Dr. Anthea Hardiman

Stoke Lane Dentistry

Inspection Report

Stoke Lane Dentistry
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Overall summary

We carried out this announced inspection on 7 August 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

Stoke Lane Dentistry is in Westbury-on-Tryme, Bristol and provides NHS and private treatment to adults and children.

There is level access for one treatment room for people who use wheelchairs and those with pushchairs. There is no practice car parking, however there is on street parking available.

The dental team includes three dentists (one of which visits the practice once a month to do implants), one trainee dental nurse, two dental hygienists and three receptionists and a business manager. The practice has four treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 45 CQC comment cards filled in by patients and spoke with two other patients.

During the inspection we spoke with the principal dentist, one agency trainee dental nurse, one dental hygienist, three receptionists and the business manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 9am-5:30pm

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. However, they had not been adequately monitored to ensure they were safe to use and available. This included the emergency oxygen and medicine to deal with low blood sugar levels.
- The provider had ineffective systems to manage risks to patients and staff. This included health and safety, safer sharps and control of substances hazardous to health.
- The provider safeguarding processes needed improvement, including the practice policy and monitoring of staff training in this area. The staff available to speak with knew their responsibilities for safeguarding vulnerable adults and children.
- The provider staff recruitment procedures were ineffective and did not follow legislative 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 leadership and culture had not enabled the practice to continuously improve to ensure it was meeting current standards and processes. The business manager had been recruited in July 2019 to bring the practice forward in improving how it managed the service.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided. However, the results from this had not been analysed and if any changes to patient care had been made this had not been recorded.
- The complaints policy was not up to date with current arrangements and the complaints procedure was not always followed.
- The provider had suitable information governance arrangements.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- 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 completion of dental care records 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 that the requirements are complied with.

Summary of findings

- Review the practice's complaint handling procedures and establish an accessible system for identifying, receiving, recording, handling and responding to complaints by service users.
- 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 current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.

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?	**Enforcement action** ✗

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 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 noted that the safeguarding policies and information available to staff was not up to date with local arrangements for referrals. We found there was a lack of evidence to show staff had received safeguarding training. Five staff had no evidence, five staff had completed some training, but the provider was unable to determine the level of training provided. One clinical staff member had no evidence of safeguarding vulnerable adults training. We spoke with two staff who knew about the signs and symptoms of abuse and neglect.

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 had a whistleblowing policy. 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 recruitment policy and procedure to help them employ suitable staff. We found that these did not reflect the relevant legislation. We looked at six staff recruitment records. These showed the provider did not follow their recruitment procedure or legislation. Evidence of employment history was only taken for one member of staff. No records reviewed had evidence of explanation of periods of non-employment. Two records did not have evidence of relevant qualification. None of records had any evidence of the reason why previous employment with children and vulnerable adults had ended. There was no satisfactory evidence of conduct in previous employment relating to health and social care and/or children and vulnerable adults. There was no satisfactory evidence of Disclosure and Barring Service (DBS) checks for four records reviewed. The provider had recognised that recruitment needed improvement and would be implementing a new procedure when recruiting new staff and reviewing the missing checks on current staff. They had recently recruited a dental consultant to assist with the recruiting of the business manager.

There was currently regular use of agency dental nurses. The provider informed us that they did not have an agreement with them to ensure they received appropriately recruited dental nurses. Since the inspection the business manager has sent us evidence of agency agreements. However, the provider must ensure prior to dental nurses working in the practice that all checks have been carried in accordance with legislatory requirements.

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

The system to ensure facilities and equipment were safe had not been entirely effective. Staff ensured that the compressor and gas appliances were safe and was maintained according to manufacturers' instructions. The practice had an electrical installation safety review on 1 August 2019 and was found to be unsatisfactory. The provider informed us they would be prioritising the actions in order of severity. We noted the last service record for the emergency oxygen cylinders was March 2018. Following the inspection, we have been sent evidence to show an annual service was completed in April 2019.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. However, the emergency lighting had not received any checks or servicing. The business manager informed us they would establish how often this needed to be completed accordance with manufacturer's instructions.

The practice had a fire risk assessment in place and the business manager had assessed this as unsatisfactory. They were in the process of organising for an external company to assess the building. A review of the practice for fire safety took place on 5 August 2019 and this had identified that some fire doors were not able to fully close. We were informed that this will be rectified. The provider informed us there had been a fire drill, however we did not see any evidence of this.

Are services safe?

There was a lack of staff understanding on how to record fire safety checks. For example, the staff member completed the fire drill section for the fire alarm checks and recorded 'not applicable' for the emergency lighting checks, when they did have emergency lighting in place. Staff had also confirmed they had checked the fire escapes were clear and we had noted the back of the building fire escapes had hazards, such as a disused dental chair electrical box, which could pose as a trip hazard and overgrowth of the back garden which could also be a hazard. We were informed that garden would be cleared on the 13 August and the provider will review whether the disused box could be moved or removed.

We saw evidence that two members of staff had received training in fire safety; one in 2018 who had also completed fire marshall training and the other in 2014. The business manager informed us that they were planning on arranging for in-house training to be provided by an external company for all staff within the next few months and provide online training in future for staff.

Improvements could be made to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. We noted that one X-ray had no rectangular collimator attached. The provider told us that they would investigate why one was not attached for this machine. We noted that there was no evidence that staff had read or seen the safe use of X-rays document.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. We saw there had been one dental record audit carried out in 2019 for an individual dentist in radiography following current guidance and legislation. This audit identified potential grading issues, we found there had been no analysis of these audits and no action plans. We found there was no evidence of audit for the other dentist. There had been no regular visual inspection of the X-ray units. The business manager advised that this would be implemented into the daily checklist for dental nurses.

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

Risks to patients

The systems to assess, monitor and manage risks to patient safety must be improved.

The practice's health and safety risk assessments had been last reviewed in 2017. We found this did not relate to current practice risks and included risks that were irrelevant to the practice. For example, lead foil, gas cylinders and laser beams were not used in the practice and had been risk assessed.

The provider 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 2017 and this had not been reviewed. It did not correspond to the current method used in practice.

The provider did not have an effective system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and the effectiveness of the vaccination was not always checked. We found three out of the four staff files reviewed did not provide evidence that they had either received all Hepatitis vaccines or that they were immune.

Staff knew how to respond to a medical emergency. However, we found not all staff had completed training in emergency resuscitation and basic life support (BLS) every year. We reviewed evidence to show two staff had not received training since 2017 and there was no evidence for one member of staff.

Emergency equipment and medicines were available as described in recognised guidance. However, we found records to show there had been no checks of equipment and medicines since April 2019. Except for one check on the 1 July 2019 on the medicines but had not been signed. This did not ensure emergency medicines and equipment were available, within their expiry date, and in working order.

We found the oxygen was at 50% capacity. We were told this was because there had been a medical emergency where this was used in June 2019. The oxygen had not been replenished following this incident. We have now been sent evidence that the medical oxygen had been replenished and an additional medical oxygen tank was available to use in an emergency.

The glucagon used to treat low blood sugar was kept in the refrigerator. We noted that the refrigerator temperature was out of range and was higher than what had been

recommended for the medicine to be stored in. We did not see any evidence of checks to ensure the fridge was kept at the correct temperature. We have been informed that the glucagon has been reordered, a new thermometer has been implemented and the refrigerator has been moved to a cooler area.

A dental nurse worked with the dentists and occasionally with the dental hygienists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. There was no risk assessment in place for when the dental hygienist worked 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.

The provider did not have suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We were informed that this had been recognised and they were in process of reviewing the substances hazardous to health.

The provider had an infection prevention and control policy and procedures. We noted that the policies had not been regularly reviewed, the last review was in 2017. 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. Some staff had completed infection prevention and control training. There was no evidence of training for three members of the clinical team.

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 there were some procedures in place to reduce the possibility of Legionella or other bacteria developing in the water systems. We found there was no evidence of a risk assessment in place before the inspection. The provider had an external company completing this on the day of the inspection, so all risks had not been identified. The business manager informed us that actions following this assessment would be addressed as soon as possible.

There was a cleaning schedule in place 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 infection control lead carried out infection prevention and control audits twice a year. We noted that the last two audits had been completed six monthly and prior to this the last audit was in 2016. The latest audit showed the practice was meeting the required standards. The last two audits had identified actions. We did not see any evidence of a satisfactory action plan.

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. The majority of dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements. However, we found that some information was not available in patients dental care records. For example, from the three patient records reviewed we found there was no evidence of treatment plans for patients receiving dental implants even though the records confirmed treatment plans were attached. Also, patient records confirmed photographs had been taken but there was no evidence of signed consent from the patients and no evidence of photographs within their patient record.

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

Are services safe?

We saw staff stored NHS prescriptions securely. We found that there was no system in place for the stock control of the prescriptions.

The dentists were aware of current guidance with regards to prescribing medicines. Although we noted that one antibiotic prescribed should be reviewed, in accordance with current guidelines.

There had not been any audit undertaken for antimicrobial prescribing to ensure they were following current guidelines. The provider informed us that they planned to complete an audit soon.

Track record on safety and Lessons learned and improvements

There was a lack of understanding from staff and the provider on how to report incidents and follow them through to ensure they were recorded and learned from.

Staff described incidents that had occurred in the practice which had not been recorded and reviewed in the last year. There had been a medical emergency and a trip on the stairs which had not been recorded. We found there had been three incidents recorded in the last year and none of these had been reviewed to ensure there were safety improvements. Prior to this, records showed there had been no incidents since 2016.

There were ineffective systems in place for reviewing and investigating when things went wrong. There was no policy or protocol for dealing with incidents. We found there was an investigation form template, which was not used.

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.

The practice offered dental implants. These were placed by a visiting clinician who trained by experience in the provision of dental implants.

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 and dental hygienist 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. We noted that patient records confirmed photographs had been taken but there was no signed consent from the patients, as per current guidelines.

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. We noted that the provider was not aware a mental capacity assessment form was available for use if required.

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 inconsistent auditing of patients' dental care records to check that the dentists recorded the necessary information. We were informed that the provider planned to complete a full audit.

Effective staffing

Are services effective?

(for example, treatment is effective)

There was no induction programme for new staff to follow to enable them to know about the procedures and policies the practice followed. We found there was not an effective system for managing training and ensuring clinical staff had completed or in the process of completing their continuing professional development required for their registration with the General Dental Council.

Currently the practice uses agency dental nursing staff regularly. We were told by one agency nurse that they had not received any induction prior to starting in the practice to ensure that they were familiar with the practice's procedures. There was a trainee agency nurse present on the day of the inspection. If trainee dental nurses were used then the practice would need to be aware of what support was required for them to enable them to carry out their role effectively. We were told there were no formal procedures for agency staff to ensure they were familiar with practice procedures. The business manager informed us that a new induction process would be implemented.

We found that only receptionists and dental hygienists had received appraisals previously. However, it was not always clear when these appraisals took place and who by. The business manager informed us they planned to complete face to face meetings every four to six weeks and an annual appraisal in the future.

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 did not have an effective system or protocol to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections and suspected oral cancer referrals 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 current system was for the receptionist to contact the hospital to ensure they had received an appointment. There was no log for monitoring this and no additional checks with the specialist when completing urgent referrals.

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 polite, helpful and courteous. 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 about the practice was 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 meant that privacy was not always possible, when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. The business manager was not aware of the Accessible Information Standards but was aware of 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). The business manager informed us this would be reviewed and acted upon. We saw:

- Interpreter services were available for patients who did not speak or understand English. We noted there were no notices in the reception area, written in languages other than English, informing patient's translation service was available. The business manager told us they would consider this when completing a new service access audit.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models and X-ray images.

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 met the needs of more vulnerable members of society such as patients with dental phobia and adults and children with a learning difficulty, by giving patients more time with explanations and treatment. They also provided longer appointment times.

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 some reasonable adjustments for patients with disabilities. These included steps free access and an accessible treatment room on the ground floor.

A disability access audit had been completed but there was no date of when it had been. The business manager informed us they would be completing a new one to include the Accessible Information Standards for NHS practices to continually improve access for patients. They advised they would consider options such as a hearing loop, reading glasses and British sign language availability.

Timely access to services

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

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

If patients required emergency treatment out of hour's then they could contact the 111 out of hour's service if they were an NHS patient or if they were a private patient contact North West Bristol emergency service.

The practice's 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 provider had a policy providing guidance to staff on how to handle a complaint. The practice information on complaints explained how to make a complaint inhouse but did not explain the procedure the practice would follow and did not include all details of which external authorities to contact with their contact details.

The business manager and the provider were responsible for dealing with complaints. We noted that there had been no record of complaints received since 2016 and then two had been recorded following the arrival of the business manager on the 30 and 31 July 2019. The business manager felt that staff would tell the dentist or dental hygienist directly of the patients concern and then this had been followed up by them and added to the patient record. There was no central record of this or what action had been taken to address the patients concerns.

The business manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. We looked at comments, compliments and complaints the practice received in July 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/ Enforcement Actions 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 practice was going through a period of change and transition. The provider had recruited a permanent full-time business manager in July 2019 and they had already an impact in improving the practice. The provider was confident that improvements would now be made with the additional support they would have from the business manager. The provider had recognised that their leadership had not always been effective in managing the practice and having oversight of the practice management and needed stable effective management on board.

The business manager had a vision for the practice to become more effective through IT and modernisation. They and the provider planned to change the practice logo, implement a website (which is in process), new signage at the front of building, name badges for all staff, blinds for the waiting room and one of the surgeries, new surgery fit for the remaining treatment room. New upholstery of waiting room chairs. They also planned to change providers of their management system and implement a new training programme with a new training provider.

Culture

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

The staff focused on the needs of patients. For example, the provider had an urgent referral for one patient and they wanted to ensure this was received quickly so they hand delivered the referral directly to the hospital.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The business manager was responsible for the day to day running of the service. Staff were going through a period of change where the practice management was being built up again and the business manager planned to ensure all staff knew the management arrangements and their roles and responsibilities.

The provider had a poor system of clinical governance in place which included policies, protocols and procedures that were not up to date with current guidelines and some protocols were not available and some had not been updated for a significant amount of time. For example, the recruitment, safeguarding, infection control policies, were not been reviewed regularly and did not reflect recognised current guidelines and legislation.

We saw ineffective processes for managing risks, issues and performance. For example, there was no procedure for managing incidents and these were not always recorded and reviewed appropriately. The health and safety and sharps risk assessment, had not been reviewed according to the practice's current procedures and there were no Control of Substances Hazardous to Health risk assessments in place.

Appropriate and accurate information

Staff were not always able to act on appropriate and accurate information due to policies and procedures not being available or up to date with current guidelines.

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

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. The results from these had not been analysed and for some results it hard to establish when the views had been taken as there was no system for reviewing the results. The provider also had a suggestion box to obtain patients' views about the service.

We obtained 45 CQC comment cards completed by patients and spoke with two patients visiting the practice, which all showed a very high level of satisfaction of the practice and treatment from staff whilst at the practice.

Are services well-led?

The provider and previous practice managers had previously gathered feedback from staff through meetings and informal discussions. There had also been previous staff surveys, but these had not been dated and there were no action plans. The business manager had planned to carry out an anonymous staff survey in the next few weeks and again in three months' time, to establish what changes to the practice would be beneficial.

Continuous improvement and innovation

The provider had quality assurance processes to encourage learning and continuous improvement. However, these could be improved upon. These included audits of dental care records, radiographs and infection prevention and control. The results from these audits were not analysed and actions were not acted upon effectively. For example, one dental record audit noted potential grading of radiograph issues and there had been no record on what and if anything had been done about this and whether there had been further review. One infection control audit had identified an action but there was no evidence of how this had been dealt with to ensure all staff knew.

There was no system in place to carry out annual appraisals. The appraisals we had seen were only for receptionists and this had been completed inconsistently; one in 2015, two from 2017 and one in 2018. Some appraisal forms had been completed but there was no way to identify if they had been discussed, when and who with. The business manager planned to set up four to six weekly staff face-to-face meetings and annual appraisals for all staff.

We saw there had been two recent team meetings, in February and May 2019, and these had been limited in detail including who had attended and who had chaired the meeting. There had also been limited discussion areas. The business manager planned to carry out monthly team meetings and include relevant topics such as, modern slavery, female genital mutilation and sepsis.

The business manager told us they wanted a good future programme of learning and improvement and to show how they and the provider valued the contributions made to the team and by individual members of staff to enable positive changes to be made about the practice.

The system for monitoring staff training was ineffective and did not identify which staff had not completed 'highly recommended' training, as per General Dental Council professional standards. We noted that three members of staff were not up to date or the provider had not been provided with evidence of medical emergency training. This included two clinical staff, who often worked on their own within the treatment room. We did not see any evidence that three clinical staff had received any training in disinfection and decontamination.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:** • Fire safety procedures were not followed in line with fire regulations and guidance • Health and safety was not risk assessed regularly according to current practice • Safer sharps was not risk assessed according to current practice used • Control of substances hazardous to health were not risk assessed according to current practice • Incidents that had occurred were not monitored and assessed or used to improve the quality of the service provided • The radiation processes were not followed in accordance to current regulations and guidelines. • The infection prevention and control audits did not have appropriate action plans following any improvements identified. • An audit of X-rays had not been carried out. **There was additional evidence of poor governance. In particular:** • Staff working in the surgery and decontamination room had not received appropriate vaccination against the Hepatitis B virus and there was no risk assessment in place

This section is primarily information for the provider

Requirement notices

- The system and process in place to ensure medical emergency equipment reflected nationally recognised guidance was not effective.
- Prescription monitoring was not effective.
- There was no system to monitor referrals to any external provider, including two week referrals.
- Policies were not regularly reviewed to ensure they reflected current guidance and legislation.

Regulation 17 (1)(2)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular: The registered person had ineffective system to ensure training in safeguarding adults and children, medical emergencies, fire safety and infection prevention and control were undertaken to the correct level and at the right frequency. There were no systems in place to ensure support for staff including inductions and appraisals. **Regulation 18(2)**

This section is primarily information for the provider

Enforcement actions

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:** • The recruitment policy did not reflect current legislation **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:** • Four staff records reviewed did not have evidence of appropriate Disclosure and Barring checks, • No satisfactory evidence of conduct in previous employment, • No evidence of relevant qualification for two records, • Five records had no evidence of employment history, • All records had no evidence of reasoning for gaps in employment • All records had no evidence for verification of why employment ended when they had previously worked with children and vulnerable adults. **Regulation 19(2)(3)**