

Gaskell Ave Dental Practice

Gaskell Avenue Dental Practice

Inspection Report

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Date of inspection visit: 01/05/2018

Date of publication: 14/06/2018

Overall summary

We carried out this announced inspection on 1 May 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 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 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

Gaskell Avenue Dental Practice is close to the centre of Knutsford and provides NHS and private dental care and treatment for adults and children.

There is level access to facilitate entrance to the practice for people who use wheelchairs and for pushchairs. Car parking is available outside the practice.

The dental team includes three principal dentists, an associate dentist, a visiting specialist dentist, seven

Summary of findings

dental nurses, two of whom carry out reception duties, and one of whom carries out practice administration duties, two dental hygienists, and two receptionists. The practice has six treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Gaskell Avenue Dental Practice was one of the principal dentists.

We received feedback from 19 people during the inspection about the services provided. The feedback provided was positive about the practice.

During the inspection we spoke to four dentists, dental nurses, a dental hygienist, receptionists and the administration manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 9.00am to 5.30pm

Tuesday 9.00am to 8.00pm

Wednesday 8.00am to 4.30pm

Thursday 8.30am to 4.30pm

Friday 9.00am to 5.30pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- Staff knew how to deal with medical emergencies. Most of the recommended medical emergency medicines and equipment were available, with the exception of resuscitation bags and masks.
- Staff knew their responsibilities for safeguarding adults and children.
- The provider had staff recruitment procedures in place. We saw that recruitment checks were carried out for newly employed staff but ongoing monitoring of existing staff was not in place.

- The practice offered domiciliary care in some circumstances. We found that they did not always take into account the current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The dental team provided preventive care and supported patients to achieve better oral health.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for dealing with complaints.
- The practice had a leadership and management structure. Responsibilities were shared between the leaders but were not clearly understood by staff.
- Staff felt involved and supported and worked well as a team. The provider used a wide skill mix to provide care and treatment for patients.
- The practice asked patients and staff for feedback about the services they provided.
- The provider had governance arrangements in place. Some of these were not specific to the practice's circumstances.
- The provider had systems in place to manage risk. A number of these were not operating effectively.

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 for the purpose of carrying on a regulated activity are of good character, have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, and are able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed.
- Ensure specified information is available regarding each person employed.

Full details of the regulations the provider was not meeting are at the end of this report.

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

Summary of findings

- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use, including those in daily use in the practice.
- Review the availability of an interpreter service for patients who may require one.
- Register the use of dental X-ray equipment with the Health and Safety Executive in compliance with the Ionising Radiations Regulations 2017.

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). We will be following up on our concerns to ensure they have been put right by the provider.

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

The provider had safeguarding processes in place. We saw that the safeguarding referral contact details were out of date. The provider submitted evidence that they had updated the contact details after the inspection.

Staff were qualified for their roles, where relevant.

The practice completed most essential recruitment checks before employing new staff. We found that on-going monitoring of existing staff was not carried out and not all the prescribed documentation was available at the practice. After the inspection the provider assured us improved systems had been put in place.

The practice had arrangements for dealing with medical and other emergencies which could arise at the practice, and had most of the recommended medical emergency equipment and medicines available, with the exception of resuscitation bags.

Some of the clinicians provided dental care in domiciliary settings such as care homes or in patients' homes. We observed that the provider had not assessed the risks associated with this or put reasonably practicable measures in place to reduce these risks, for example, written consent was not always obtained from the patients, and no provision was made for responding to medical emergencies should one arise. After the inspection the provider carried out a risk assessment of this.

We found that the practice had systems in place for the safe use of X-rays. The provider had not registered their use of dental X-ray equipment with the Health and Safety Executive in compliance with the Ionising Radiations Regulations 2017. After the inspection the provider assured us registration was in progress. We were not sent evidence of this.

Requirements notice 

Are services effective?

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

No action 

Summary of findings

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.

The practice had arrangements for referring patients to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles. We observed evidence was not available at the practice to demonstrate that all staff had completed the recommended training.

The dentists did not always take into account guidelines issued by the British Society for Disability and Oral Health when providing dental care in domiciliary settings.

The practice had systems in place in relation to the safe provision of sedation and followed recognised guidance.

Are services caring?

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

Patients were positive in their feedback to us about all aspects of the service the practice provided. They told us staff were helpful, attentive and friendly.

They said care was exemplary, treatment was fully explained, and their dentist listened to them.

Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff treated them with dignity and respect.

No action



Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could book an appointment quickly if in pain.

Staff considered patients' differing needs and put measures in place to help patients receive care and treatment. This included providing facilities for disabled patients and families with children.

The practice had arrangements in place to assist patients who had sight impairment but did not have arrangements to access interpreter services for patients who may need one.

The practice took patients views seriously. They valued compliments from patients and had a complaints procedure in place.

No action



Summary of findings

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 in place to ensure the smooth running of the service. These included systems for the practice team to monitor the quality and safety of the care and treatment provided. We saw that not all these systems were operating effectively, for example, no system was in place to monitor training.

The provider had staff recruitment procedures in place to help them employ suitable staff. The provider had not ensured that recruitment and staff induction processes were consistently followed.

The practice had a management structure. Responsibilities were shared between the principal dentists. These were not always clearly understood by the staff.

The provider had some procedures in place to manage and reduce risks. We saw that a number of systems relating to the assessment, monitoring and mitigation of risks, for example, in relation to checks on clinicians' professional indemnity and to staff immunity following vaccination, were not operating effectively.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included auditing some of their procedures and 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)]

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. Staff knew the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. We observed that the contact details for safeguarding referrals were from 2004 and not the most up to date ones. The provider submitted evidence to demonstrate the practice had updated these after the inspection.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. Staff told us they felt confident to raise concerns.

We reviewed the procedures the dentists followed when providing root canal treatment and found that although not all the dentists followed the recommended guidance, procedures were in place to minimise risks.

The provider had staff recruitment procedures in place to help them employ suitable staff. These reflected the relevant legislation. Most of the staff had worked at the practice for a number of years. We saw that the appropriate recruitment checks had been carried out for the most recently appointed member of staff, and the required documents were available, with the exception of photographic identification.

We saw that the provider had limited arrangements in place for the ongoing monitoring of staff to ensure only fit and proper persons are employed at the practice. We looked at five clinical staff recruitment records. These showed no Disclosure and Barring Service, (DBS), checks had been carried out for all five, and no records kept of checks on employment history or qualifications for some of these staff. Where the provider did not consider a DBS check necessary no risk assessment had been put in place. The provider submitted evidence that they had carried out some of these checks and obtained the prescribed

information in relation to qualifications and DBS for one of these staff after the inspection. After the inspection the provider told us that the systems for monitoring staff on an on-going basis had been improved.

Clinical staff were qualified and registered with the General Dental Council.

The provider had an induction process in place. We checked six staff personnel records and found one contained evidence of an induction having been completed.

The practice had arrangements in place to ensure that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The provider told us that fixed electrical inspection and gas safety inspections were carried out regularly at the practice but we were not shown evidence to confirm this.

The practice had arrangements in place in relation to carrying out X-ray procedures. The provider had not registered their use of dental X-ray equipment with the Health and Safety Executive in compliance with the Ionising Radiations Regulations 2017. The provider arranged for this after the inspection but did not submit evidence to us to confirm this.

We saw that the dentists justified, graded and reported on the X-rays they took. The practice carried out radiography audits regularly following current guidance and legislation.

Risks to patients

The practice had an overarching health and safety policy in place, underpinned by some specific policies and risk assessments to help manage potential risk. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks. We saw that the practice had put in place measures to reduce some of the risks identified in the assessments.

Staff followed relevant safety regulations when using needles and other sharp dental items. The provider was unsure whether a sharps risk assessment had been undertaken but forwarded evidence of this to us after the inspection.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. The provider did not have evidence of the result of the vaccination for some

Are services safe?

of the clinical staff and did not have a risk assessment in place in relation to these staff working in a clinical environment when the effectiveness of the vaccination was unknown. Following the inspection the provider submitted evidence to demonstrate they had checked the result of the vaccination for one further member of staff.

Staff knew how to respond to medical emergencies. The provider arranged training in medical emergencies and life support every year. We were told Immediate Life Support training for staff providing sedation was also completed. Evidence of this was not available at the practice. The practice had medical emergency equipment and medicines available as recommended in recognised guidance, with the exception of adult and child sized resuscitation bags and masks. Staff carried out, and kept records of, checks to make sure the medicines and equipment were available, within their expiry dates and in working order.

We observed that a fire risk assessment had been carried out in 2007 and not reviewed since. After the inspection the provider told us they had located a more recent assessment from 2013 and had a recent fire risk assessment on file. No evidence of this was forwarded to us. The practice had arrangements in place in relation to fire safety. Records showed that emergency lighting, fire detection equipment such as smoke detectors, and firefighting equipment, such as fire extinguishers, were regularly tested.

A dental nurse worked with each of the clinicians when they treated patients.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These followed The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), guidance published by the Department of Health.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in accordance with the manufacturers' guidance. Staff carried out infection prevention and control audits twice a year.

The provider was unsure as to when the last Legionella risk assessment had been carried out at the practice. We

observed that the provider had limited measures in place to reduce the possibility of Legionella or other bacteria developing in the water systems, for example, water temperature monitoring.

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

Staff ensured clinical waste was segregated and stored securely in accordance with guidance.

The provider had current employer's liability insurance.

Some of the clinicians provided dental care in domiciliary settings such as care homes or in patients' homes. We observed that the provider had not assessed the risks associated with this or put reasonably practicable measures in place to reduce these risks, for example, written consent was not always obtained from the patients, and no provision was made for responding to medical emergencies should one arise. After the inspection the provider told us they had now put in place a risk assessment in relation to this. No evidence of this was forwarded to us.

We observed that the provider did not have evidence of professional indemnity for two of the clinical staff. The provider submitted evidence of indemnity for one of these staff after the inspection.

Information to deliver safe care and treatment

We discussed with the clinicians how information to deliver safe care and treatment was handled and recorded. We looked at several dental care records to confirm what was discussed.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

Safe and appropriate use of medicines

Staff followed their stock control system for medicines stored at the practice. This ensured that medicines did not exceed their expiry dates and enough medicines were available when required.

The practice stored and kept records of blank NHS prescriptions as recommended in current guidance. We observed that prescription pads currently in use by the clinicians were not stored securely.

Are services safe?

Track record on safety

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process. Staff told us there had never been any.

We discussed examples of significant events which could occur in dental practices and we were assured that should one occur it would be reported and analysed in order to learn from it, and improvements would be put in place to prevent re-occurrence.

One of the partners received medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. We were told that relevant ones were forwarded to the appropriate staff but that action taken in response to these was not recorded. Clinicians we spoke to were not aware of any of the recent safety alerts relevant to dentistry.

Lessons learned and improvements

Staff confirmed that learning from events and complaints was shared with them to help prevent recurrences.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentists took into account some of the current legislation, standards and guidance when assessing patients' care and treatment needs.

Some of the clinicians provided dental care in domiciliary settings such as care homes or in patients' homes. We observed that they did not always take into account guidelines issued by the British Society for Disability and Oral Health when doing so.

The practice provided dental implants. These were placed by one of the dentists at the practice who had completed appropriate post-graduate training in this field of dentistry.

Helping patients to live healthier lives

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay. The clinicians told us they discussed smoking, alcohol consumption and provided dietary advice to 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.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. We observed that written consent was not always obtained from domiciliary patients. 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 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 the legal precedent Gillick competence by

which a child under the age of 16 years of age can consent for themselves in certain circumstances. 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 where appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The clinicians kept dental care records containing information about patients' current dental needs, past treatment and medical histories.

The practice offered conscious sedation for patients who were very nervous of dental treatment or who required complex or lengthy dental treatment. The provider had systems in place to help them do this safely. These followed 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. Checks on staff qualifications and training were not carried out by the provider. Procedures also included patient checks and information such as consent, monitoring of the patient during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients considering sedation had important checks carried out first. These included medical history checks, blood pressure checks and an assessment of health in accordance with current guidelines.

The records showed that staff carried out and recorded important checks at regular intervals during the sedation procedure. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

The operator-sedationist was supported by a suitably trained second individual.

Effective staffing

Staff told us the practice provided support and training opportunities to assist them in meeting the requirements of their registration. We observed that the provider was unclear as to whether some of the clinical staff had completed the recommended training in infection control,

Are services effective?

(for example, treatment is effective)

safeguarding, radiology, and medical emergencies and life support. After the inspection the provider forwarded evidence to us that some of this training had been completed.

The provider carried out appraisals for all staff except the clinicians.

Co-ordinating care and treatment

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

The dentists confirmed they referred patients to specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

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

Are services caring?

Our findings

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, caring and trustworthy. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients told us they could choose whether they saw a male or female dentist.

The practice was well maintained and furnished to a high standard. The provider aimed to provide a comfortable, relaxing environment.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

The layout of the reception and waiting areas provided limited privacy when reception staff were dealing with patients but staff were aware of the importance of privacy

and confidentiality. Staff described how they avoided discussing confidential information in front of other patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people 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. Staff communicated with patients in a way that they could understand, for example, easy read materials were available.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentists described to us the conversations they had with patients to help them understand their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice. Screens in the waiting rooms provided information to patients on services and treatments available at the practice.

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 take account of patients' needs and preferences.

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

The practice had considered the needs of different groups of people, for example, people with disabilities, wheelchair users and people with pushchairs, and put in place reasonable adjustments, for example, handrails to assist with mobility, step free access, and an accessible toilet with hand rails and a call bell.

Two of the treatment rooms were located on the ground floor.

The practice had arrangements in place to assist patients who had hearing impairment, for example, appointments could be arranged by email, text or via the practice's website online booking system.

Larger print forms were available on request, for example, patient medical history forms.

The provider had no arrangements for access to interpreter or translator services should patients require these.

Timely access to services

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

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

The practice's appointment system took account of patients' needs. We saw that the clinicians tailored

appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Staff made every effort to keep waiting times and cancellations to a minimum. Patients told us they had enough time during their appointment and did not feel rushed.

The practice made every effort to see patients experiencing pain or dental emergencies on the same day and had appointments available for this.

The practice's website, information leaflet and answerphone provided telephone numbers for patients who needed 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 appointments.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information on how to make a complaint was displayed for patients, and we saw that this included details of organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

The principal dentists were responsible for dealing with complaints. Staff told us they would tell them about any formal or informal comments or concerns straight away so patients received a quick response. The practice manager told us they aimed to settle complaints in-house..

The provider did not have examples available of their responses to complaints. We were unable to determine whether the practice investigated and responded to complaints appropriately.

Are services well-led?

Our findings

Leadership capacity and capability

The practice leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The practice leaders were visible and approachable.

Vision and strategy

The practice had a clear vision and set of values. Leaders had the experience, capacity and skills to deliver the practice strategy.

The provider had implemented a dental team approach to delivering care and treatment, for example, by using a skill mix of dental care professionals, such as dentists with additional expertise, dental hygienists and enhanced skills dental nurses.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

We saw that the provider had invested in the practice, for example, treatment facilities had been re-furbished to a high standard.

Culture

Staff said they were respected, supported and valued.

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they were confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Governance and management

The practice had systems in place to support the management and delivery of the service.

Systems included policies, procedures and risk assessments to support good governance and to guide staff. These were not all customised to the practice's specific circumstances, for example, the safeguarding children policy. We saw arrangements were not in place to review policies, procedures and risk assessments regularly to ensure they were up to date with regulations and guidance, for example, the fire risk assessment.

The provider had not ensured that recruitment and staff induction processes were consistently followed.

Most of the staff had worked at the practice for a number of years and were familiar with the systems in operation at the practice.

We saw the practice had some systems in place to monitor the quality and safety of the service and make improvements where required. We found that these were not all operating effectively, including, the monitoring of staff training, and in relation to the management of safety alerts.

The practice had some systems in place to ensure risks were identified and managed, and had put some measures in place to mitigate risks. We saw that a number of these systems were not operating effectively and did not enable the provider to assess, monitor and mitigate risks, for example, in relation to Legionella, staff responses to the Hepatitis B vaccination, and clinicians' indemnity.

The principal dentists and registered manager had overall responsibility for the management and clinical leadership of the practice. The administration manager was responsible for the day to day running of the service. The principal dentists shared managerial responsibilities. These responsibilities were defined but staff were unsure of the arrangements. Staff had additional roles and responsibilities, for example, a lead role for infection control. We saw staff had access to suitable supervision and support for their roles and responsibilities.

Appropriate and accurate information

The practice acted appropriately on information.

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

Engagement with patients, the public, staff and external partners

Are services well-led?

The practice used occasional patient surveys to obtain the views of patients about the service.

Patients were also encouraged to complete the NHS Friends and Family Test where appropriate. 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

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of X-rays and infection prevention and control. Staff kept records of the results of these and produced action plans where necessary.

Staff told us the practice provided support and training opportunities for their on-going learning.

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>How the regulation was not being met</p> <p>The registered person was not carrying out assessments of the risks to the health and safety of service users of receiving care or treatment, nor doing all that was reasonably practicable to mitigate these risks. In particular:</p> <ol style="list-style-type: none">1. The practice offered domiciliary dental care. The registered person had not assessed or done all that was reasonably practicable to mitigate risks in relation to this, particularly in relation to patient consent, the management of medical emergencies, and patient record keeping.2. The registered person was unsure as to whether a Legionella risk assessment had been carried out at the practice. Water temperature monitoring of sentinel outlets was not carried out to mitigate the risk of Legionella developing in the water system.3. The registered person had not checked whether one of the clinicians had professional indemnity in place.4. Not all the recommended medical emergency and life support equipment was available at the practice, namely, adult sized and child sized resuscitation bag-valve-masks.5. The registered person had not checked the effectiveness of the vaccination for five of the clinical staff and did not have a risk assessment in place in relation to these staff working in a clinical environment when the effectiveness of the vaccination was unknown.6. The registered person was unsure as to when the last fixed electrical installation and gas safety inspections took place.

Requirement notices

The registered person had not ensured that all the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:

1. Had not carried out checks to ensure that staff involved in sedation had the appropriate qualifications, experience and the appropriate medical emergency and life support training.

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

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

How the regulation was not being met

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:

1. The registered person did not have a system in place to assess and monitor staff training to ensure, for example, that recommended training was completed by all staff as appropriate.

The registered person had systems or processes in place that were operating 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:

1. The registered person had a system in place to receive national patient safety alerts, such as those from the Medicines and Healthcare products

Requirement notices

Regulatory Agency, but was not retaining details of these for reference or recording action taken in response to these. The dentists were not aware of recent safety alerts.

2. The registered person had some governance processes in place which included policies and procedures. A number of these were not customised to the practice's specific circumstances, including the child safeguarding policy and procedures, or reviewed at an appropriate time interval, for example, the fire risk assessment.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable 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 in relation to:

1. Legionella
2. Professional indemnity
3. Checks on the effectiveness of the Hepatitis B vaccination in staff.

There was additional evidence of poor governance. In particular:

1. Each of the principal dentists had some specific responsibilities but these were not clearly defined and staff were not clear about these.

Regulation 17 (1)

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

How the regulation was not being met

Requirement notices

The registered person had failed to take such action as is necessary and proportionate to ensure that persons employed remained of good character and continued to have the qualifications, competence, skills and experience necessary for the work to be performed by them. In particular:

1. No Disclosure and Barring Service, (DBS), checks, or risk assessments where the provider did not consider a DBS necessary, had been carried out for several clinical staff.
2. No checks had been carried out on the qualifications and employment histories for several of the clinical staff.

Regulation 19 (1)&(5)

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:

The following prescribed information was not available in six personnel records checked:-

- no photo ID for one of these staff
- no Disclosure and Barring Service check certificates or risk assessments in relation to this for five of these staff.
- no evidence of qualifications for one of these staff.
- no employment history for four of these staff

Regulation 19 (3)