

Petrie Tucker and Partners Limited

Mydentist - Padiham Road - Burnley

Inspection Report

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Overall summary

We carried out this announced inspection on 3 January 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 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

My Dentist - Padiham Road, Burnley is in the village of Padiham and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including two for blue badge holders, are available near the practice side entrance.

Summary of findings

The dental team includes 10 dentists, 12 dental nurses, three trainee dental nurses, two dental hygienists, one dental hygiene therapist, one treatment co-ordinator and three receptionists. The practice also has three visiting implantologists, one visiting orthodontist and one orthodontist who is seeing a small number of patients they treated whilst working at the practice. The practice is managed on a day to day basis by a practice manager. The practice has 12 treatment rooms; six on the ground floor and six on the first floor.

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 My Dentist Padiham Road, Burnley is the practice manager.

On the day of inspection, we collected three CQC comment cards filled in by patients. All patient feedback given was positive.

During the inspection we spoke with five dentists, two dental nurses, the area compliance manager 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, Tuesday, Wednesday and Friday from 8am to 5.30pm. On Thursday the practice is open from 8am to 7pm. The practice is open on some Saturday mornings to accommodate certain advance patient bookings only.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- We saw that work was scheduled to be carried out at the practice in the week following our visit, to address longstanding issues with management of Legionella. This had been unduly delayed.
- On the day of inspection, keys to a cabinet where medicines used for sedation where kept, were not available. This was due to a staff member taking them

off site. As a result of this we were unable to inspect medicines held in the cabinet to check they corresponded with records held for the secure keeping of medicines used for sedation.

- 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. Our inspection showed that these systems were not always followed.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures in place for permanent staff. These were not always followed. All required checks for permanently employed staff were not in place. Procedures for assuring checks on locum staff required improvement.
- 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.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Leadership at practice level was sufficient; we found support for the practice leadership could be improved.
- Staff felt involved and supported and worked well as a team at practice level.
- 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.

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 regulation the provider is not meeting is 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 systems and processes to provide safe care and treatment. Risk assessments carried out to reduce risks to patients and staff were not always followed, or acted upon as required.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. There was inconsistent evidence all staff had read and understood the whistleblowing policy.

Staff were qualified for their roles and the practice completed some essential recruitment checks for permanently employed staff. Assurance of essential recruitment checks on agency staff was not in place.

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.

When we asked to review medicines used for sedation, we were told the keys to the cabinet were not available.

No action



Are services effective?

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

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

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

The provider supported staff to complete training relevant to their roles. Systems to monitor this required improvement.

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 three people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional and friendly.

No action



Summary of findings

They said that they were given helpful explanations about their 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.

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 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).

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

Management of issues at practice level was adequate. Matters that required input and oversight at a higher level required improvement. This included the commissioning of essential maintenance works, the management and oversight of dentists continuing professional development and associated records, and governance in relation to external suppliers, for example, in relation to supply of locum staff.

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

The provider monitored areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

Requirements notice



Are services safe?

Our findings

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

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

The practice had systems in place 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. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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. There was inconsistent evidence all staff had read and understood the whistleblowing policy. Staff said they 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 rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was 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 and had checks in place for agency and locum staff. These reflected the relevant legislation. Evidence from inspection showed that the policy was not always followed. We looked at four staff

recruitment records for permanent staff. For three out of four records, there was a lack of consistency in carrying out all required recruitment checks. Risk assessments were in place where essential recruitment checks had not been carried out.

The practice had not taken steps to assure that all essential checks on temporary workers had been completed, prior to those staff working at the practice.

We noted that all other 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.

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

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

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

Risks to patients

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

The practice had a number of health and safety policies, procedures and risk assessments. These were reviewed regularly to help manage potential risk. Although there was evidence of review of assessments, in one example, for control of Legionella, we noted that no action had been taken to address points raised in those risk assessments for a number of years. Evidence provided following our inspection, showed the required work was completed.

The practice had current employer's liability insurance.

Are services safe?

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

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. We found one staff member for whom this information was not available.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Immediate Life Support training for sedation was also completed for a dental nurse and a dentist.

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. Staff held a log book for monitoring stock of sedation medicines. When we asked to inspect the locked cabinet to check stock reported in the monitoring book, we were told the key to the cupboard was with a staff member who was on annual leave and there was no other way to access this cupboard.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. A risk assessment was in place for when the dental hygienist and hygiene therapist worked without chairside support.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice occasionally used locum and/or agency staff. We saw that these staff received an induction to ensure that they were familiar with the practice's procedures.

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 risk assessments completed and procedures in place, which are intended to reduce the possibility of Legionella or other bacteria developing in the water systems. When we reviewed these, we saw that recommendations made had not been actioned. Further enquiries showed that recommendations had been made since 2012 in relation to water systems at the practice. In a 2012 report made by an independent assessor for the control of Legionella, faults were identified in a cold-water tank. These were reported to the practice for urgent action. This had not been addressed.

We found several Legionella risk assessments and reports dating from 2012 to July 2018. In each report, actions had been identified. These had not been addressed. We raised this with the practice manager and compliance team. Following inspection, we were told the works required had been carried out and completed on 5th and 6th January 2019.

Additional issues identified from the report produced on 6 July 2018, identified that a domestic copper cylinder was not producing hot water and required repair or replacement. This cylinder was replaced on the weekend of 5 and 6 January 2019.

Records we reviewed went back to 2016. Reports from the provider and the Legionella risk assessment of July 2018, confirmed that up to July 2018, water temperature testing records were not in place.

A toilet at first floor level, adjacent to a treatment room was labelled as out of use. When we asked why this was we were told that noises and smells from the toilet transmitted to the adjacent treatment room. As a result, the toilet and hand wash basin was not being used, but was not being flushed with any other lesser used outlets. Following our inspection, we were told that this toilet and handwashing basin had been decommissioned.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

Are services safe?

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; the audit did not give consideration to the issues identified in the legionella risk assessments, referred to above.

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 dentists how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) 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 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. The management of key holders for the safe storage of medicines used in sedation, required

review. On the day we inspected we were unable to check medicine stocks in this cupboard, against the log book held as the key was with a staff member who was on annual leave.

When checking other medicines for example, those in the emergency medicines kit and stock of antibiotics, we saw that systems in place 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 and lessons learned and improvements

There were 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. The incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

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 clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the visiting dental implantologist 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. Staff visited local schools in the area to deliver oral health care education sessions, and had built relationships with local schools over the past few years.

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 patients based on an assessment of the risk of tooth decay.

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

The dentists 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 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. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give 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

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

We saw the practice audited patients' dental care records to check that the dentists/clinicians recorded the necessary information.

The practice carried out conscious sedation for patients who were nervous. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. The inspector was unable to make checks on contents of a locked cabinet for sedation medicines. This was due to the keys for the cabinet having

Are services effective?

(for example, treatment is effective)

been taken off-site by a staff member. Checks in place also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record.

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. We found that there was no uniform system in place to provide management oversight of evidence of dentists, dental hygienists and hygiene therapists continuing professional development.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff, for example dental nurses, the treatment co-ordinator, receptionists and the practice manager.

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.

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

The practice also 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.

The practice was a referral clinic for other My Dentist practices, for patients requiring dental implants and they monitored and ensured the dentists were aware of all incoming referrals daily.

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 professional and friendly. We saw that staff treated patients respectfully 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

Accessible Information Standards and the requirements under the Equality Act.

The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given.

- Interpreter services were available for patients who did not use English as a first language. We saw notices in the reception areas informing patient's that translation services were available.
- 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.

The practice gave patients clear information to help them make informed choices about their treatment. 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. This included photographs, models, and X-ray images.

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.

The practice offered patients with dental phobia, appointments at the beginning of each surgery, to keep waiting times to a minimum. Where possible, continuity of care was provided to patients. Patients with a disability could access treatment rooms on the ground floor.

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

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop, a magnifying glass and accessible toilet with hand rails and a call bell.

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 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 past 12 months.

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

Are services well-led?

Our findings

Leadership capacity and capability

We found leadership at the practice required improvement. Whilst leaders had the capacity and skills to deliver quality, sustainable care, the management of known risks, oversight and governance required improvement.

Leaders at practice level were visible and approachable.

There was a clear vision and strategy within the practice. The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

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 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 governance and management. When we reviewed these, we saw that issues dealt with by head office functions, were not always acted on timeously. The speed of response to issues experienced at practice level, did not always consider the potential impact on safety within the practice.

The registered manager had overall responsibility for the management and day to day running of the practice. The lead dentist was responsible for clinical leadership of the practice. Staff knew the management arrangements and their roles and responsibilities.

Polices were not always followed. For example, recruitment policies. When checking recruitment records, we saw that some required checks had not been carried out. Where evidence of these checks was missing, we found risk assessments had been completed in the days before our inspection. In relation to locum staff supplied to the practice, confirmation of essential recruitment checks undertaken by the agency supplying staff, was not in place.

When asked on the day of inspection to evidence these checks had been completed, the agency declined to do so, referring to General Data Protection Regulations. The practice manager was unaware of the requirement of the agency to supply evidence of these checks, both under legislation and under the terms of business agreed by the provider with the agency.

Risk assessments were not responded to in good time. Although the practice manager had attended a course on risks posed by Legionella, evidence from inspection showed that the level of understanding of that risk, was insufficient. Multiple risk assessments identified high priority actions that the provider should address, in relation to Legionella management. These were not addressed in a timely manner.

There was a lack of oversight in respect of the continuous professional development (CPD) of dentists. For example, we asked to see evidence that dentists practicing sedation had completed the CPD for this. This could not be provided by the practice on the day of inspection, but was sent in the following days. We found oversight of this required improvement and records relating to this required closer management.

Governance around medicines checks could be improved. Medicines in lockable cupboards should be accessible to designated staff and keys to lockable cupboards must be accessible. We were unable to check stock of sedation medicines kept in a lockable cupboard because a staff member had taken the key home with them and was on annual leave.

The processes for managing risks and issue were not working as they should.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance, for example, in terms of dentists meeting performance targets. 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.

Are services well-led?

Engagement with patients, the public, staff and external partners

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

Review of results for the six-month period from June to December 2018, showed the practice scored highly, with between 94-97% of patients saying they would recommend the practice to a family member or friend.

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 systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The practice showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The dental nurses, treatment co-ordinator, receptionists and practice manager 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.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 Good governance</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>There were no systems or processes that ensured the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none">• The registered person failed to ensure that the immunisation status for all clinical staff members was available.• The registered person failed to ensure all checks made for locum staff were in place before locum staff commenced work at the practice.• The registered person did not hold records or have oversight of continuing professional development for all staff working at the practice. <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p>

This section is primarily information for the provider

Requirement notices

- Systems to prompt the practice to review outstanding actions were insufficient. Required actions referred to in Legionella risk assessments had been overlooked.
- Oversight of keys to secure cabinets required improvement. On the day of inspection, the keys to a medicines cupboard, used to store medicines used in sedation, were not on the premises as a staff member on annual leave had the key.

Regulation 17(1)