

Purple Dental Care

Hartcliffe Dental Practice Partnership

Inspection Report

104-108 Gatcombe Road
Hartcliffe
Bristol
BS13 9RG
Tel: 01179 649895
Website: www.purpledentalcare.co.uk

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Overall summary

We carried out this announced inspection on 24 July 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

Hartcliffe Dental Practice Partnership is in Hartcliffe, Bristol and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. There was no specific practice car parking. However, there was plenty of on-street parking available near the practice.

Summary of findings

The dental team includes two dentists and three additional long term locum dentists, one dental nurse, three trainee dental nurses, one dental hygienist, and one receptionist. The practice has three 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 Hartcliffe Dental Practice Partnership is Dr Mohammed Ghafoor, the senior partner.

On the day of inspection, we collected 33 CQC comment cards filled in by patients and spoke with three other patients.

During the inspection we spoke with the principal dentist, who is also the practice manager, two locum dentists, one qualified dental nurse, three trainee dental nurses and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

8:30-5pm Monday to Friday

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance. Although we noted a couple of areas which could be improved.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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 provided preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved, supported and worked well as a team.

- The provider asked patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.
- The provider needed to improve how they recruited staff.
- The provider had areas where governance could be improved. This included how incidents and staff inductions were managed, and ensuring policies and procedures including current practices and were reviewed regularly.
- The systems to manage risk to patients and staff could be improved. This included managing infection control, substances hazardous to health, fire safety and staff training in infection control, medical emergencies and safeguarding.

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
- Ensure specified information is available regarding each person employed

Full details of the regulations the provider 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 protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Review the practice protocols regarding audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the practice's protocols and procedures in relation to the Accessible Information Standard to ensure that the requirements are complied with.
- Review the practice's procedures to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.

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? | No action | ✓ |
| Are services effective? | No action | ✓ |
| Are services caring? | No action | ✓ |
| Are services responsive to people's needs? | No action | ✓ |
| Are services well-led? | Requirements notice | ✗ |

Are services safe?

Our findings

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

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

Staff 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Following our inspection, the provider ensured all local numbers for reporting any concerns about safeguarding were available in the practice. We saw evidence that staff received safeguarding training. We noted that two members of staff had not 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 provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records. There was also a system to identify adults that were in other vulnerable situations, such as those who were known to have experienced modern-day slavery or female genital mutilation.

The provider had a whistleblowing policy. We saw that this could be further improved by including all contact information for the external authorities' staff could report their concerns to.

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

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. We found that records were not meeting current legislation or following the provider's policy. We saw the employment history had not been adequately sourced for one staff member. All three records had no evidence if there were any gaps in employment. Two records did not evidence verification of the reasons why they had left

previous child or vulnerable adult related employment. Two records had no evidence of conduct from previous employers and one record had one reference of conduct of employment. The practice's recruitment policy stated there should be two references sourced for each member of staff. Three records did not have evidence of an appropriate Disclosure and Barring Service checks. There was no documentary evidence of relevant qualifications for one of the dentists. There was no evidence of any risk assessments being undertaken for these staff members, where evidence was not available.

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

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances, compressors, oxygen cylinders and amalgam separators.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. The provider's fire risk assessment had been completed by a previous member of staff and the provider had agreed that they had not received adequate training to be able to complete this. The provider decided to organise for a fire risk assessment to be undertaken by an appropriate external company. On the inspection day, we noted that doors were propped open by door stoppers. The provider had recently been advised by the fire training company to remove these. The provider informed us they would remove these from the practice. The practice had a potential change of circumstances in relation to how the premises was registered, and we referred our concerns to the fire safety authority.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. We noted there was no patient information available stating the risks and benefits of X-rays. Since the inspection the provider has sourced a poster for patients with this information included.

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

Are services safe?

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

Risks to patients

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff were following the relevant safety regulations when using needles and other sharp dental items. We were informed by the provider that there was however no practice policy that detailed the current method used.

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

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. Where staff were not fully immunised, we saw there had been no risk assessment carried out.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support (BLS) every year. We noted that a couple of staff were not sure what their role would be in an emergency. Three members of staff had not completed training in the last year. Since the inspection one clinical member of staff had completed training and the provider had organised an inhouse training day for all staff to completed on 3 September 2019.

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

A dental nurse worked with the dentists and occasionally worked with the dental hygienist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support. The provider informed us they would further improve the risk assessment with some additional risks when working without chairside support.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

Improvements were required to minimise the risk that can be caused from substances that are hazardous to health. This included ensuring all substances used in the practice were assessed. Risk assessments required more specific practice information, such as the product name of the substance, how much was used and how it was used, and some risk assessments had been signed only with no other information other than the template format.

The provider had an infection prevention and control policy and procedures. The majority of the practice processes 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. We noted that the infection control policy was not dated or signed by staff to state they had read it.

Some staff were not up to date with infection prevention and control training. Following the inspection, the provider had sent us evidence that three staff had now completed training.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. We noted that an inappropriate detergent was used when manually cleaning instruments. The provider has now sent us evidence that this has been changed to an appropriate detergent. Some equipment that was decontaminated was not dismantled correctly to reduce substances leaking into the steriliser. The provider informed us they would investigate this.

The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Although, we noted

Are services safe?

that it was due for review in May 2019 and had not been reviewed yet. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

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

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

The provider had carried out an infection prevention and control audit in March 2019. The latest audit showed the practice was meeting the required standards. However, it had not identified the issues of staff using inappropriate detergent for manual cleaning and equipment not being dismantled correctly for the cleaning and sterilising process. It had also advised that current practice was using single use syringes, but we found this was not the case.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. A recent dental record audit had identified that patient anxiety had not been recorded. We saw within the records reviewed that this was still not recorded. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

We were unable to review patient referrals to other service providers because the referral documentation had not been linked the patient records. This had been identified

from a dental care audit, which had not been dated. We were unable to determine whether referrals contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines. However, we did review a small number of patient records were reviewed that showed antibiotic prescribing was high with dosages prescribed not always in accordance to current guidelines. The dentists advised that more education and advice was required for staff to enable them to educate patients appropriately. The provider was going to review how best to improve prescribing antibiotics to patients.

An antimicrobial prescribing audit had been carried out in March 2019 of seven records. There was no analysis or action plan from this. The provider informed us that they planned to carry out another audit soon.

Track record on safety and Lessons learned and improvements

Where there had been a safety incident we saw this was investigated, but not documented within an investigation report. The provider informed us they would review a template format they could use for documenting this. This would help staff to understand the risks, give a clear, accurate and current picture that could then lead to safety improvements.

There was a system for receiving and acting on safety alerts. Staff 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

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

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. We observed that levels of patient anxiety were not recorded in patient records and this had been noted within the last patient audit.

We noted that early loss of fillings had been high. The provider had acknowledged this as an issue and advised that they would audit a sample of patients to identify any improvement areas.

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 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 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.

Staff were 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.

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

The practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

Consent to care and treatment

Staff 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 and we saw this documented in patient records. 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 might 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. 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 recorded the necessary information. However, there was no date of when the audits were carried out.

Effective staffing

The provider told us how staff new to the practice had a period of induction before starting their role. We saw induction checklists within staff files. These had been signed by the provider but not the staff member and one had not been dated.

Are services effective?

(for example, treatment is effective)

The practice used locum and agency staff. We noted that these staff received an informal induction to ensure that they were familiar with the practice's procedures. The provider informed us they would formalise this for agency/locum staff.

The system for monitoring staff training required improvement. We found some staff had not received training in medical emergencies, infection control and safeguarding. Since the inspection the provider had addressed some of the training and had plans in place to provide further training.

The provider had taken over the practice in January 2019. They planned for all staff to have an annual appraisal. We saw one member of staff had received an appraisal in May 2019. The appraisal had been signed by the provider and not the member of staff.

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 that required improvement, to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections. We reviewed six records where referrals had been made and we found no evidence of the referral document. This had also been identified within the dental record audit that had been carried out.

The provider 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.

Are services caring?

Our findings

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

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 very friendly, pleasant and very efficient. We saw that staff treated patients respectfully, appropriately and kindly 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.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the waiting area was unable to provide 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.

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 (a requirement to make sure that patients and their carers can access and understand the information they are given). We saw:

- Interpretation services were available for patients who did not speak or understand English. The provider told us they would consider displaying a notice within the reception area, written in languages other than English, informing patient's translation service were available.
- Staff communicated with patients in a way that they could understand. The provider will consider the use of communication aids and easy read materials.

Staff 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 provided patients with information about the range of treatments available at the practice. The provider should consider aligning what was advertised according to treatments currently provided.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included models, videos, X-ray images and information leaflets.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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 shared examples of how they were trying to reach out to vulnerable groups including how they met the needs of more vulnerable members of society such as vulnerable people in care homes and children in schools. The provider had contacted local care homes and schools to offer oral health advice.

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

The practice 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 steps free access and accessible toilet with hand rails and a call bell.

A disability access audit had been completed and the provider had advised that they could improve access for patients by having access to reading glasses and access to British Sign Language assistance.

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 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 had a high number of patients who 'did not attend' their appointments. The provider confirmed they would audit this to review how this could be improved to reduce the amount.

The staff took part in an emergency on-call arrangement with the NHS 111 out of hour's service.

The practice's website 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 provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint. We noted the complaints policy required updating to include the complaints lead and external authorities to whom complaints may be referred. The practice website explained how to make a complaint and this document was reflective of current procedures.

The provider 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 provider 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 provider had dealt with their concerns.

We looked at comments, compliments and complaints the practice received since the provider took over the practice in January 2019.

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

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

Leadership capacity and capability

We found the principal dentist had the skills to deliver high-quality, sustainable care. The provider had identified areas where they needed to improve the service, since taking over the practice in January 2019. This included recruiting a full-time practice manager and a full-time permanent dentist.

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

Staff told us the provider was approachable and supportive.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

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

The staff focused on the needs of patients. One member of staff had printed off some colouring sheets to entertain children whilst they were waiting to be seen.

We saw the provider took effective action to deal with staff poor performance.

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 could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

The systems of accountability to support good governance and management needed to be improved.

The principal dentist had overall responsibility for the management and clinical leadership of the practice and was also responsible for the day to day running of the service. Ideally the provider wanted to have a full-time manager in place to be responsible for the day to day running of the practice. 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. Policies and procedures were not reviewed regularly. The infection control policy had no date of when it was incorporated and if it had been reviewed. The legionella risk assessment was due for review in May 2019 and there was no policy in place that detailed the practice specific safer sharps processes. Staff inductions had not always been signed by the staff member and dated and there was no formal induction checklist for locum/agency staff. There was no effective procedure to follow through incident investigations.

Improvements were required to ensure there were effective processes for managing risks, issues and performance. This included assessing fire risks, the control of substances hazardous to health and infection control practices.

The provider's system was not effective to ensure all recruitment information was available according to legislation requirements.

Appropriate and accurate information

Quality and operational information was not always used to ensure and improve performance. For example, ensuring policies and procedures reflected current practices.

The provider 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

Staff involved patients, the public and staff to support high-quality sustainable services.

The provider used patient surveys to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. The results from these had not been analysed, however, we saw high satisfaction

Are services well-led?

from patients. The provider was considering Saturday morning clinics where they would advertise for children to attend and they also prioritised children after school hours to help to increase intake in this area.

The provider planned to gather feedback from staff within the next month to gauge how they were feeling and if any improvements could be made. Staff were encouraged to informally offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. The provider had carried out an audit of dental care records. However, there was no date of when it was completed. We noted it identified where it needed to improve including ensuring evidence of referral documentation sent to other services was filed correctly on

patient records and patient anxiety levels were recorded. From the records we reviewed this had not been acted upon. The infection control audit from March 2019 had not identified that an inappropriate detergent was being used for manual cleaning of instruments and that some equipment was not being cleaned in the correct manner to ensure its contents did not leak into the steriliser.

The provider had not carried out appraisals for staff yet as it was a new team with new staff. We saw one appraisal had been completed but not signed by the staff member. It showed discussion areas of learning needs, general wellbeing and aims for future professional development.

The system for monitoring staff had completed 'highly recommended' training as per General Dental Council professional standards could be improved. Some staff were not up to date with medical emergency, safeguarding and infection control training.

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 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>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 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">• Fire safety had not been risk assessed in accordance to appropriate regulations• The system for monitoring staff training was not effective.• Risks had not been appropriately identified and assessed for the control of substances hazardous to health• Infection control procedures had not been assessed according to current procedures• Audits were not being completed effectively and not contributing to learning. <p>There was additional evidence of poor governance. In particular:</p> <ul style="list-style-type: none">• Policies and procedures were not always reviewed regularly or in place.• Staff inductions not formalised for all staff working in the practice and signed by staff completing them.• Incidents were not recorded appropriately to evidence investigations and actions had taken place. <p>Regulation 17(1)</p> |

This section is primarily information for the provider

Requirement notices

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

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 staff recruitment records did not have -

- A full employment history, together with a satisfactory written explanation of any gaps in employment
- Verification of why employment ended when previous work had involved children and/or vulnerable adults
- Satisfactory evidence of any relevant qualification
- Satisfactory evidence of conduct in previous employment relating to health and social care, children and vulnerable adults.
- Where necessary, satisfactory evidence of Disclosure and Barring Service checks.

Regulation 19(3)