dental pain 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 area was open plan in design and staff were mindful of this when assisting patients in person and on the telephone. 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.

Improvements were needed so that the practice protocols for the use of closed circuit television cameras (CCTV) took into account guidelines published by the Information Commissioner's Office (ICO). The practice had notices displayed to inform patients that CCTV monitoring was in operation in the waiting areas. There was no policy in place in respect of operating CCTV monitoring.

### **Involving people in decisions about care and treatment**

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act and the Accessible Information Standards (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services could be made available for patients who did not have English as a first language.
- Patients were also told about multi-lingual staff who might be able to support them.

The practice's website provided patients with information about the dental team, the range of range of treatments available at the practice, costs of treatment and arrangements for booking appointments.

The principal dentist told us that they had discussions and they used models to help patients understand treatment options discussed.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice took account of patient needs help them plan routine appointments and to manage appointments for emergency dental treatments. Patients said that they were able to access appointments that were convenient to them.

Patients described high levels of satisfaction with the responsive service provided by the practice, with some saying that they were seen on the same day when needed.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. There was step free access to the practice and accessible toilets facilities were available which were fitted with a handrail. The practice also had a hearing loop.

A Disability Access audit had not been completed so that the practice could assess and provide support to patients as far as was practicable. There was no call bell in the patient toilet and some of the patient information displayed with the waiting area was positioned so that it would be difficult for some patients to access this.

### Timely access to services

Patients told us that they were able to access care and treatment from the practice within an acceptable timescale for their needs. They confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. The practice displayed its opening hours in the practice and on the practice website.

Staff told us that patients who requested an urgent appointment were where possible seen on 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.

The practice answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

### Listening and learning from concerns and complaints

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

Improvements were needed so that information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The principal dentist told us that they had received one complaint and this was being dealt with. Records which we were provided with showed the practice had responded to, and provided information as requested for the complaints process.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

The practice lacked suitable arrangements in place to help ensure that they had the capacity and skills to deliver high-quality, safe care.

The dental team was small and the principal dentist had responsibility for the leadership and management arrangements within the practice. The principal dentist owned another dental practice and worked across both sites during the week. There were no arrangements for adequate leadership or oversight at this practice when the principal dentist was not present.

The principal dentist could not demonstrate that they understood their responsibility to lead and manage the dental team.

### **Vision and strategy**

The principal dentist could not demonstrate that they had a clear vision to deliver the services provided and there was a lack of planning, systems or business contingency plans in place.

### **Culture**

The principal dentist could not demonstrate that the practice had a culture of openness, transparency and candour. This was demonstrated by the principal dentists lack of openness when discussing issues which we attempted discuss in relation to the concerns which we found during our inspection.

There were limited arrangements for reviewing staff performance to ensure that the practice policies and procedures were understood and adhered to.

There were limited arrangements for ensuring that audits and reviews were carried out properly or that there was a culture of learning from these.

### **Governance and management**

There was a lack of clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had policies, procedures and protocols, which were accessible to all members of staff. However some of these were not practice specific and did not reflect the day-to-day running of the practice or current legislation and guidelines.

There were limited arrangements in place to ensure that all staff understood and followed current legislation and guidance in relation to areas such as infection control, appropriate disposal of clinical waste, making and monitoring referrals, monitoring and improving the quality of dental X-rays and maintaining appropriate records.

There were some processes for identifying and managing risks. Improvements were needed to ensure that the processes for managing risk were clear and effective. This related to ensuring that risks associated with the management of Legionella, infection control and dental sharps were properly assessed and mitigated. There was no Legionella or dental sharps risk assessment in place and the infection control audits did not reflect staff practices or identify where staff did not act in line with current legislation or guidance.

### **Appropriate and accurate information**

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice was aware of and had systems in relation to the General Data Protection Regulation (GDPR) requirements.

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

Improvements were needed so that the views of patients and others were used to review, monitor and improve the services as needed. There was a suggestions box and survey forms in the waiting room. However staff who we spoke with were unable to tell us if patients' views had been reviewed or considered.

The principal dentist told us that they gathered feedback from staff through regular meetings and informal discussions and we saw some evidence of discussion with the trainee dental nurses. Improvements were needed to these arrangements so that they included the involvement and engagement with all staff.

### **Continuous improvement and innovation**

## Are services well-led?

The practice had some arrangements in place to help monitor and improve the quality of care and treatment. Improvements were needed so that there were continuous systems and arrangements in place to monitor and improve the quality and safety of the service. This related to ensuring that audits in relation to infection control and dental radiography were complete and accurate and in line with current guidance and regulation and that there were systems in place share learning and to use this to make improvements where indicated.

There were some arrangements to review and appraise staff performance. Improvements were needed to these arrangements so that they included all relevant members of the staff team and that staff were supported to develop skills, knowledge and experience.

The General Dental Council also requires clinical staff to complete continuing professional development. Improvements were needed to the arrangements to ensure that clinical staff undertook this training. Records showed that the principal dentist and one of the associate dentists completed 'highly recommended' training as per General Dental Council professional standards. There were no records available for the other dentist and there were no arrangements in place to monitor staff training.

## 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 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.</p> <p>In particular:</p> <p>There were ineffective processes established for the on-going assessment and supervision including induction and appraisal for staff.</p> <p>There were limited systems in place to ensure that staff undertook training and periodic training updates in areas relevant to their roles including training in safeguarding children and vulnerable adults and training in infection control.</p> <p>Regulation 18 (1) (2)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>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:</p> <p>In particular:</p> <p>There were ineffective processes established for ensuring that appropriate checks were carried out</p>



This section is primarily information for the provider

## Requirement notices

including determining for each person employed their identity, employment history, proof of conduct in previous employment and registration with their appropriate professional body.

Regulation 19 (1) (2) (3)

### Regulated activity

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

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.

In particular:

There were ineffective arrangements to assess and properly mitigate risks of infection. There were ineffective systems to ensure that single use dental instruments were disposed of and not available for re-use. Infection clinical waste was not disposed of properly or safely.

There were limited arrangements in place for ensuring that all relevant staff had suitable immunity against vaccine preventable infectious diseases.

There were ineffective arrangements for assessing and mitigating risks associated with infection prevention and control and Legionella.

Regulation 12 (1)

### Regulated activity

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

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

## Requirement notices

Systems and 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

### **How the regulation was not being met:**

There were limited systems and processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.

In particular:

There were ineffective systems for monitoring and improving the quality and safety in relation to dental radiography. Records did not include the grade, justification or reporting in relation to dental radiographs. Dental radiograph audits were not carried out effectively to assess and improve quality in this area.

There were ineffective systems for completing audits correctly and using these to assess and improve the safety and quality of services provided. This relates to audits for infection prevention and control.

Regulation 17 (1)