

# 272 Dental Care

# Dental Surgery

## Inspection Report

272 St Helens Road  
Bolton  
Lancashire  
BL3 3PZ  
Tel: 01204 61935  
Website: none

Date of inspection visit: 8 January 2020  
Date of publication: 13/02/2020

## Overall summary

We carried out this announced inspection on 8 January 2020 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 Care Quality Commission, (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 this practice was providing safe care in accordance with the relevant regulations.

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

#### **Are services well-led?**

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

### **Background**

The Dental Surgery is in Bolton and provides NHS and private dental care and treatment for adults and children. It is known locally as 272 Dental Care.

There is level access to the practice for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

The dental team includes five dentists, five dental nurses (one of which manages the practice), a dental hygiene therapist and a receptionist. 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 CQC 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 managers at The Dental Surgery are two of the partners.

On the day of inspection, we collected 51 CQC comment cards filled in by patients. These provided a positive view of the dental team and care provided by the practice.

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

The practice is open:

Monday to Wednesday 9am to 1pm and 2pm to 5:30pm

Thursday 9am to 1pm and 2pm to 7pm

Friday 9am to 1pm and 2pm to 4pm

## Our key findings were:

- The practice appeared to be visibly clean, tidy 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 systems to help them manage risk to patients and staff should be improved.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation. Processes to obtain evidence of professional registration, indemnity and training were not in place.
- 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.
- Radiography equipment was not checked at the appropriate intervals.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had 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 specified information is available regarding each person employed.
- Ensure where appropriate, persons employed are registered with the relevant professional body.

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






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

- Implement protocols and procedures in relation to the Accessible Information Standard to ensure that that the requirements are complied with.
- Take action to ensure audits of radiography and infection prevention and control have documented learning points and the resulting improvements can be demonstrated.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b>	
<b>Are services effective?</b>	<b>No action</b>	
<b>Are services caring?</b>	<b>No action</b>	
<b>Are services responsive to people's needs?</b>	<b>No action</b>	
<b>Are services well-led?</b>	<b>Requirements notice</b>	

# Are services safe?

## Our findings

We found 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 had 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 had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

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

The staff had systems in place to ensure that patient-specific dental appliances were 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 which was carried

out on 3 January 2020. All recommendations in the assessment had been actioned and records of water temperature and quality testing and dental unit water line management were maintained. We highlighted the water calorifier tank should be drained periodically to remove sediment and the temperature of hot water should be reviewed to avoid scalding. The provider told us they would contact their heating engineer to action this.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean and tidy. The provider had redecorated throughout and replaced some fixtures and fittings. There were further plans to replace carpets in non-clinical areas. Patient comments were positive about the improvements to the premises.

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

The provider carried out infection prevention and control audits twice a year. The latest audit and our review of the process during the inspection showed the practice was meeting the required standards. There was no evidence the results of the audits were reviewed upon completion. We discussed this with the practice manager who confirmed they would complete an action plan after future audits.

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. The practice had access to a Freedom to Speak Up Guardian and staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at staff recruitment records. These showed the provider followed their recruitment procedure.

Clinical staff were qualified and the majority were registered with the General Dental Council (GDC). Two days

# Are services safe?

before the inspection the practice became aware that a dental nurse's renewal of their GDC registration in July 2019 had not been successfully completed. Immediate action was taken to remove them from nursing duties and a significant event was documented to investigate this and prevent this re-occurring. Clinical staff had appropriate professional indemnity cover in place although evidence of this was not received for all staff until after the inspection.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. The provider was not sure whether a periodic fixed wiring test had been carried out. They told us they would consult the landlord in relation to this.

A fire risk assessment was carried out in line with the legal requirements. As part of the refurbishments, the provider had installed fire detection systems and emergency lighting which were tested weekly by staff. We saw there were fire extinguishers throughout the building and fire exits were kept clear.

The practice had some arrangements to ensure the safety of the X-ray equipment. Not all the required radiation protection information was available. For example, annual electromechanical safety tests were carried out on the X-ray machines but due to a change of ownership there was no evidence of when the last three-yearly routine radiological checks were carried out. The practice manager took action to contact their equipment maintenance provider to address this.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation. We highlighted how these could be improved. For example, by reviewing retrospectively if X-rays were graded correctly.

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

## Risks to patients

The provider had implemented some systems to assess, monitor and manage risks to patient safety. These should be reviewed more thoroughly and discussed with staff.

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 followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken but this did not specify how the various sharp devices would be used, processed and disposed of safely in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Some steps had been taken to reduce the risk of sharps injuries. For example, by using a safer needle system. We saw that several sharps injuries had occurred by recently incorrect handling of sharp devices. The documentation of these did not include sufficient information to assess the risk and did not demonstrate that the appropriate action was taken following these.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. Four members of staff were not aware of the effectiveness of these vaccinations. After the inspection one was able to obtain satisfactory evidence and two scheduled testing with their GP. The fourth member of staff had ceased clinical duties. We highlighted that a risk assessment should be in place for clinical staff where their immunity status was not known.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support 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 they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygiene therapist when they treated patients in line with General Dental Council Standards for the Dental Team.

# Are services safe?

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

## **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 dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist. Staff had attended local oral cancer awareness training and promoted Mouth Cancer Action Month. This campaign aims to raise awareness of mouth cancer and save lives by promoting the values of prevention and early detection.

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

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

There was a 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.

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

## **Track record on safety, and lessons learned and improvements**

The provider had implemented systems for staff to report accidents and significant events.

Where there had been safety incidents we found the documentation of these were insufficient to demonstrate they were properly investigated, risk assessed fully and external advice sought as necessary. We saw evidence that safety incidents were discussed in team meetings to prevent such occurrences happening again. We discussed with the practice manager how the documentation and investigation of safety incidents, in particular sharps injuries could be improved.

The provider had 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 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 professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

### Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The most recent report by NHS England showed that 72% of children had fluoride varnish applied compared with the locality rate of 70%. The practice was participating in a survey on high fluoride toothpaste to obtain patient feedback on the flavour of these.

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

Staff were aware of and involved with national and local oral health campaigns and local schemes which supported patients to live healthier lives. For example, the 'Baby Teeth DO Matter' programme, developed by the Greater Manchester Local Dental Network, promotes early dental attendance amongst young children as well as improving the delivery of preventive care and advice as well as the treatment of dental decay.

The practice also participated in the Healthy Living Dentistry (HLD) project. This project is focused on improving the health and wellbeing of the local population by helping to reduce health inequalities. The practice made a commitment to deliver the health promotion lifestyle

campaigns, such as stop smoking, alcohol awareness and diet together with oral screening and oral health assessments including fluoride varnish. Staff were undergoing training to deliver the programme effectively.

The practice was included in a local voucher scheme to improve oral health in children under the age of five years by ensuring they can access local NHS care and preventative advice. The Dental Access Voucher Scheme aims to ensure that vulnerable children, including looked after children and children on a safeguarding plan are able to access care with a local dentist quickly and efficiently.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

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

### 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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' 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 in certain circumstances. 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.



# Are services effective?

(for example, treatment is effective)

## **Monitoring care and treatment**

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

## **Effective staffing**

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

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. Some of this evidence was not available until after the inspection.

## **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 for treatment the practice did not provide.



# Are services caring?

## Our findings

We found 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 welcoming, professional and polite. We saw 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, understanding and helpful when they were in pain, distress or discomfort.

Practice information, price lists, patient survey results and thank you cards were available for patients to read.

### **Privacy and dignity**

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment had also been completed.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screen was 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. They were aware of the requirements of the Equality Act. Staff were not familiar with the Accessible Information Standard which is a requirement to make sure that patients and their carers can access and understand the information they are given.

Interpreter services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.

Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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. The dentists 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 dentists described to us the methods they used to help patients understand treatment options discussed. These included for example dental study models and X-ray images taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found 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. The provider had made improvements to the premises which included redecoration, providing new fixtures and fittings and improved clinical systems by installing digital systems. Further plans were in place to replace carpets in non-clinical areas and refurbish the treatment rooms.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. For example, staff had completed Dementia Friends training and displayed Dementia-friendly signs around the practice.

Staff had received 'Pride in Practice' training to enable them to better meet the needs of LGBTQ+ patients by understanding how to provide appropriate services to LGBTQ+ people, and confidence building with staff around terminology and appropriate language.

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

Two weeks before our inspection, CQC sent the practice 51 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

51 cards were completed, giving a patient response rate of 100%

50, or 98% of views expressed by patients were positive.

Common themes within the positive feedback were the friendliness of staff, easy access to dental appointments, improvements made to the premises and flexibility of appointment times. Patients also commented that they felt listened to and involved in decisions about their care.

Some comments cited waiting times for an appointment were sometimes longer than expected but this had not detracted from their overall positive experience of the practice.

We shared this with the provider in our feedback.

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 in line with a disability access audit. This included a hearing loop, a tablet device to review documents in large font and grab rails in the toilet. The practice information leaflet included a disability access statement and staff highlighted the difficulties wheelchair users might encounter. For example, a small step at the entrance and narrow doorways.

### 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 NHS Choices website.

The practice had an appointment system to respond to patients' needs. Patients could choose to receive emails, letters or telephone calls to remind them of appointments. Patients who requested an urgent appointment were offered an appointment 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'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

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

# Are services responsive to people's needs?

(for example, to feedback?)

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint.

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

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

# Are services well-led?

## Our findings

We found 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.

The practice demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve and we saw evidence of how the provider had implemented improvements for patients by improving the facilities and clinical systems and introduced systems in line with local priorities to improve oral health. Systems and processes had been implemented but needed further development. The inspection highlighted some issues and omissions which required improvement.

### Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care. During the inspection they were open to discussion and feedback to make improvements and evidence was sent after the inspection of issues that were acted on addressed immediately. For example, arranging radiography testing and ensuring staff attended for testing to obtain evidence of immunity.

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

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

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

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population and participated in oral health improvement schemes.

### 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.

Staff discussed their training needs informally and at annual appraisals and one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients.

We saw the provider had systems in place to identify and 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. Systems to investigate and document incidents and significant events required improvement.

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

### Governance and management

Staff had clear responsibilities, roles and systems of accountability to support the governance and management of the practice.

The partners had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The processes for managing risks, issues and performance require improvement. Risks were not sufficiently assessed and managed in relation to:

- A system was not in place to ensure the effectiveness of vaccinations for blood-borne viruses was checked for all clinical staff.
- The risks from sharp devices were not sufficiently assessed or mitigated.

# Are services well-led?

- Systems were not in place to ensure three-yearly routine radiological checks were carried out radiography equipment.
- Incident investigation systems were not clearly established.
- Systems were not in place to ensure clinical staff maintained professional registration with the General Dental Council.
- Systems were not in place to obtain evidence of up to date professional indemnity for all staff.

## **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS performance information, surveys and audits were 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 the service.

The provider used encouraged verbal comments and had a suggestion box to obtain patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

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

## **Continuous improvement and innovation**

The provider had systems and processes for learning, continuous improvement and innovation.

The practice was also a member of a good practice certification scheme.

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. Staff kept records of the results of these audits and the resulting action plans and improvements. We highlighted how audits could be improved. For example, by including the clinician's reflections and retrospectively checking that X-rays were graded correctly.

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development. Systems were not in place to obtain evidence that all staff were up to date with their continuing professional development. After the inspection the provider sent evidence to show staff were up to date with safeguarding and radiation protection 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>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:</p> <ul style="list-style-type: none"><li>• The registered person did not ensure that evidence of immunity to vaccine preventable diseases was obtained or put risk assessments in place.</li><li>• The sharps risk assessment was insufficient to identify and manage the risks from all sharp items.</li><li>• Incident investigation systems were not clearly established. Incidents and investigations were not sufficiently documented.</li><li>• The registered person did not ensure that three-yearly routine radiological checks were carried out on X-ray equipment at the correct intervals.</li></ul> <p>Regulation 17(1).</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 failed to ensure that persons employed who are registered with a health care or social care regulator, were enabled to provide evidence to the regulator in question demonstrating, where it is possible to do so, that they continued to meet the professional standards which are a condition of their ability to practise or a requirement of their role. In particular:</p>

## Requirement notices

- The registered person did not have systems to obtain evidence that all staff were consistently up to date with their training and their continuing professional development.
- Systems were not in place to obtain evidence of up to date professional indemnity for all staff.

### Regulation 19(3)

**The registered person did not have a process to check that staff had appropriate and current registration with a professional regulator.**

- The registered person did not have a process to check that staff had appropriate and current registration with a professional regulator, the General Dental Council.

### Regulation 19(4).