

Neeraj Parson & Archana Sabhlok Godara Kings Road Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 9 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

Kings Road Dental Practice is based in Brislington, Bristol and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs via the back of the property. There were no practice car parking spaces. However, people were able to park on residential streets near of the practice.

The dental team includes four dentists, one qualified dental nurse, three trainee dental nurses and two receptionists. The practice has three treatment rooms.

Summary of findings

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 Kings Road Dental Practice is the principal dentist.

On the day of inspection, we collected 23 CQC comment cards filled in by patients, we received two share your experience forms sent to us prior to our inspection and we spoke with four other patients.

During the inspection we spoke with three dentists, two dental nurses, one receptionist and the practice manager/receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesday and Thursday 8:30am-5pm (closed between 1-2pm),

Tuesday 8:30-6pm(closed between 1-2pm)

Friday 8:30-2:30pm

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had some systems to help them manage risk to patients and staff. Although this could be further improved, particularly in relation to risk assessing fire safety, sharps and control of substances hazardous to health and servicing of some equipment.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider needed to improve how it recruited its staff so it met legislation requirements.
- 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.
- The provider needed to improve its leadership to ensure continuous improvement including ensuring its policies and procedures reflected latest guidelines and legislation.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided. Although this could be further improved.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Ensure specified information is available regarding each person employed.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

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 monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- 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 storage of dental care records to ensure they are stored securely.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

No action ✓

Are services effective?

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

No action ✓

Are services caring?

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

No action ✓

Are services responsive to people's needs?

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

No action ✓

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

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

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider also had 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 noted that this did not reflect current whistleblowing standards and external agencies where staff could report their concerns. The policy had last been updated in 2010. Staff felt confident they could raise concerns without fear of recrimination.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. We noted that this plan was not dated so unable to identify when it had been last reviewed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. This policy did not reflect the relevant legislation. We looked at four staff recruitment records. All of the records reviewed were for dental care

professionals including dentists. These showed that they did not meet current legislation when recruiting their staff. We found that two records had not identified gaps in employment, three records had not been verified to establish why employment had ended when previous employment involved children and vulnerable adults. Evidence of qualifications had not been sourced from two of the records. Two records had not had a risk assessment completed when Disclosure and Barring Service checks had been received after they had been employed. References were not always sourced from the most appropriate person from three of the records.

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

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including the compressor, oxygen cylinder and portable appliance testing. We noted that the provider did not have an electrical installation safety certificate and we saw no evidence that the amalgam separator had been serviced. The practice manager had informed us that this would be arranged.

The practice had completed a fire risk assessment and recognised this had not been by a competent person. They informed us they would be arranging for a new risk assessment to be completed as soon as possible. Records showed that smoke detectors were regularly checked on a weekly basis and fire extinguishers were serviced annually. There was no system in place to check the emergency lighting. We were told staff had not received any training on how to use the fire extinguisher. The practice manager informed us they would be taking action to address the areas identified.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the information was in their radiation protection file could be improved upon. We noted that the employer's procedures had not been reviewed by all staff and were not readily available for staff to review. We were not provided with any evidence to show the X-ray machines received an annual electro-mechanical service.

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

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

The practice's health and safety policies, procedures and risk assessments which required improvement to help manage potential risk. This included the health and safety risk assessment; the practice had two available and the most recent one was minimal in detail. The previous risk assessment was more in-depth and appropriate to the practice. This had not been reviewed since August 2017.

The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. Staff did not follow relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had not been undertaken and their policy did not refer to the method they were using.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. We noted that this system could be further improved by risk assessing staff who had not completed their course of vaccinations and unable to determine if they were immune.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

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. We noted that portable oxygen was not checked in accordance to the resuscitation council UK guidelines. We noted that one emergency medicine was stored in the refrigerator and the temperature of the refrigerator was not monitored.

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

The provider did not have suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Risk assessments had been copied from previous assessments and not in accordance to current data sheets for each product.

The practice occasionally used agency nurses. We noted that these staff did not usually receive an induction to ensure that they were familiar with the practice's procedures. We were informed by the practice manager that one would be implemented specifically for agency nurses.

The provider had an infection prevention and control policy and procedures. We noted that these had not been updated or reviewed since 2015. There was also no evidence to show current staff had reviewed the policy, only that they had been asked to read this at a team meeting. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. We were informed staff had completed in-house infection prevention and control training and received updates as required. We noted that this had not been recorded.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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. All recommendations had been actioned and records of water testing and dental unit water line management were in place. We noted that air conditioning had not been reviewed as part of the assessment.

We saw 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

Are services safe?

appropriately in line with guidance. Although, we were not provided evidence of contracting arrangements for the waste collection and consignment notes showing waste had been collected appropriately.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. Although we identified that they did not have a thermometer to test the water temperature and sharps containers were not located in easy to access locations. The provider informed us they would be arranging to review their arrangements for hand washing for the decontamination process.

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. We noted that records did not note whether consent was taken at each visit whilst receiving a period of treatment. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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

Safe and appropriate use of medicines

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

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

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

Track record on safety and Lessons learned and improvements

Staff monitored incidents, but the investigation was not always documented.

In the previous 12 months there had been three safety incidents. We saw these had been documented on an accident form but had not been investigated as a significant event/incident. We were told that it had been discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

The practice learned, and shared lessons identified themes and acted to improve safety in the practice. For example, there had been sharps injuries and this had been reflected on, discussed and the process had changed to help to reduce it from happening again.

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 were told 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.

The Specialist carried out an assessment in line with recognised guidance from the British Orthodontic Society (BOS). An Index of Orthodontic Treatment Need (IOTN) was recorded for each patient which would be used to determine if the patient was eligible for orthodontic treatment through the NHS. The patient's oral hygiene would also be assessed to determine if the patient was suitable for orthodontic treatment.

The practice offered dental implants. These were placed by the principal dentist who had undergone a year's training with mentorship in the provision of dental implants which was in accordance with national guidance.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

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 dentist 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. The policies we looked at did not bear a review date. 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.

Are services effective?

(for example, treatment is effective)

We saw one dentist had audited their own patients' dental care records to check that they had recorded the necessary information. The registered manager told us they would look at reviewing each other's records to encourage improvement.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured programme. Although, this did not include agency nurses and the registered manager informed us they would be implementing an induction for them. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. We noted that the system for monitoring training could be improved to ensure staff were up to date and received appropriate training. For example, fire safety training did not include how to use the fire extinguishers in the event of a fire and it was not recorded when staff had received training. The practice provided its own infection control in-house training, however there was no record of which staff had received this training.

Staff discussed their training needs at annual appraisals. 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.

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.

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

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.

The practice did not always monitor referrals to make sure they were dealt with promptly. They had a system in place to monitor general referrals and urgent ones. We noted that the system in place for urgent referrals was not used. We were advised that this would be started immediately.

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 supportive, helpful and polite. 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.

Information folders, patient survey results and thank you cards were available for patients to read.

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 waiting areas did not 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. The practice had a small amount of paper records. We noted that these were not stored securely. The practice manager informed us they would arrange for the records to be secured.

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 (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 speak or understand English. Although these could be formalised. We noted there was no information available (which was written in other languages) to inform patients that translation services were available. Patients were told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available. The practice manager was not aware of who to contact if a patient required British Sign Language assistance.

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 and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included models, X-ray images and an intra-oral camera. The intra-oral cameras enabled photographs to be taken of the tooth being examined or treated and shown to the patient to help them better understand the diagnosis and treatment.

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. We heard examples of how it met the needs of vulnerable members of society. For example, some patients do not feel comfortable waiting in the practice prior to their appointment so staff would let them know the dentist was ready by their preferred method. Patients told us the dentists were considerate to their children with a learning disability.

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

The practice had made reasonable adjustments for patients with disabilities. These included steps free access, a hearing loop and an accessible toilet with hand rails. We were informed that the practice manager planned on purchasing reading glasses.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff telephoned or sent a text reminder to patients two days before their appointment to make sure they could get to the practice.

Timely access to services

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

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed.

The staff took part in an emergency on-call arrangement with some other local practices and 111 out of hour's service.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The registered manager and practice manager 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. The practice information leaflet explained how to make a complaint.

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

The registered manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the registered manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. We did note that one complaint could have been responded to in more detail.

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

The partners and registered manager were knowledgeable about issues and priorities relating to the quality and future of services. However, some of the areas of improvements had not been identified and needed to be addressed.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

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 staff focused on the needs of patients. We were provided with examples of when they had made adjustments to meet patients' needs to make their visit as easy as possible.

The provider had a policy on how to deal with staff poor performance.

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

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The partners and registered manager had overall responsibility for the management and clinical leadership of the practice. The registered manager and practice manager were responsible for the day to day running of the service. Staff knew the management arrangements and

their roles and responsibilities. The practice manager also worked on reception and had limited time to work on the management of the practice. This was evidenced on the day of the inspection.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. We noted that a number of these had either not been updated to reflect current guidelines and/or had a date of when it was implemented and last reviewed. For example, the whistleblowing policy had not been reviewed since 2010 and did not reflect current standards and external contact details. We found procedures for monitoring training could be improved to establish where staff required further support. There was no evidence of waste contract arrangements or consignment notes of when it had been collected other than for gypsum. Incidents were recorded but not formally investigated.

We found how staff were recruited required improvement in the following areas; establishing gaps in employment, verification of why employment ended, how references were sourced, risk assessing when Disclosure and Barring Service checks were not sourced prior to employment.

We saw there that some of the processes for managing risks were ineffective. There was no risk assessment for the management of sharps. Risk assessments for Control of Substances Hazardous to Health were not appropriate as they did not reflect current data sheets for the products. There had been no annual servicing for electro-mechanical checks for the X-rays. There was no evidence of any servicing for the amalgam separator.

Appropriate and accurate information

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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, staff and external partners to support high-quality sustainable services.

Are services well-led?

The provider told us they used comment cards and verbal comments to obtain staff and patients' views about the service. We did not see any examples of practice comment cards from patients.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We saw results from February to April 2019 where there had been 20 feedbacks cards completed by patients; all of which were either extremely likely or likely to recommend the practice. We noted that results had not been formally analysed by the practice.

The provider 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

The systems and processes for learning, continuous improvement and innovation could be improved.

The provider 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. We found the

provider should continue to improve by carrying out quality assurance of the orthodontic treatment and reviewing how they could improve Antimicrobial prescribing through audit. Some dental records had been audited but not all. The provider informed us they would consider auditing through peers within the practice.

The registered manager and partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, how laboratory work was monitored was improved following a suggestion from a member of staff. This had since improved efficiency and patient care.

The whole staff team had annual appraisals. They discussed learning needs, general well-being and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council (GDC) professional standards. This included undertaking medical emergencies and basic life support training annually. We noted the dental nurses had not completed training in legal and ethical issues, complaints handling, and oral cancer as recommended by the GDC. The provider supported and encouraged staff to complete CPD.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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 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.</p> <p>In particular: ensuring policies and procedures reflect current practice and latest guidelines and legislation. Risk assessments for fire safety, sharps and control of substances hazardous to health are required. Quality assurance of patient satisfaction could be improved.</p> <p>Regulation 17 (1)(2)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.</p> <p>In particular: establishing gaps in employment, verification of why employment ended, how references were sourced, no risk assessments for when Disclosure and Barring Service checks were not sourced prior to employment.</p> <p>Regulation 19 (3)</p>