

Mr. Michael Farandos

# Dovecot Health Centre

## Inspection Report

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### Overall summary

We carried out this announced inspection on 22 May 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

##### **Are services safe?**

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

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

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

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

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

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

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

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

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

##### **Background**

Dovecot Health Centre is located in Liverpool and provides NHS treatment to adults and children. A small amount of private dentistry is also offered.

There is level access for people who use wheelchairs and those with pushchairs. Car parking is available in the roads around the practice, with a limited number of spaces immediately outside the building.

The dental team includes two dentists and three dental nurses. The dental nurses also provide reception and administrative support. The practice has two treatment rooms.

# Summary of findings

The practice is run by an individual Mr Michael Farandos 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 23 CQC comment cards filled in by patients and spoke with one patient.

During the inspection we spoke with two dentists and two dental nurses, one of whom was acting as the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Thursday from 9am to 12.45pm and from 2pm to 5.30pm. Friday opening times are from 9am to 12.45pm and from 2pm to 5pm.

## Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff had access to infection control policies which reflected published guidance. We found this guidance was not always followed.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had some systems to help them manage risk. Some risk assessments required completing and others needed further development.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children. The training for some staff in this area required updating.
- Training on the prevention of and management of risk of sepsis had not been made available to staff.

- The practice had access to staff recruitment policies which reflected regulatory requirements. This guidance was not always followed.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The practice had carried out audits to monitor the quality of patient notes but this required greater follow-up.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.
- Governance arrangements and processes required improvement.

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

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

## Full details of the regulation 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 safeguarding policy and ensure it takes into account both adults and children.

# 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.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. We noted that some staff had not received update training in safeguarding adults and children. Staff did not utilise alerts on the practice computer system to identify adults or children that may be vulnerable, or those who may be subject to safeguarding arrangements or a child protection plan. Practice staff demonstrated how they had contact with health visitors who visited the health centre.

Staff were qualified for their roles. When we reviewed staff files, we saw that records of recruitment checks for some staff were incomplete.

Premises and equipment were visibly clean and properly maintained. The practice told us they followed national guidance for cleaning, sterilising and storing dental instruments. When we reviewed the decontamination processes in place, we found guidance referred to was not routinely followed. For example, there were no temperature checks in place for water used for manual cleaning of instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as being "good". The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles. Systems to help them monitor this required improvement. When we reviewed staff records, we saw that no appraisals were in place for trainee nurses at the practice. We were told that the training company that supplied the trainee nurses delivered appraisals. When we discussed this we established that there was no appraisal of practical skills displayed by trainees, by those providing direct supervision on a daily basis.

No action



# Summary of findings

## Are services caring?

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

We received feedback about the practice from 23 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, respectful and caring.

They said that they were given helpful information on what treatment they needed, with explanations of how the treatment could be delivered and said their dentist listened to them. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



## Are services responsive to people's needs?

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

The practice appointment system was efficient and met patients' needs. Patients' could get an appointment if in pain and this was confirmed in feedback on patient comment cards. The practice demonstrated how they used a double booking system to ensure urgent appointments were available, and that the impact of patients failing to attend was minimised.

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

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

No action



## Are services well-led?

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

The practice had policies and procedures in place to ensure the smooth running of the service. Throughout our inspection, we found that these were not always followed. Some policies required updating for example guidance on handling mercury spillage and the sharps risk assessment. Several areas of governance required improvement.

There was a management structure and staff felt supported and appreciated.

Prescription pads were not monitored and tracked.

Cleaning records for the practice were inconsistent.

Requirements notice



## Summary of findings

The practice team kept complete patient dental care records which were clearly written or typed and stored securely. The practice carried out audits of patient dental care records. When we reviewed two follow-up audit cycles we saw that some improvement had been made but further work was required.

The practice monitored areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

# Are services safe?

## Our findings

### **Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))**

The practice had systems in place 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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training although some staff required updated training, to include information on reporting concerns about human trafficking and modern day slavery. When staff were asked, they did not know they should notify the CQC of any safeguarding referrals.

There was a system to highlight vulnerable patients on electronic records e.g. children with child protection plans, adults where there were safeguarding concerns or for people with a learning disability or a mental health condition. When we made checks the practice staff were not using this facility. We recommended that this could be used to ensure all staff were aware of any vulnerable patients at the practice.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

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

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at two staff recruitment

records. These showed the practice had not followed their recruitment procedure. For one staff member there was no Disclosure and Barring Service (DBS) check, no work history, no proof of address and no references. There was also no evidence of qualifications and no evidence of checks on General Dental Council (GDC) registration. For a second staff member there was no proof of address, no employment history, no references and no copies of qualifications.

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

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. The practice had access to intra-oral x-ray machines. We noted that these were fitted with a circular collimator, rather than the recommended rectangular collimator. There was no plan in place for replacement of this.

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

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

### **Risks to patients**

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

The practice had health and safety policies, procedures and risk assessments in place but not all of these were up to date and had not been reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. A sharps risk assessment had been

# Are services safe?

carried out in 2013, to include the risk posed by re-sheathing needles, which we found dentists were doing without the use of a safety device. The risk assessment required review to ensure methods used for re-sheathing of needles posed as little risk as possible to clinicians. There was no risk assessment in place for use of latex by clinicians. The practice did have latex-free gloves available for use if required but the rubber dam used by clinicians was not latex free and there was no latex free alternative available.

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.

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. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

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

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We found the risk assessment in relation to mercury spillage required updating and review, to include risks posed to staff that may be pregnant. The practice were not using encapsulated amalgam and there was no risk assessment in place to support this. The practice planned to move to using encapsulated amalgam by July 2018.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. We noted that staff who were cleaning dental instruments did not know that the water for manual scrubbing these is recommended by HTM 01-05 to be 45 degrees centigrade maximum. There were no water temperature checks in place.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

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

The practice 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 saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual. When we reviewed cleaning checks for one of the surgeries, we saw that these were inconsistent. Our further checks showed that patients had been seen in this surgery and that environment and general cleaning duties had been overlooked. This had not been identified in the recent infection prevention and control audit.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Our findings on the day showed this required greater oversight. A sharps bin we checked, that we were told had been assembled and placed on the wall the day before our inspection, had no details of when it was opened and who it was assembled by. There was a poster next to the sharps bin with clear instructions of what should be recorded when assembling and placing the bin in the room.

The practice carried out infection prevention and control audits annually. The latest audit showed the practice was meeting the required standards. We highlighted that infection control audit should be carried out every six months, in line with the guidance in HTM 01-05.

## Information to deliver safe care and treatment

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

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

# Are services safe?

looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

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

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

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

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

The practice did not keep records of NHS prescriptions as described in current guidance. For example, there was no system in place to track or trace prescriptions issued by either of the dentists working at the practice.

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

## **Track record on safety**

The practice had a good safety record.

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

In the previous 12 months there had been one safety incident.

The incident was investigated, documented and discussed with the rest of the dental practice team. Where any changes were required these were implemented by staff.

## **Lessons learned and improvements**

The practice learned and made improvements when things went wrong.

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

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

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

### Helping patients to live healthier lives

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

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

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available 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 outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

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

### Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment

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

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may 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 can consent for themselves. The staff were aware of the need to consider this when treating young people less than 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 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 that the practice audited patients' dental care records to check that the dentists recorded the necessary information. Where improvements were required this was recorded and action points agreed.

### Effective staffing

Staff told us they had the skills, knowledge and experience to carry out their roles. There were some areas where staff required further training to improve their understanding of particular areas, for example, in infection control and decontamination processes.

The practice had two trainee dental nurses. Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals and one to one meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

### Co-ordinating care and treatment

# Are services effective?

(for example, treatment is effective)

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

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

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

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

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

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were kind, respectful and caring. We saw that staff treated patients respectfully, appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist and understood that expressing a preference may require them to wait longer for a suitable appointment.

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

Information folders and patient survey results were available for patients to read.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

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

### Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care 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) and the requirements under the Equality Act.

- Interpretation services were available for patients who did not have English as a first language. The population served by the practice was not ethnically diverse.
- Staff communicated with patients in a way that they could understand, and avoid overly technical explanations of treatment.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's 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 photographs, models, and X-ray images.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

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

Staff could tell us how they dealt with patients with drug and alcohol dependence and those living with dementia.

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

The practice building was suitable for patients with disabilities. This included step free access, a hearing loop and accessible toilet with hand rails and a call bell. Staff were aware of those patients who were particularly nervous about visiting the dentist. Where possible, these patients were given the first appointment available for each clinic to avoid prolonged periods in the reception and waiting areas.

Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice and to remind them about their appointments.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. Practice staff used a double booking system, whereby urgent appointments were booked into slots already allocated. This reduced the waiting time for patients needing to be seen early and also addressed the failure to

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

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

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

### Listening and learning from concerns and complaints

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

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

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

The second dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received received in the past 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

### Leadership capacity and capability

The principal dentist, assisted by the second dentist had the capacity and skills to deliver high-quality, sustainable care.

Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, a full time dentist had recently left the practice; this meant the combined working hours of the principal and second dentist gave one full-time equivalent dentist. The practice were seeking to recruit a new full time dentist.

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

### Vision and strategy

The practice had a realistic strategy and supporting business plans to achieve priorities.

The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

### Culture

The practice had a culture of quality, sustainable care.

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

The practice focused on the needs of patients.

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

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### Governance and management

There were clearly outlined responsibilities and roles for all staff at the practice. We found that some systems to support governance and management had not been adhered to. This created gaps in governance.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The other dentist, supported by reception and nursing staff, was responsible for the day to day running of the service. Staff were aware of the management arrangements and their roles and responsibilities. We found some duties had not been completed, which had created gaps in governance. The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff but several of these required review. For example, we found:

- A dentist was the lead on infection control. The lack of cleaning of one of the surgeries on days when it had been used had not been identified.
- Staff did not have a method to identify vulnerable children and adults.
- Staff required updated safeguarding training which should include the requirement to notify CQC of any safeguarding alerts raised by the practice.
- Recruitment procedures were not adhered to; some staff checks had not been completed.
- Risk assessments in respect of the safe use of sharps, use of latex, use of non-encapsulated amalgam and mercury spillage were either not in place or required updating.
- There were no water temperature checks in place in relation to manual cleaning of dental instruments.
- Staff were not following guidance, for example, in the assembling, labelling and placing of sharps bins and in the carrying out of infection control audits on a six monthly basis.
- Prescription pads were not tracked and monitored.

This represented a lack of clear and effective processes for managing risks, issues and performance.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

# Are services well-led?

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

The practice had information governance arrangements in place and staff were aware of the importance of these in protecting patients' personal information. We noted that the data protection policy available to staff was not the new General Data Protection Regulation guidance, coming into force in May 2018. This required updating.

## **Engagement with patients, the public, staff and external partners**

The practice told us they involved patients, the public, staff and external partners to support high-quality sustainable services. The practice was co-located with GP services and community health staff. There were no joint working initiatives in place to support better dental health for all.

The practice used patient surveys, verbal feedback and the NHS Friends and Family Test to obtain staff and patients' views about the service. 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. All results we were shown demonstrated a high level of satisfaction with the service, with all patients saying they would either recommend or highly recommend the service. The practice gathered feedback from staff through 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**

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. We could see from audits shown to us that there had been an improvement in the standard of patient dental records kept. Further follow-up was required to ensure all actions had been addressed and learning outcomes were in place.

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

The permanent dental nurse had annual appraisals. This discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in staff folders. The trainee nurses did not have appraisals with the principal or second dentist. These were delivered by the training organisation. This meant that there was no practical assessment of the skill of the trainee nurses by the dentist who supervised them on a daily basis.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. When asked we found that the subject of sepsis management had not been discussed in practice and there was no training planned on this.

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

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p><b>How the regulation was not being met</b></p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ol style="list-style-type: none"><li>1. There was no system in place to monitor when staff required continuous professional development training, for example, infection prevention and control, safeguarding adults and children, notifications to the CQC, prevention and management of Sepsis.</li><li>2. There was no risk assessment in place for the use of non-encapsulated amalgam or mercury spillage, in particular for staff that may be pregnant, and latex products. The risk assessment on use of sharps required review.</li><li>3. There were no water temperature checks in place, to support the safe manual cleaning of dental instruments.</li><li>4. There were no records of prescription pads issued to dentists to enable tracking and monitoring of prescriptions.</li></ol> <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>

## Requirement notices

1. All required recruitment checks were not completed for two members of staff, including Disclosure and Barring Service (DBS) check, work history, proof of address and references. There was no evidence of qualifications and no evidence of checks on General Dental Council (GDC) registration. For the second staff member there was no proof of address, no employment history, no references and no copies of qualifications available.
2. Oversight of environmental and general surgery cleaning had not been identified or highlighted as being missed, on the recent infection prevention and control audit.
3. General governance arrangements were ineffective.
4. There was no system in place to track or trace prescriptions issued within the practice.

### **Regulation 17 (1)**