

Mr Ashit Patel

Perivale Dental Practice

Inspection Report

1 Teignmouth Gardens
Perivale
Greenford
Middlesex
UB6 8BX

Tel: 020 89972737

Website: www.perivaledentalpractice.com

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Overall summary

We carried out this announced inspection on 13 August 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

Perivale Dental Practice is in Perivale in the London Borough of Hillingdon. The practice provides NHS and private treatment to patients of all ages.

The practice has two treatment rooms, both located on the ground floor; one was in use at the time of our inspection. The practice is situated close to public transport bus and train services.

The dental team includes the principal dentist and one associate dentist. One trainee dental nurse and dental hygienist also work at the practice. The clinical team are supported by a receptionist.

Summary of findings

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

On the day of inspection we received feedback from 26 patients.

During the inspection we spoke with the principal dentist, the trainee dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays to Fridays between 9am and 5.30pm.

Saturdays between 9am and 5.30pm for dental hygiene appointments only.

Our key findings were:

- The practice appeared clean.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- 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 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 dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.
- The practice had clearly defined leadership. There were some systems to help them assess and manage risk. However these were not always consistent or in line with current guidance and legislation.

- The practice had infection control procedures which reflected published guidance. Improvements were needed so that infection control audits were carried out in line with current guidance.
- Staff knew how to deal with emergencies. Improvements were needed to ensure that appropriate medicines and life-saving equipment were available.
- Improvements were needed to the systems for checking, servicing and maintenance of equipment taking into account current national guidance and ensure that all equipment is well maintained.
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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 regulations the provider was not meeting are at the end of this report.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review availability of medicines and equipment to manage medical emergencies taking into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice protocols for assessing and mitigating risks where clinical staff such as the dental hygienist work without chair side support.
- Review the security of prescription pads in the practice and ensure there are systems in place to track and monitor their use.

Summary of findings

- Review the practice's protocols for referral of patients and ensure all referrals are monitored suitably.
- Review its responsibilities to respond to the needs of patients with disability and the requirements of the Equality Act 2010.

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 some systems and processes to provide safe care and treatment.

There were systems to use 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.

Staff were qualified for their roles and the practice completed essential recruitment checks.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

Improvements were needed to ensure the availability of the recommended emergency equipment.

Improvements were also needed to ensure that risks associated with the safety of the premises and equipment were assessed and mitigated. This was in relation to risks associated with fire safety equipment.

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 excellent and to a very high standard. They said that they were very pleased and satisfied with the way in which they were treated by the dentists and the dental hygienist.

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. Improvements were needed to ensure that all referrals were monitored to make sure they were dealt with promptly.

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

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 26 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, helpful and respectful.

Patients said that their dentist listened to them and helped them to understand the treatment provided.

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?

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. Patients commented that they received treatment in a timely manner. They said that staff did their best to accommodate their needs.

The layout of the practice meant that they could not provide a fully accessible service.

The practice had arrangements to help patients whose first language was not English and those with sight or hearing loss should these be required.

The practice took patients views seriously. They valued compliments from patients and had systems in place to respond 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).

There was a defined management structure, but the lack of robust risk assessment and management systems affected the day to day management of the practice.

Improvements were required to ensure the smooth running of the service.

The practice had not effectively assessed and mitigated risks in relation to fire safety. There were ineffective arrangements to ensure that all equipment in use was serviced and maintained in line with the manufacturer's instructions and other related guidance and legislation.

Improvements were needed to the arrangements for receiving and acting on safety alerts issued by relevant bodies to monitor and improve safety within the practice.

Requirements notice



Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The principal dentist was the practice safeguarding lead who had responsibility for overseeing the practice procedures. They were able to demonstrate to us that they had made appropriate referrals where they had concerns about the welfare of patients.

We saw evidence that staff received safeguarding training annually. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns to the local safeguarding team and notification to the CQC.

Staff demonstrated an understanding and awareness of issues which may render some people more vulnerable such as 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. 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.

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 suitable staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at the recruitment records for each of the five members of staff. These showed the practice followed their recruitment procedure. Appropriate checks including employment references and Disclosure and Barring Services (DBS) checks and evidence of each candidate's skills and experience were carried out for relevant staff.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. There were systems in place to monitor this.

Improvements were needed to the practice arrangements to ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Records were available in relation the service and maintenance for some equipment including the X-Ray equipment, electrical and mechanical appliances.

Records were not available to demonstrate that the equipment used for sterilising used dental instruments had been serviced and maintained in line with the manufacturer's instructions.

Records were not available to demonstrate that fire detection and firefighting equipment such as fire extinguishers had been regularly tested and serviced between 2011 and 2018. New fire extinguishers had been purchased in July 2018.

The practice had a fire safety procedure and a fire safety risk assessment which had been recently carried out. The principal dentist was reviewing and acting on the findings from the risk assessment. There was a fire evacuation procedure in place and staff were aware of the fire safety and evacuation arrangements

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.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice had recently carried out a dental radiograph audit. The result of this audit was being used to maintain and improve safety and quality in relation to dental radiography.

Improvements were needed so that radiography audits were carried out every year in accordance with current guidance and legislation.

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

Risks to patients

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

Are services safe?

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 practice had some arrangements to manage risks associated with dental sharps. Improvements were needed so that a sharps risk assessment was in place and that staff followed relevant safety regulation when using needles and other sharp dental items.

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. The practice had policies and procedures in place to assist staff to respond promptly and appropriately to medical emergencies.

Emergency medicines and equipment were available as described in recognised guidance with the exception of adult oxygen face mask with reservoir and clear oxygen face masks. These items were ordered by the practice on the day of the inspection and available for use in the practice on the next day.

Arrangements to check emergency medicines and equipment had been implemented shortly before the inspection. Records dating from July 2018 showed that checks were made to make sure that they were available and that medicines were within their expiry date. There were no records to show that checks had been carried out prior to this date.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. Improvements were needed so that a risk assessment was in place for when the dental hygienist worked without chairside support and there were clear arrangements in place for the dental hygienist to alert staff should they require assistance.

The provider had arrangements to minimise the risk that can be caused from substances that are hazardous to health. There was a risk assessment in place and detailed information to guide staff on how to act in the event of accidental exposure to hazardous substances.

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. Staff were aware of and followed these procedures. Staff completed infection prevention and control training and received updates as required.

The practice had suitable 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 tested daily. There were no records on the day of the inspection to show that sterilising equipment was validated and maintained in line with the manufacturers' guidance. These records were provided shortly after the inspection.

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. We saw records of water temperature testing and dental unit water line management were in place. A Legionella risk assessment had been carried out in 2014 and all the recommended improvements had been addressed. This risk assessment had been reviewed by the principal dentist in 2018 to ensure that risks were assessed and mitigated.

The practice was clean when we inspected and patients confirmed that this was usual.

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

Improvements were needed so that the practice carried out infection prevention and control audits twice a year. One audit had been carried out in August 2018. No other audits were available to demonstrate that the infection prevention and control procedures were monitored.

Information to deliver safe care and treatment

Are services safe?

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

We discussed with the principal 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 detailed, accurate, complete, and legible. Dental and other records and were kept securely. Information handling processes at the practice were in compliance with General Data Protection Regulations requirements (GDPR) (EU) 2016/679.

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 suitable systems for appropriate and safe handling of medicines. There were checks carried out to ensure that medicines did not pass their expiry date and enough medicines were available if required.

There were appropriate systems for checking and monitoring medicine stocks to minimise risks of misuse.

The principal dentist was aware of current guidance with regards to prescribing medicines. Improvements were needed to arrangements for maintaining the security of prescription pads in the practice and to ensure there were systems in place to track and monitor their use.

Track record on safety

There were systems in place for reporting and investigating accidents or other safety incidents. The practice had systems in place to monitor and review 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 no safety incidents.

Lessons learned and improvements

There were suitable 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.

Improvements were needed to the practice system for receiving and acting on safety alerts. The principal dentist told us that they had recently registered to receive safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). However none of the recent relevant alerts issued by the agency had been received, reviewed or acted on as appropriate.

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 the dentists assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

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 practice demonstrated that they had a strong focus on improving dental health and in particular meeting the needs of children. The practice were participating in a national initiative – Starting Well, a programme set up to ensure children receive better dental advice. The practice undertook a number of activities within the local community including sessions at local schools to teach children the importance of oral health and to encourage parents to take their children to the dentist.

The principal dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They also told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets and information to help patients with their oral health.

The principal 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.

A dental hygienist worked at the practice on Saturdays and provided dental treatments and advice on preventing dental disease and promoting oral health.

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 principal dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients were provided with detailed treatment plans which described the proposed treatments. These included information in relation to the intended benefits, potential complications or risks and the cost of treatment.

Patients confirmed their dentist listened to them and gave them clear information about their treatment and time to consider any treatment options available.

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 the 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 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.

The principal dentist told us that they were introducing arrangements to audit patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

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

Staff new to the practice had a period of induction based on a structured programme to help familiarise themselves with the practice policies, procedures and protocols. We

Are services effective?

(for example, treatment is effective)

confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. There were systems in place to monitor this and to support staff as needed.

There were arrangements in place to discuss staffs' individual training and development needs. We saw evidence of completed appraisals.

Co-ordinating care and treatment

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

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

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.

Improvements were needed to ensure that all referrals were monitored 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 pleasant, kind and helpful. They said that staff always treated them with the care and dignity.

Patients confirmed that staff were empathetic when they were anxious or in pain or discomfort. The receptionist told us that patients who received complex treatment were contacted the following day to check on their welfare.

Information leaflets were available in the waiting area 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 area was open plan in design and the receptionist and other staff were mindful to maintain privacy when assisting with patients in person or on the telephone. 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 and the requirements under the Equality Act (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services could be made available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand.
- 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. Patients confirmed that staff listened to them, did not rush them and discussed options and costs of treatment with them. The principal dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice. New patients were provided with information about the dental team and the services provided. Leaflets and posters provided additional information.

The principal dentist described to us the methods they used to help patients understand treatment options discussed. These included for example X-ray images, models and photographs, which were shown to the patient 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. Patients said that they were always able to access appointments that were convenient to them.

Staff were clear on 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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The principal dentist told us that they were able to support these patients and assist them to access the treatment rooms. They told us that a Disability Access audit had been completed; however this was unavailable on the day of the inspection.

The layout of the premises meant that the practice was unable to provide an accessible service in terms of toilet facilities. The principal dentist told us that he was considering the need for a portable ramp. The practice had a hearing induction loop available if needed.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. The practice displayed its opening hours in the practice, in the patient information leaflet and on the practice website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were where possible seen on the same day. Patients told us they had enough time during their appointment and did not feel rushed.

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

The principal receptionist was responsible for dealing with these and passing complaints of a clinical nature to the principal dentist. Staff told us that the practice aimed to deal with and resolve complaints in-house. 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 within the previous 18 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 practice had arrangements in place to review patient and service demands and plans to ensure that the practice had the capacity to meet these.

The dental team were small and the principal dentist had responsibility for the leadership and management arrangements within the practice.

The principal dentist, we were told by staff was approachable and available to discuss any issues.

The practice had systems, policies and procedures, the majority of which had been reviewed or introduced shortly before our inspection visit. These were not fully embedded to effectively underpin the management and the delivery of the service.

Vision and strategy

There was a clear vision and set of values to provide dental services which met the needs of the local community. The dental team were aware of and involved in reviewing and developing the practice ethos and strategy.

Culture

The practice had a culture to deliver patient focused care and to meet the dental needs of people in the community.

Staff stated they felt involved, supported and happy to work in the practice.

The practice had arrangements to support staff and to ensure that behaviour and performance were consistent with the practice's vision and values.

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

Staff we spoke with 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

The principal dentist was responsible for the clinical management, leadership and the day to day running of the practice. Staff knew the management arrangements.

The practice policies, procedures and protocols were accessible to all members of staff. However the majority of these were new and had not been embedded into the practice and staff were unfamiliar with some of these protocols and procedures.

There were some processes for identifying and managing risks. The risk assessment procedures within the practice had been recently reviewed and the principal dentist told us that they had employed an external consultant to assist with implementing these. Improvements were needed to ensure that some of the processes for managing risk were clear and effective. This related to ensuring that risks associated with areas including equipment, the management of dental sharps and medical emergency procedures, fire safety, infection control were assessed and mitigated.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice was aware of and had systems in relation to the General Data Protection Regulation (GDPR) requirements. Patients were told how information about them would be used and were assured of the measures in place to protect this information.

Engagement with patients, the public, staff and external partners

The practice involved patients and staff to support patient focused services.

The practice used patient surveys, comments and feedback 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 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

The practice had some quality assurance processes the majority of which had been reviewed or introduced shortly before our inspection visit. Improvements were needed so that there were continuous systems and arrangements in

Are services well-led?

place to monitor and improve the quality and safety of the service. This related to ensuring that audits in relation to infection control and dental radiography were carried out periodically in line with current guidance and regulation and that there were systems in place to review and act on safety alerts.

There were arrangements to review staff and appraise staff performance and to support all members of staff to develop skills, knowledge and experience.

Records showed that qualified clinical staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

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 and 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>How the regulation was not being met.</p> <p>There were limited systems and processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <ul style="list-style-type: none">• Infection prevention and control audits were not carried out every six months in line with guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.• Audits were not carried out each year in line with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017 to ensure the quality of grading, justification and reporting in relation to dental radiographs. <p>There were limited systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular:.</p>

This section is primarily information for the provider

Requirement notices

- There were ineffective arrangements for assessing and mitigating risks associated with fire and ensuring that fire safety equipment was regularly checked, tested and maintained in line with the manufacturer's instructions.

Regulation 17 (1)