

# Harpenden Dental Centre Limited

# Harpenden Dental Centre

## Inspection Report

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### 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 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**

Harpenden Dental Centre is situated in Hertfordshire and provides private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs. A small number of car parking spaces are available in front of the practice; further parking is available on the road.

The dental team includes seven dentists, three dental nurses, three dental hygienists, a practice manager and one receptionist. The practice has four treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the

# Summary of findings

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 Harpenden Dental Centre is the practice manager.

On the day of inspection we collected 38 CQC comment cards filled in by patients and spoke with two other patients.

During the inspection we spoke with three dentists, two dental nurses 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 8am to 5.30pm

Tuesday 8am to 7pm

Wednesday 8am to 5.30pm

Thursday 8am to 5.30pm

Friday 8am to 5pm

Saturdays 9am to 1pm

## Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance, although the practice could not provide evidence of certain required tests.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had some systems to help them manage risk. We noted that some required risk assessments had not been completed to an appropriate standard. For example, Fire risk and Legionella risk.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures in place. Following the inspection they implemented a recruitment policy to reflect their procedure.
- The clinical staff provided patients' care and treatment in line with current guidelines.

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

## Full details of the regulation/s the provider was/is not meeting are at the end of this report.

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

- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the practice's policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken.
- Review the practice's protocols for conscious sedation; taking into account the guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.

# Summary of findings

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

We always ask the following five questions of services.

We asked the following question(s).

### Are services safe?

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

The practice had some systems and processes to provide safe care and treatment. We noted there were areas where systems could be improved. For example, ensuring that fire and legionella risk assessments were completed and the actions highlighted within were also completed.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks, although proof of identification was not always recorded.

Premises and equipment were clean and properly maintained. The practice mostly followed national guidance for cleaning, sterilising and storing dental instruments. We were not shown complete records to indicate that certain testing of equipment was carried out prior to the inspection. We did receive evidence that this was being completed following the inspection.

The practice had suitable arrangements for dealing with medical and other emergencies. As the practice carries out conscious sedation, they should give consideration to obtaining a second medical Oxygen cylinder for use as a backup.

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 excellent. 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 practice supported staff to complete training relevant to their roles but there was scope to improve the systems in place to monitor this.

The practice offered conscious sedation to patients that may benefit from this. A visiting sedationist administered this. There was scope to bring this service in line with national guidance. For example: consent was sought on the day of treatment and not before, and the locum dental nurse who was called upon to assist did not have the recommended level of emergency training.

No action



# Summary of findings

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

They said that they were given excellent advice and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



## Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

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

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

No action



## Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The practice had some arrangements to ensure the smooth running of the service. There was a clearly defined management structure and staff felt supported and appreciated. There was scope to improve the governance in order to ensure safety and to appropriately monitor and mitigate risk.

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

The practice monitored clinical and non-clinical 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 & premises and Radiography (X-rays))**

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. 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.

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

The practice had a whistleblowing policy. We raised with the practice manager that there were no external contact details listed on this policy for staff to raise concerns if necessary. Following the inspection the practice sent a new policy which included these details. Staff told us they felt confident they could raise concerns without fear of recrimination.

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

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

The practice had a staff recruitment procedure to help them employ suitable staff. The practice did not have a written policy in place for the recruitment of staff. A policy was provided following the inspection which reflected the

relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure. Proof of identification was not always recorded.

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

The practice mostly ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. At the time of the inspection the practice were unable to produce an electrical installation condition report which is required every five years to establish whether the condition of the fixed wiring is satisfactory.

The practice were unable to provide records to show that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. The fire extinguishers were recorded as last being serviced in August 2014. During the inspection we were provided with evidence that arrangements had been made to service the fire extinguishers.

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

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.

We were shown evidence that most of the clinical staff completed continuing professional development (CPD) in respect of dental radiography. Further evidence pertaining to a member of staff was sent following the inspection. The practice did not have an effective system by which continuous professional development was recorded and monitored. There was scope to improve this in order that the management team had oversight of any training requirements.

### **Risks to patients**

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

The practice's health and safety policies, procedures and risk assessments were mostly up to date. The practice did

# Are services safe?

not have an up to date fire risk assessment. A checklist had been completed which lacked the detail required to adequately assess, monitor and mitigate risk relating to fire. Following the inspection we received evidence that a fire risk assessment had been arranged with an external contractor.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken in January 2018.

The provider had a system in place as part of their recruitment procedure 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 noted in the case of one clinician the effectiveness of the vaccination had not been recorded. Evidence of this was sent following the inspection.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. BLS with airway management/ Immediate Life Support (ILS) training for sedation was also evidenced for the visiting sedationist, but not for the sedation trained dental nurse who attended the practice to assist in conscious sedation. ILS or equivalent training is recommended by current national guidance for all members of the conscious sedation team.

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

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

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. There was scope to improve the detail recorded for substances considered hazardous to health. Following the inspection the practice assured us that they had made improvements in this area.

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 (HTM01-05) published by the Department of Health. 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 HTM01-05. The records showed some equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. As part of the decontamination process the practice used an ultrasonic cleaner. At the time of the inspection we were not shown evidence that required testing was being carried out to ensure this machine worked effectively. Following the inspection we received evidence that the testing was now being completed.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice did not have adequate procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. The practice did not have a Legionella risk assessment that had been carried out by a competent person. We were advised that sentinel water temperatures were being checked, however we were not shown evidence to corroborate this. The practice were managing their dental unit water lines appropriately. Following the inspection we were sent evidence that a Legionella risk assessment had been arranged.

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

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

The practice carried out infection prevention and control audits twice a year.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

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

# Are services safe?

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 accurate, complete, and legible and were kept securely and complied with data protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

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

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

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

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

The practice did not record all the appropriate information on medicine labels for dispensing. We raised this on the day of the inspection and the practice assured us that they would review the requirements and amend their labels accordingly.

## **Track record on safety**

The practice had a good safety record.

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

## **Lessons learned and improvements –**

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice.

The practice did not have an adequate system for receiving and acting on safety alerts. The practice were not receiving safety alerts at the time of the inspection. Following the inspection they signed up to receive these.



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

The practice had access to a microscope for the provision of root canal treatment, an intra-oral camera, digital X-rays and a machine that made dental crowns on site to enhance the delivery of care.

### 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.

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

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice employed a dental nurse that was trained in oral health promotion.

We spoke with the dentist who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice and referral to a dental hygienist for treatment.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists

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

The practice's consent policy did not include information about the Mental Capacity Act 2005. Upon discussion with the team they mostly understood their responsibilities under the act when treating adults who may not be able to make informed decisions. Some staff had completed training in this area. Following the inspection the practice implemented a Mental Capacity Act policy.

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.

The practice carried out conscious sedation for patients who would benefit. 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 mostly in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice had a visiting sedationist who was a medical professional. They brought with them the equipment required for sedation, and this was not available for us to examine on the day of the inspection. We noted that the practice had one cylinder of medical Oxygen and suggested that they consider a second as a backup in line with the recommendations of the Resuscitation Council UK. The practice arranged for a locum nurse with a qualification in dental sedation nursing to assist the procedure.

If a patient expressed a wish to have treatment under conscious sedation the practice assessed their suitability and informed the visiting sedationist of any medical conditions. The visiting sedationist would then speak to patients over the phone if they felt it was necessary before the day of the sedation.

The dental care records showed that patients having sedation had important checks carried out first. These



# Are services effective?

(for example, treatment is effective)

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. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

Consent was obtained on the day of the treatment, although information was given to the patients to read and consider before the day of the treatment. Guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015 say that informed and written consent should be obtained before the day of treatment.

The operator-sedationist was supported by a suitably trained second individual. The name of this individual was recorded in the patients' dental care record. This locum dental nurse had been trained in basic life support and use of an AED, but not immediate life support (or equivalent) as recommended in national guidance.

## **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 induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals and informally at other times. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

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

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

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

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

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

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

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

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

Patients commented positively that staff were friendly, helpful and professional. 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 and they told us they could choose whether they saw a male or female dentist.

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

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas did not provide much privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care in line with the accessible Information Standards and the requirements under the Equality Act.

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, 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. 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 leaflets provided patients with information about the range of treatments available at the practice.

A dentist and patient described to us the methods they used to help patients understand treatment options discussed. These included for example: models, videos, X-ray images and an intra-oral camera.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

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

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

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

The practice had made reasonable adjustments for patients with disabilities. These included step free access and an accessible toilet with hand rails.

### Timely access to services

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

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

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

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

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

The practice manager told us they 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 within the last year. These showed the practice responded to concerns appropriately.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

The practice management team had the capacity and skills to deliver high-quality, sustainable care. They had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### **Vision and strategy**

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

### **Culture**

The practice had a culture of high-quality sustainable care.

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

The practice focused on the needs of patients.

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

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

### **Governance and management**

There were clear responsibilities, roles and systems of accountability to support good governance and management. There was scope to improve the governance in the practice and we noted a number of areas which could be improvement.

The registered manager had overall responsibility for the management and clinical leadership of the practice; they were also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. Practice policies were not always dated to indicate that they had been reviewed and the information therein was up to date.

At the time of the inspection the practice did not have an adequate fire risk assessment or Legionella risk assessment and therefore could not be assured of taking all necessary steps to reduce these risks. In addition the practice were not logging fire safety checks.

The practice were not receiving national safety alerts. The practice were unable to provide evidence of a fixed wiring inspection and did not have an effective system in place for oversight or required training.

The provider assured us following our visit that they would address these issues and put immediate procedures in place to manage the risks. We have since been sent evidence to show

that improvements were being made.

However, as some documents were not available for inspection on the day we were not able to comment on their completeness, accuracy and how they are now being used within the practice. We have though noted the information and it will be reflected once we carry out a follow up inspection at the practice.

### **Appropriate and accurate information**

The practice acted on appropriate and accurate 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**

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

# Are services well-led?

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service.

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

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation. We noted that the practice did not have an effective system in place to maintain oversight of training and training needs.

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

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

The dental nurses 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. Following the inspection we were sent personal development plans for dentists and hygienists.

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

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

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 17 Good governance</b></p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p><b>How the regulation was not being met</b></p> <p>There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• The registered person had not actioned risks arising from fire and Legionella had not been adequately assessed and managed.</li><li>• The registered person had not completed fixed wiring testing.</li><li>• The registered person did not have an adequate system for receiving and acting upon national safety alerts.</li><li>• 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.</li></ul>