

Linden Lodge Dental Care Limited

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Inspection Report

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Date of inspection visit: 12 February 2019

Date of publication: 18/03/2019

Overall summary

We carried out this announced inspection on 12 February 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 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

Linden Lodge Dental Care is in Clevedon and provides NHS and private treatment to adults and children.

There are steps into the practice with hand rails available for assistance. For people who use wheelchairs, and those with pushchairs, level access is provided by a portable ramp which can be erected for this purpose. Car parking spaces are available in the road near the practice.

Summary of findings

The dental team includes three dentists and a visiting dentist with special interest in orthodontics, four dental nurses and one trainee dental nurse, one dental hygienist, a practice manager and one receptionist. The practice has four treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the delivery of services for which the practice is registered.

On the day of inspection, we collected 41 CQC comment cards filled in by patients and spoke with three other patients.

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

The practice is open:

- Monday - Thursday 09:00am – 1.00pm and 2.00pm - 5.30pm
- Friday 09.00am – 1.00pm and 2.00pm - 4.00pm
- Closed at weekends

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had limited systems to help them manage risk to patients and staff.
- The provider had some safeguarding processes and staff demonstrated limited knowledge of their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had limited leadership and evidence of continuous improvement was minimal.
- Staff felt involved and supported and worked well 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 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
- Send CQC a written report setting out what governance arrangements are in place and the plans to make improvements.

Full details of the regulation/s the provider was/is not meeting are at the end of this report.

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

- Review the fire safety risk assessment and ensure that any actions required are complete and ongoing fire safety management is effective.
- Review the practice safeguarding policy and ensure it takes into account both adults and children and contains the relevant information for reporting suspected abuse and includes the local contact numbers for children and vulnerable adults.
- Review staff training to ensure all the staff have understood training received in the safeguarding of children and vulnerable adults and can apply it in practice.
- Review the practice infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical

Summary of findings

Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' In particular relating to decontaminating in surgery.

- Review the practice Legionella risk assessment and implement any recommended actions, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'
- Review the practice recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice. In particular relating to Disclosure and Barring Checks (DBS) being completed prior to employment.
- Introduce protocols regarding the prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice. Introduce an annual antimicrobial prescribing audit.
- Review the practice arrangements for ensuring good governance and leadership are sustained in the longer term.
- Review the provider's registration conditions to ensure the regulated activities at Linden Lodge Dental Care are managed by an individual who is registered as a manager.
- Review the practice protocols to ensure audits of record keeping are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. However, they did not keep a log of incidents and accidents to help them improve.

Staff had received training in safeguarding people but did not demonstrate they knew how to fully recognise the signs of abuse. They knew how to report concerns to the practice manager.

Staff were qualified for their roles and the practice should make improvements to their essential recruitment checks to ensure they are carried out in a timely way.

Premises and equipment were clean. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had not completed an adequate fire risk assessment and had limited arrangements for fire safety management. We have referred this to Avon Fire Service.

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

No action



Are services effective?

We found 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 excellent, very caring and professional. 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 provider supported staff to complete training relevant to their roles and had some systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 44 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, helpful and understanding.

They said they were given great advice, clear information about treatment options, easy access to appointments, and said their dentist listened to them. Patients commented staff made them feel at ease, especially when they were anxious about visiting the dentist.

No action



Summary of findings

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

Are services responsive to people's needs?

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

The practice appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability 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 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).

At the time of inspection there was no registered manager in post as required by a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered.

The practice had limited arrangements to ensure the smooth running of the service. There were some systems for the practice team to discuss the quality and safety of the care and treatment provided.

There was a management structure and staff felt supported and appreciated. The management structure demonstrated an overloaded manager with gaps in management systems and processes for the effective management of the regulated activities.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The provider monitored some, but not all, clinical and non-clinical areas of their work to help them improve and learn. They regularly asked for and listened to the views of patients and staff.

Requirements notice



Are services safe?

Our findings

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

The practice had some systems to keep patients safe.

We saw evidence staff had undertaken safeguarding training but when spoken with some staff did not demonstrate a working knowledge which they could apply in practice. Staff knew some of the signs and symptoms of abuse and neglect but were not aware of how to report it. The practice did not have the relevant local numbers of those to whom concerns should be reported. The practice manager was aware of their responsibilities and of the requirement to notify CQC.

Staff demonstrated limited awareness of their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. They were clear they would always speak with the practice manager regarding any concerns. The practice had safeguarding policies but lacked procedures to provide staff with information about identifying, reporting and dealing with suspected abuse.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice policy contained information about adults who were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation.

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

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the 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 documented in the dental care record and a risk assessment completed.

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

The practice 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 four staff recruitment records. These showed the practice mostly followed their recruitment procedure.

In two of the records seen we observed a Disclosure and Barring Service (DBS) check was not always obtained prior to staff commencing their employment in the practice and they did not have a risk assessment document. The provider and practice manager were not aware a DBS from a previous employer did not meet the requirements. None of the records contained a health declaration from staff.

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

The practice ensured some but not all facilities and equipment were safe. We saw equipment was maintained according to manufacturers' instructions. The provider had a certificate of safety for the gas appliances but not for the electrical circuit in the building.

The fire safety and risk management systems in the practice were limited and did not address all the areas of potential risk. Records showed that fire detection equipment, the domestic type of smoke detectors, were regularly tested. The firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice did not have an appropriate fire alarm system or fire risk assessment to identify and minimise potential risk from fire in the practice. We have referred our concerns to Avon Fire Service.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.

We saw evidence the dentists justified, graded and reported upon 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.

Are services safe?

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety. The practice risk assessment seen was minimal and had not identified or addressed many risks in the practice.

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

We looked at the practice 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 and was updated annually.

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. However, they did not have a system to ensure the effectiveness of the vaccination was checked.

A risk assessment was available for staff who had not been fully vaccinated, or those who did not respond to the vaccination. This was seen in one staff file but it had not been personalised or signed by the relevant people to demonstrate discussion and understanding.

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

A dental nurse worked with the dentists but not with the dental hygienist when they treated patients in line with GDC Standards for the Dental Team. The practice did not have a risk assessment for when the dental hygienist worked without chairside support.

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

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 (HTM 01-05) published by the Department of Health and Social Care. Staff had completed infection prevention and control training.

The practice decontaminated instruments in each surgery. They had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05 essential standards. We were shown an action plan for attaining best practice in decontamination dated January 2017, with a review date of January 2018. The plan had not been reviewed and the provider was not able to tell us their plans for moving towards best practice.

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

The practice had systems in place to ensure any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems with records of dental unit water line testing being maintained. A Legionella risk assessment had been completed the day before the inspection. The provider did not have the action plan to show us.

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

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

The practice had carried out an infection prevention and control audit in the last 12 months but they had not completed the audit in the last six months in accordance with the guidance so it was overdue. The latest audit showed the practice was meeting the essential standards.

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 individual records were written and

Are services safe?

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 (GDPR) requirements.

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

Safe and appropriate use of medicines

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

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

The practice stored and kept records of NHS prescriptions as described in current guidance.

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

Antimicrobial prescribing audits had not been completed. The practice was unable to demonstrate dentists were following current guidelines regarding antimicrobial prescribing.

Track record on safety and Lessons learned and improvements

There were some limited risk assessments in relation to safety issues. The practice did not monitor and reviewed incidents to understand what happened.

In the previous 12 months there had been one safety incident as identified in the accident book. The practice manager told us it was before they were in post and they could not find any details of the incident or if it had been reviewed.

The practice manager described adequate systems for reviewing and investigating future incidents. They described how the practice would learn from incidents, share lessons with the team and act to improve safety in the practice.

The practice did not have a system for receiving and acting upon 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 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 was providing some domiciliary care but had not taken into account guidelines as set out by the British Society for Disability and Oral Health when providing dental care in domiciliary settings such as care homes or in people's residence. The provider told us they would stop offering this service with immediate effect.

The practice had access to three intra-oral cameras to enhance the delivery of care.

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 children and adults based on an assessment of the risk of tooth decay.

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 health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

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

Patients with more severe gum disease were recalled at more frequent intervals for review 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 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 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 may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

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

We asked to see the records showing the practice had audited patients' dental care records to check the clinicians recorded the necessary information. The practice manager and dentists told us they had not audited patient dental care records.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. We saw the trainee nurse was undertaking recognised training and had a qualified mentor in the practice.

Are services effective?

(for example, treatment is effective)

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

Staff discussed their training needs at an annual appraisal. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

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

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

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

The practice 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 courteous, professional and efficient. We saw staff treated patients respectfully, kindly and individually and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

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

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

Privacy and dignity

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. 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 and were aware of the

Accessible Information Standards and the requirements under the Equality Act 2010.

The Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not use English as a first language. We saw notices in the reception area informing patient's translation service were available.
- 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.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed 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 website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included 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 about the importance of emotional support needed by patients when delivering care.

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

A disability access audit had been completed but had not recognised all the barriers to access and requirements. For example, the toilet was not accessible as there was insufficient room in which to turn a wheelchair and there was no emergency call bell. An action plan following the audit had not been formulated to continually improve access for patients.

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.

The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. 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 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 would tell the practice manager 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 dealt with their concerns.

We looked at comments, compliments and complaints the practice had 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

Leadership capacity and capability

We found the current leaders had the capacity and skills to deliver high-quality, sustainable care but they had only recently taken up their roles.

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

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

The practice had limited processes to develop leadership capacity and skills and were working to implement such processes through delegation and improved provider oversight. The provider was working with the practice manager to develop their skills and knowledge and enhance future leadership of the practice.

Vision and strategy If applicable

There was a clear vision and set of values.

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 high-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.

We saw the provider had a policy outlining how they would take effective action to deal with poor performance.

Openness, honesty and transparency were demonstrated when responding to complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

There were limited arrangements and information relating to responsibilities, roles and systems of accountability. The new practice manager was working with the provider to implement systems and processes to support good governance and management.

The practice manager 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 but were not clear always about their roles and responsibilities.

The provider had a limited system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. They were not always reviewed regularly.

There were limited processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted upon appropriate and accurate information.

Quality and operational information was not always used to ensure and improve performance. Performance information was combined with the views of patients.

The practice 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

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys and verbal comments 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.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted upon.

Are services well-led?

Continuous improvement and innovation

There were few systems and processes for learning, continuous improvement and innovation. The new practice manager and provider described to us the actions they would take to address the shortfalls as identified in this report and work towards continuous improvement and innovation.

The practice had limited quality assurance processes to encourage learning and continuous improvement. The only process in place was an annual audit of radiographs and infection prevention and control. They had records of the results of these audits but no resulting action plans to address improvements identified. They had not audited their record keeping or antimicrobial prescribing.

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

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The registered person did not have effective systems and processes to ensure good governance in accordance with the fundamental standards of care. They failed to fully assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • There was no electrical safety certificate • A lack of action plan from the Disability Discrimination audit • Limited health and safety risk assessments in place • Lack of risk assessment relating to lone working and those who are not immune to Hepatitis B. • Limited systems and processes to maintain records as are necessary to be kept in relation to the management of the regulated activity. • Lack of systems to receive and act upon safety alerts issued by the Medicines and Healthcare products Regulatory Agency and the Central Alerting System • Lack of systems and processes to record, review and investigate accidents or significant events. Regulation 17(1)