Mrs. Deborah Cail

Limes Dental Centre

Inspection Report

2 Simpson Grove
Boothstown
Worsley
Manchester
M28 1LY
Tel: 0161 7037773
Website: none

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Overall summary

We carried out this announced inspection on 8 November 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

Limes Dental Centre is in Worsley, Manchester and provides NHS and private treatment for adults and children.

Portable ramps are available for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

The team is comprised of the practice owner who is also the dentist and a part time dental therapist. The owner's partner provides management, business, administrative

Summary of findings

and reception support. At the time of the inspection, there were no dental nurses employed by the practice. They employ agency dental nurses. There are two treatment rooms.

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

On the day of inspection, we collected one CQC comment card filled in by patients and saw other sources of patient feedback.

During the inspection we spoke with the practice owner, their partner and an agency dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 9am to 1pm and 2pm to 5.30pm

Tuesday 9am to 12.30pm

Wednesday and Thursday 9am to 1pm and 2pm to 6pm

Friday 9am to 1pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Emergency medicines and life-saving equipment were not in line with guidance. Arrangements for life support training required improvement.
- The systems to help them identify and manage risks to patients and staff required improvement.
- The practice safeguarding processes required updating and making available to staff.
- The provider did not have thorough recruitment procedures in relation to employed or agency staff.
- 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.
- The provider was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice asked 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:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations the provider is not meeting are at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services safe?

No action

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. The incident reporting and investigation processes should be reviewed.

The arrangements for safeguarding and ensuring staff were up to date with training should be improved. Staff knew how to recognise the signs of abuse and how to report concerns.

The practice had a recruitment policy and procedure. This had not been followed in relation to obtaining evidence of employment history, references or photographic identification. Checks were not carried out on agency staff.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. Improvements could be made to the processes to segregate waste.

The arrangements for dealing with medical and other emergencies required improvement. The manager took immediate action to obtain missing and expired items. The practice were not aware if regular agency dental nurses had received basic life support training (BLS) training and could not ensure that there were always two trained members of staff were on the premises in line with General Dental Council (GDC) standards.

Improvements were needed to the processes to identify and manage risks. For example, in relation to staff immunity, hot water temperatures, hazardous substances, radiographic safety, prescription security and the system for receiving and acting on safety alerts.

A sharps risk assessment had been undertaken and only the dentist was permitted to assemble, re-sheath and dispose of needles and matrix bands to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.

Are services effective?

No action 

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. 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.

Summary of findings

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Patients could choose to be seen by the hygiene therapist on a private basis, or receive dental hygiene treatment by the dentist as part of their NHS care plan.

Are services caring?

No action

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

We received feedback about the practice from one person. They were positive about all aspects of the service the practice provided. The patient who provided feedback commented positively that they were happy with their treatment and staff provided a very good service.

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they 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.

Are services responsive to people's needs?

No action

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to face to face 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. Copies of the complaints process were available to patients in the waiting room to take a copy if they wished.

Are services well-led?

Requirements notice

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 at the end of this report).

The dentist and manager showed a commitment to learning and improvement, and valued the inspection as an opportunity to review practice processes. They were open to discussion and feedback during the inspection.

The practice had arrangements to ensure the smooth running of the service. The practice had tried unsuccessfully to recruit dental nursing staff. They engaged a

Summary of findings

local dental nurse agency to provide dental nursing support to ensure that patients could continue to receive care. The risks relating to this had not been effectively assessed. In particular, ensuring appropriate checks were carried out on these individuals and the arrangements for dealing with emergency situations.

The provider had a system of clinical governance in place which included policies and procedures that were up to date, relevant to the practice and reviewed on a regular basis. Improvements were needed in relation to safeguarding training and procedures which were not up to date, the incident reporting policy and process to investigate these.

The processes for managing risks and issues required improvement.

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

The practice monitored clinical and non-clinical 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 to keep patients safe.

The dentist knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. They described a situation where they had acted on concerns. A safeguarding policy and procedures were in place and included information about identifying, reporting and dealing with suspected abuse. These did not include up to date details of key contact organisations. The dentist had completed level three safeguarding training in February 2015, we highlighted this should be updated within three years. The agency nurse would report any concerns they had directly to the dentist. We discussed the requirement to notify the CQC of any safeguarding referrals as staff were not aware.

There was 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 had a whistleblowing policy. This included details of local and national key contact organisations.

The dentists used rubber 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. This had not been completely followed in relation to the dental therapist. For example, there was no evidence that employment history, references or photographic identification had been obtained. The manager told us they thought they had seen these at the point of employment but copies were not retained. A Disclosure and Barring Service (DBS) check had been carried out. DBS checks are required to prevent unsuitable people from working with vulnerable groups, including children.

We noted that dentist and hygiene therapist were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover in place. The manager confirmed that they checked that agency nurses who were regularly employed were registered with the GDC but did not carry out any other checks. They assumed that the agency ensured these individuals were qualified, indemnified, DBS checked and had appropriate immunity.

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

A fire risk assessment was in place. Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were appropriately located and regularly serviced.

The practice had arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. We noted they had not registered their practice's use of dental X-ray equipment with the Health and Safety Executive (HSE) in line with the Ionising Radiation Regulations 2017 (IRR17).

We asked to see the three-yearly maintenance reports for the X-ray equipment. A recommendation had been made in 2013 to reduce the dosage of one of the machines. We asked to see evidence from the 2016 reports that this had been acted on. These could not be located. The manager assured us they would investigate this immediately.

We noted there was visible damage to the control panel button on one of the X-ray machines and the internal circuitry was visible. We brought this to the attention of the manager who confirmed this machine was not currently in use. We received email confirmation the following day that the practice had registered with the HSE, the correct dose was shown in the test results from 2016 and they isolated the power supply to the X-ray unit with the faulty switch while they try to source a replacement switch.

Are services safe?

We saw evidence that the dentist justified, graded and reported on the radiographs they took. They completed continuing professional development (CPD) in respect of dental radiography and carried out radiography audits every year following current guidance and legislation.

Risks to patients

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

The practice's health and safety policies, procedures and risk assessments were up to date and 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. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and only the operator was permitted to assemble, re-sheath and dispose of needles and matrix bands to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.

We asked to see evidence that 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. Evidence was available that the dentist and the hygiene therapist had received the appropriate vaccinations. We noted there were no records to confirm whether the vaccinations against Hepatitis B had been effective for the dentist. The practice did not ask for evidence that agency dental nurses had received vaccinations and had immunity to Hepatitis B.

The dentist and agency dental nurse working on the day of the inspection knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. The practice were not aware if other regular agency dental nurses had received BLS training and could not ensure that there were always two trained members of staff were on the premises in line with GDC standards.

Emergency equipment and medicines were available broadly as described in recognised guidance. We noted that oro-pharyngeal airways and the adult-sized oxygen resuscitator bag with mask had expired, a child-sized oxygen resuscitator bag with mask, and syringes and needles to enable the administration of emergency adrenaline were not available. The manager immediately placed an order for the missing and expired items during the inspection. They made monthly checks of the emergency kit to make sure these were available, within their expiry date, and in working order. This had not highlighted the issues we observed on the day. We highlighted that checks should be carried out weekly.

A dental nurse worked with the dentist and the dental hygiene therapists when they treated patients in line with GDC Standards for the Dental Team.

We asked to see evidence that hazardous substances in use had been risk assessed appropriately. The manager told us they were sure that this had been actioned but the file containing the risk assessments could not be located. We observed that hazardous substances were stored in a lockable metal cabinet. This was clearly marked to inform staff of the hazardous nature of the contents.

We asked how the practice ensured that staff, including agency workers were familiar with the practice's procedures. A formal induction process was previously in place for employed staff, this was due for review. The manager confirmed an informal induction process was followed for agency staff. The agency dental nurse confirmed they had shadowed a staff member and been familiarised with equipment and systems at the practice, this included attending the practice's BLS training.

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. The dentist completed infection prevention and control training and received updates as required.

The practice had suitable arrangements to ensure agency dental nurses transported, cleaned, checked, sterilised and stored 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 manager carried out regular checks of sterilisation records to ensure consistency.

Are services safe?

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 noted that the hot water temperatures were consistently over 60 degrees centigrade for several months. We highlighted the risk of scalding to the manager who confirmed they would adjust the temperature controls or display hot water warning signs for patients or staff.

We saw cleaning equipment and schedules for the premises. The practice was clean and uncluttered when we inspected.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that the same coloured bin liners were used in both the clinical and household waste in the treatment room, and arrangements were not in place to dispose of gypsum waste (study models) appropriately. We discussed this with the manager who confirmed these areas would be addressed.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required 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 that individual records were written 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 (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 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 stored and kept records of NHS prescriptions as described in current guidance. We noted that the process would not identify if a prescription was missing. The manager confirmed this would be reviewed.

The dentist was aware of current guidance with regards to prescribing medicines, and had systems to recognise and act appropriately in the event of suspected sepsis. Sepsis is a potentially life-threatening condition caused by the body's response to an infection.

Track record on safety

There were comprehensive risk assessments in relation to safety issues. The practice did not have an incident policy to ensure that all incidents were recorded and investigated appropriately. In the previous 12 months there had been no safety incidents. We asked to see evidence that appropriate action had been taken after previous incidents. The manager thought there was an accident book but did not know where this was located. We noted a sharps injury had been recorded by a trainee dental nurse in 2016. There was no evidence that appropriate advice and treatment had been sought after the incident.

Lessons learned and improvements

Staff were not aware of the Serious Incident Framework. We highlighted this and discussed how it could be used to support them to investigate any future incidents. The agency dental nurse confirmed they would report any incidents directly to the practice owner.

The practice had a system for receiving and acting on safety alerts which could be improved. We noted that an alert relating to Glucagon (medicine used for diabetic emergencies) had not been received. We checked the Glucagon and confirmed it had not been affected by this alert, and highlighted the need to ensure the practice receives all relevant patient safety alerts from the Medicines and Healthcare Regulatory Agency (MHRA). The manager confirmed they would review the process to

Are services safe?

ensure all relevant alerts are received and acted on in the future. The practice learned from external safety events. For example, they received and reviewed newsletters and safety information sent by the NHS England area team.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentist had systems to keep up to date with current evidence-based practice. We saw that they assessed and documented 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 was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist 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 dentist where applicable, 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.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. Patients could choose to be seen by the dental hygiene therapist on a private basis, or receive dental hygiene treatment by the dentist as part of their NHS care plan.

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 dentist gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

The practice's consent policy included information about the Mental Capacity Act 2005. The dentist 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 give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

The dentist 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 dentist assessed patients' treatment needs in line with recognised guidance.

Effective staffing

At the time of the inspection, apart from the part time dental hygiene therapist, there were no staff directly employed by the practice. There were arrangements in place with a local agency to provide dental nurses. They had regular agency nurses who attended, this ensured familiarity with the practice systems and consistency for patients.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. This included where appropriate, referrals on a private basis to the dental hygiene therapist.

The dentist 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 bacterial 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.

The patient who provided feedback commented positively that they were happy with their treatment and staff provided a very good service. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone. Practice information was provided 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 limited privacy when reception staff were dealing with patients. A private room was available if a patient was distressed or asked for more privacy. 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 and the requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. For example;

- Interpretation services were available for patients who did not have English as a first language. Sign language interpreters were provided for patients with a hearing impairment.
- Staff communicated with patients in a way that they could understand and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. For example, the manager highlighted the availability of a local community group for the over 50's.

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

The practice's information leaflet and NHS Choices website provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, models, information leaflets and X-ray images shown to the patient or relative to help them better understand the diagnosis and treatment.

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.

The practice 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 which were underpinned by a disability access audit. These included a portable ramp and a call bell at wheelchair height to notify staff of the patient's arrival and to ensure prompt assistance was provided if necessary. Grab rails were fitted in the patient toilet and staff arranged for British Sign Language translators to attend for deaf patients.

Patients could choose to receive text message reminders for upcoming appointments. The manager confirmed they would be happy to telephone patients to confirm their appointment if this was their preference, to make sure they could get to the practice.

Timely access to services

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

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

The practice had an efficient appointment system to respond to patients' needs. Patients who requested urgent advice or care were offered an appointment the same day. The manager carried out regular analysis of the appointment system and showed us how they block appointment slots for urgent care and to ensure enough appointments were available for patients to return quickly for any necessary treatment identified at their assessment. 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 practices' information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

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 on how to handle a complaint. The practice information leaflet explained how to make a complaint, copies of this were available to patients in the waiting room to take a copy if they wished.

The manager was responsible for dealing with these. The 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 received in the last 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff working at the time to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist and manager had the skills to deliver high-quality, sustainable care. They had the experience and skills to deliver the practice strategy and address risks to it. As the management, delivery and running of the service was the responsibility of two individuals, capacity was limited. They were members of a professional expert programme, which was used effectively to access up to date information in relation to the leadership and governance of the practice.

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, they had tried unsuccessfully to recruit dental nursing staff. They engaged a local dental nurse agency to provide dental nursing support to ensure that patients could continue to receive care. We highlighted some areas for improvement. The manager took immediate action to address these and provide us with evidence of this.

Culture

The practice had a culture of high-quality sustainable care.

The practice focused on the needs of patients. We saw evidence of where the manager had taken effective action to deal with performance issues.

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

Governance and management

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

The dentist had overall responsibility for the management and clinical leadership of the practice with support from the manager who was responsible for the day to day running of the service.

The provider had a system of clinical governance in place which included policies and procedures that were up to date, relevant to the practice and reviewed on a regular basis. We highlighted that safeguarding training and procedures needed to be updated and made more available, an incident reporting policy and process was not in place and the practice could not show that a previous incident had been investigated and acted on appropriately. A recruitment policy was in place but the practice could not evidence this had not been followed for the recruitment of the dental hygiene therapist.

The processes for managing risks and issues required improvement. For example, by ensuring that:

- hazardous substances are risk assessed.
- radiography equipment is serviced and safe to use.
- systems are in place to ensure waste is segregated appropriately and gypsum waste disposed of in line with legislation.
- emergency medical equipment is in line with GDC standards and Resuscitation Council UK guidance.
- An effective system is in place to receive and act on all appropriate patient safety alerts.
- A process is in place to identify missing or stolen prescriptions.
- Hot water temperatures are reviewed to avoid scalding.

It is clear the practice acted with good intentions by obtaining agency staff to ensure that patients could continue to receive care, but the risks relating to this had not been effectively assessed. For example, no evidence was sought that these individuals were qualified, indemnified, had appropriate immunity or had received a DBS check. There was no system to identify whether they were up to date with life support training, and whether the practice could ensure there were always two trained members of staff on the premises in line with GDC standards. The manager confirmed they would obtain all the necessary evidence from each individual before they could work at the practice again.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

The 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

Are services well-led?

The practice involved patients and external partners to support high-quality sustainable services.

The practice used patient surveys and verbal comments to obtain 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 agency staff through informal discussions. The agency dental nurse working on the inspection day confirmed they would be happy to raise any concerns or issues to the service.

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 radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The dentist and manager showed a commitment to learning and improvement and valued the inspection as an opportunity to review practice processes. They were open to discussion and feedback during the inspection.

The dentist completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. We highlighted that their safeguarding training should be updated.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:** • The provider had not ensured that the control panel switch on the X-ray machine located in the front surgery was safe to use, or put out of use until it was decommissioned or repaired. • Emergency medical equipment was not in line with GDC standards and Resuscitation Council UK guidance. The practice did not have the means to deliver adrenaline in the event of a life-threatening allergic reaction. • Risks were not assessed and acted on. In particular: ▪ The practice did not receive patient safety alerts. ▪ Correct waste segregation could not be assured. ▪ A previous incident had not been acted on appropriately. ▪ The prescription logging system did not ensure prescription security • Essential checks were not in place for agency staff working at the practice and the practice were not aware whether the agency carried these out. For example, whether staff were qualified, indemnified, had appropriate immunity or had received a DBS check. • Appropriate safeguarding arrangements were not in place to ensure that any concerns were reported in a timely way. Regulation 12 (1)

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had systems or processes in place that operated 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:

- The provider did not ensure that systems were in place to ensure waste is segregated appropriately and gypsum waste disposed of in line with legislation.
- The practice did not have systems to ensure that medical emergency arrangements were in place and in line with GDC standards and Resuscitation Council UK guidance.
- The provider did not have an effective system to receive and act on all appropriate patient safety alerts.
- A process was not in place to identify missing or stolen prescriptions.
- The provider did not ensure that effective recruitment procedures were in place to ensure that appropriate checks were completed prior to agency staff commencing employment at the practice.
- There was no system to identify whether agency staff were qualified, indemnified, had appropriate immunity or had received a DBS check. Risks relating to the use of agency staff had not been effectively assessed. In particular, whether they were up to date with life support training, and whether the practice could ensure there were always two trained members of staff on the premises in line with GDC standards.
- The provider did not ensure an incident reporting policy and process was in place. The manager did not know the location of the accident reporting book and the practice could not show that a previous incident had been investigated and acted on appropriately.

There was additional evidence of poor governance. In particular:

- There was no evidence that hazardous substances were risk assessed.
- Hot water temperatures had not been reviewed to avoid scalding.

This section is primarily information for the provider

Requirement notices

- Safeguarding information did not include up to date details of key contact organisations and was not made available to staff.

Regulation 17 (1)