Diplomat House Dental Care Limited

Diplomat Dental Care

Inspection Report

Oakfield Street
Blandford Forum
Dorset
DT11 7EX
Tel:**01258 456901**
Website:www.diplomathouse.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 18 August 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found this practice was not 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.

Diplomat Dental Care is part of the provider Southern Dental Limited. The location provides care and treatment for approximately 19000 patients. The practice provides predominantly NHS treatment, some private treatment and treatment under a private dental plan provider. Treatment includes implants, and general dentistry, for example fillings. The practice has four dentists, one hygienist and four dental nurses, including one trainee dental nurse. The clinical team are supported by three reception staff. The practice has five treatment rooms and a separate decontamination room. The practice is open on weekdays between 9am and 5pm, until 7pm on Tuesdays and between 9am and 1pm on Saturdays. Arrangements are in place for emergency consultations when needed.

Diplomat Dental Centre did have a registered manager in post but that person is no longer working at the practice. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. The practice did not have a practice manager in post; cover is being provided on a temporary basis by another manager.

A total of 20 people provided feedback about the service. These included staff members and patients we spoke with on the day, as well as comments cards which had been completed in the two weeks prior to our visit. The feedback was not positive and many remarked on the

Summary of findings

decline in service provision since the practice had changed providers. Comments related to cancelled appointments, lack of equipment and a high staff turnover.

Our key findings were:

- Patients commented positively about the care and treatment they received and the professional and caring attitude shown by staff. However, they were concerned with the cancelled appointments, staff turnover and delays in treatment.

- The practice did not have suitable arrangements in place to ensure safeguarding training for staff was carried out regularly.
- Appropriate checks were not consistently carried out prior to a member of staff commencing employment.
- Risk assessments related to health and safety had been carried out consistently.
- The practice did not have sufficient supplies of instruments to ensure procedures were carried out safely.
- We observed patients were treated with dignity and respect and staff addressed patients using their preferred name or title
- The practice ensured that patients were given information about their proposed treatment to enable them to give informed consent.
- The practice had all the surgeries situated on the ground floor so it was accessible to patients with mobility difficulties and the toilet on the ground flow was wheelchair accessible.
- The reception counter was purpose built at a low level making it easier to communicate with patients that were in wheelchairs.
- The practice provided general dentistry and implants and referred patient to other dentists with the appropriate qualifications that worked within the provider organisation.
- Appointments times were varied and some extended hours appointments were available and there was a system for patients to obtain same day treatment in an emergency, which included a half hour appointment.

We identified regulations that were not being met and the provider must**:**

- Ensure that appropriate systems and training are in place to safeguard patients from harm.
- Ensure that a full medical history of patients is taken at their first appointment and updated regularly.
- Ensure that records required for the provision of the regulated activity are accurate and maintained.

- Ensure that there is a sufficient supply of instruments to carry on the regulated activity.
- Implement all the recommendations of the fire risk assessment carried out in 2013.

- Ensure that there are sufficient numbers of staff for the running of the service.
- Ensure all appropriate checks are carried out prior to a member of staff commencing employment.
- Ensure risks identified at during the recruitment process are properly assessed and managed.
- Ensure suitable and robust governance systems are in place and action plans are implemented and followed.

You can see full details of the regulations not being met 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.

Are services safe?

We found that this practice was not providing safe 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 provider did not have suitable arrangements in place to ensure safeguarding training for staff was carried out regularly. There was limited information on who should be contacted in the event of safeguarding concerns being identified. Appropriate checks were not consistently carried out prior to a member of staff commencing employment. Risk assessments related to health and safety had been carried out. However, we found that where risks had been identified, action had not been taken to protect people from harm. The practice did not have sufficient supplies of instruments to ensure procedures were carried out safely. There were only sufficient quantities of instruments to carry out routine work. Those required for more complex work had to be cleaned and sterilised prior to being used, which delayed patients' treatment.

Are services effective?

We found that this practice was not providing effective 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).

Patients' care and treatment was usually assessed, planned and delivered according to their individual needs. We looked at dental care records and found that when some dentists were taking a patient's medical history or updating it, they had cut and pasted information from previous consultations. Comments that we received from patients also indicated that on occasions their medical history was not updated and that changes in their medication had not been noted on their records.

Are services caring?

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

Patients commented positively about the care and treatment they received and the professional and caring attitude shown by staff. However, they were concerned with the cancelled appointments, staff turnover and delays in treatment.

We observed patients were treated with dignity and respect and staff addressed patients using their preferred name or title. The practice ensured that patients were given information about their proposed treatment to enable them to give informed consent.

Are services responsive to people's needs?

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

The practice had all the surgeries situated on the ground floor so it was accessible to patients with mobility difficulties and the toilet on the ground flow was wheelchair accessible. The reception counter was purpose built at a low level making it easier to communicate with patients that were in wheelchairs.

The practice provided general dentistry and implants and referred patient to other dentists with the appropriate qualifications that worked within the provider organisation. Appointments times were varied and some extended hours appointments were available and there was a system for patients to obtain same day treatment in an emergency, which included a half hour appointment.

Summary of findings

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 at the end of this report).

The provider did not have a systematic approach to audit. There was a central audit system in place which had been implemented by the provider, however, staff viewed this as rudimentary and not sufficiently robust to ensure learning and improvements were actioned. Records kept were not consistently updated and accurate. For example, there was a system in place to review policies and procedures, but this was not consistently followed and information contained within some policies was out of date.

Diplomat Dental Care

Detailed findings

Background to this inspection

We carried out this inspection under section 60 of the Health and Social Care Act 2008 as part of our regulatory function. The inspection was planned to check whether the practice was meeting the requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 27 July 2015 by an inspector from the Care Quality Commission who was accompanied by a specialist dental advisor.

Prior to the inspection we reviewed information that we held about the provider. We also reviewed information that we asked the provider to send us in advance of the inspection.

We received feedback from 20 people during the inspection. This included staff and patients. Patients provided their feedback on comments cards that they had completed in the two weeks prior to the inspection.

We reviewed a range of policies and procedures and other documents associated with the provision of treatment.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents
The practice had a process in place for reporting and recording incidents, including

adverse medicine reactions. Incidents were discussed at practice meetings so that learning could be shared and records of meetings supported this. An accident book was also in place and we saw that reported accidents were investigated and appropriate actions were taken, for example in the event of a needle stick injury.

Reliable safety systems and processes (including safeguarding)
The practice had policies and procedures in place for child protection and safeguarding people who used the service. We found that the policies did not fully provide information on actions staff were required to take in the event of a safeguarding concern. There were no details on who to contact or the roles of specific agencies, such as the police or social services. Staff training records had not been collated and there was no evidence to show that all staff had received training in safeguarding children and vulnerable adults which was appropriate for their role. Staff were able to demonstrate their knowledge of how to recognise the signs and symptoms of abuse and neglect and who to report to. The practice did have a copy of 'Every Child Matters' for staff to refer to in the event of a safeguarding concern about a young person or child.

On the day of the inspection we were unable to locate the whistle blowing policy. We were provided with a copy of this after the inspection. We found the policy was limited in details and did not have information on who staff could contact if they were not confident to approach the provider. We also found that the document had been created after our inspection visit.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments) to minimise the risk of inoculation injuries to staff members. Information available for staff detailed the actions they should take if an injury from using sharp instruments was in place.

Dentists ensured that practices reflected current guidance in relation to safety. For example, the dentists used a rubber dam for certain procedures to ensure patient safety and increase effectiveness of treatment (rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate an operative sight from the rest of the mouth).

Medical emergencies
The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included oxygen masks for both adults and children. Oxygen and medicines for use in an emergency were available. Records were not available to identify that regular checks were done to ensure the equipment and emergency medicine was safe to use. We found that all medicines were within their expiry dates and emergency equipment was safe to use.

Staff said they had completed training in emergency resuscitation and basic life support including the use of the automatic external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell. Staff training records were held in their individual files, there was no overall matrix to indicate when training had been given or planned for.

Staff recruitment
There were recruitment and selection procedures in place. Appropriate checks had not consistently been carried out prior to a new member of staff starting work. This included evidence of professional registration with the General Dental Council, indemnity insurance, identity verification and checks with the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We looked at three staff files and found that one of them did not have all the required information. For example, evidence of satisfactory conduct in previous employment and risk assessment if required of any cautions or convictions identified through DBS checks.

Monitoring health & safety and responding to risks
The practice had arrangements in place to manage risk. A fire risk assessment had been carried out and exits were clearly marked. The practice had fire extinguishers available for use if needed, however, a fire drill had been completed in March 2015, but there was no record of the

Are services safe?

time it took to evacuate the building. The fire risk assessment carried out in 2013 recommended that more than one member of staff should be trained as a fire warden, this had not occurred. There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. The practice maintained a COSHH file in order to manage risks (to patients, staff and visitors) associated with substances hazardous to health, but this did not have an index to enable information to be accessed easily.

Other risk assessments carried out included those for safe working, health and safety of the environment and moving and handling. We found that where risks had been identified, action had not been taken to protect people from harm. For example, records showed that the hot water supply to one room was not consistent and remedial action had not been taken. The provider subsequently arranged for an engineer to check the water system after our inspection. We noted that monitoring of refrigerator temperatures that should be recorded on a daily basis had last been completed in March 2015. Liquids were stored next to the main electrical systems and this had not been identified as a risk.

We also found that risks to staff were not appropriately addressed. The staff room had black mould on the walls and the stairs leading up to the staff room did not have suitable handrails in place to minimise the risk of injury. The provider arranged for remedial action to be taken after our inspection. The practice had a risk assessment carried out on asbestos in the building, but there was no plan in place regarding the management of asbestos.

Infection control

The guidelines for decontamination of instruments were displayed on the wall of the decontamination area. These referred to appropriate national guidelines found in Health Technical Memorandum (HTM) 01-05. The practice did not have a designated member of staff to lead on infection prevention and control. Practice staff showed us the decontamination area and the processes used to clean and decontaminate dental instruments ready for use. There was a separate room for the decontamination of instruments. Equipment in the room had been installed in a way which enabled staff to follow a dirty to clean workflow so that when instruments had been cleaned they would not be decontaminated. The process for cleaning and sterilising instruments was achieved by using an ultrasonic cleaning bath and then steriliser. Instruments were checked as part of this process and equipment checks were completed to verify that that the instruments had been effectively cleaned and sterilised prior to reuse. Instruments were packaged after sterilisation in line with best practice but the workspace was limited for this process. The equipment list showed that the practice had two autoclaves, but we found only one was operational.

Staff used appropriate personal protective equipment, such as gloves and masks when treating patients and as part of the decontamination process. Dental nurses we spoke with were knowledgeable about the infection control procedures and told us they did not have an adequate supply of instruments to meet daily needs, this view was also confirmed by dentists and comment cards. Patients reported that their treatments had to be interrupted or cut short due to unavailability of instruments. The practice had systems in place for daily and weekly quality testing of the decontamination equipment and records confirmed these had taken place. However, there was no central record of checks that had been carried out to allow systematic checking. The practice had identified this need on an audit undertaken on 23 July 2015, but an action plan had not been developed.

We found that clean instruments were stored appropriately within sealed packaging. The date of sterilisation showed they were all in date and ready for use.

Dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. However, there were no records to confirm this. Legionella is a term for particular bacteria which can contaminate water systems in buildings. A Legionella risk assessment had been carried out by an appropriate contractor and documentary evidence was provided to support this.

A recent infection control audit had been completed by the practice, one action identified was the purchase of a washer disinfector to comply with best practice. This action had also been identified on the action plan produced from the previous audit undertaken in 2014. This had not been completed at the time of our inspection

The practice was visibly clean and tidy in patient areas. A cleaning schedule was in place but did not indicate which

areas should be cleaned and cleaning records were last completed in May 2015. We also found that daily toilet checks were last recorded as being carried out in October 2014.

Cleaning was undertaken by an employed cleaner. Staff confirmed that cleaning duties were also performed by the dental nurses who followed their own schedules. Cleaning equipment was stored near the decontamination area and followed the recommended colour coding system used by the NHS. There were clear procedures in place for the disposal of clinical, non-clinical and hazardous waste. Sharps bins were stored when full and awaiting collection from a contractor. Safe procedures were in use for the removal of amalgam and X-ray development fluid.

Equipment and medicines

Equipment including apparatus used in the treatment process, emergency equipment and equipment that was used as part of the decontamination process was maintained and serviced. We saw evidence that equipment had been subject to portable appliance testing. However there was no evidence that the dental compressor had been appropriately maintained and tested. Some equipment was in a poor state of repair and needed to be replaced or repaired. For example, a chair was ripped and therefore could not be easily cleaned, a screen used to provide clinical information to patients was broken and could not be used. The light bulbs in the reception area were missing and some had been broken for a long period of time.

Practice staff told us that they did not have sufficient instruments to ensure that surgeries could operate effectively and safely. We found that there were not enough instruments in place for the four surgeries to be fully operational and a limit on the quantity of instruments available indicated that there would be insufficient time to ensure that they were appropriately cleaned and sterilised prior to re-use.

Emergency medicines were available and in date but the first aid box contained three items that had expired in August 2014 and there was no checklist available to identify the items that should be contained in the first aid kit. Materials used in the surgery were within their expiry date and accessible.

The practice had dedicated staff who carried out implant work and there were clearly defined work procedures in place to ensure these were carried out safely.

Radiography (X-rays)

The practice had a radiation protection file that contained all of the information required to meet the requirements of the Ionising Radiation (Medical Exposure) Regulations 2000 (IR (Me) 2000 and the Ionising Radiation Regulations 1999 (IRR99). This filed contained details of the radiation protection advisor, the radiation protection supervisor and evidence of maintenance and critical testing of the x-ray set. The local rules for the safe use of ionising regulations were displayed in each surgery to provide staff with guidance on the safe use of radiography within the practice.

X-rays are only taken by dentists and x-ray equipment had been serviced in 2014. The dentists assessed the quality of x-ray images and graded the radiographs (x-rays) to monitor their quality. However, records showed that when shortfalls were identified actions were not taken to ensure that these were addressed. For example, we found a Radiation Protection Advisor had carried out audits in December 2013 and December 2014. Similar issues had been identified on both reports produced, such as, ensuring that exposure times were sufficient for each patient to ensure a clear image was obtained for diagnostic purposes.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' care and treatment was usually assessed, planned and delivered according to their individual needs. We looked at dental care records and found that when some dentists were taking a patient's medical history or updating it, they had cut and pasted information from previous consultations. Dentists we spoke with said that they did this, due to time pressures and were aware that it may lead to system errors and a lack of up to date information in dental care records. Comments that we received from patients also indicated that on occasions their medical history was not updated and that changes in their medication had not been noted on their records. The practice had carried out audits of record keeping and found that there were shortfalls, such as incomplete medical histories. However, there were no action plans in place to address this. Risk assessments for the management of records indicated that a full medical history should always be taken but this had not been done.

We reviewed patient dental care records and saw that the dentist kept a record of their examinations of soft tissues, teeth and other relevant observations. We saw that the dentist assessed the patient's gums and provided a more detailed assessment when required. This was followed by a prescription for treatment by a dental hygienist if required and this was recorded in the patient's dental care record. The prescription contained sufficient information and direction for the dental hygienist to carry out treatment. Patients were recalled on evidence base and patient need.

Health promotion & prevention

A dental hygienist works at the practice five days per week and received referrals from the dentists. They carried out oral health screening, and provided guidance to patients on diet, oral healthy, carries, smoking cessation and the use of fluoride toothpastes and mouthwashes. Dentists also provided oral health advice. At risk groups had been identified and staff reported that the practice had fewer patients with poor oral health and that patients generally had a lower level of dental decay than some more urban areas.

Staffing

Dentists were supported by a qualified dental nurse or a trainee dental nurse at all times but this was not easy to achieve as there were no additional dental nurses to support business continuity during periods of unplanned absences. Where possible, staff covered one another's planned and unplanned leave. If this did not provide sufficient levels of staff, agency staff were used. Staff reported that it was not always possible to get agency staff and they had to cover. We found that during a period of one week 10 agency staff had been used. There was no information on their competency. The practice provided us with information on cancelled or postponed appointments. This showed that 605 appointments had been postponed since January 2015 due to staff shortages or sickness. Comments received from patients showed that they were aware of staff shortages and sickness and identified concerns about the staff turnover and poor continuity of care.

Representatives of the provider told us that staff turnover was stable and low. We requested information of how many staff had left in the previous three years and found that four practice managers had left in the past three years and a total of 24 staff had left since April 2014. On the day of inspection we were told that three of the dentists were leaving. The practice was advertising for new staff and was in the process of recruiting a practice manager.

Nurses were supported to gain their NVQ Level 3 in Dental Nursing. Staff had not completed any training in extended duties. The provider did not have a formal supervision or appraisal system.

Working with other services

The practice referred patients to secondary (hospital) care if required and to other specialists within the provider organisation. This was done using a central referring system but referrals that we saw were photocopies that were of poor quality. Referrals were not stored electronically on the practice computer system. We reviewed three complaints that related to poor management of referrals. Patients were able to see their referrals, but a copy of the referral was not routinely given to a patient. The records did not demonstrate that referrals were followed up in a timely manner.

Consent to care and treatment

The practice provided treatment on both a private and NHS basis. There was a list of treatment costs for those patients receiving treatment on the NHS but there was no list of treatment costs for those patients that were paying for treatment privately and there were no options advertised for patients to spread the cost of their treatment.

Are services effective?

(for example, treatment is effective)

The practice had a copy of the easy read summary on mental capacity published by the Department of Health in 2013, a copy of information about Gillick competencies and a copy of the publication called Every Child Matters but there was no other information available to staff regarding the Mental Capacity Act 2005. There was no evidence that staff had received training in the Mental Capacity Act 2005.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During our visit we spoke with patients about their care and treatment and we reviewed 19 CQC comments cards. Patients commented positively about the care and treatment they received and the professional and caring attitude shown by staff. However, they were concerned with the cancelled appointments, staff turnover and delays in treatment. We observed patients were treated with dignity and respect and staff addressed patients using their preferred name or title.

Patient consultations were completed with the door to the surgery closed and the practice had policies and procedures on patient confidentiality. Computers were password protected and patient files were stored in locked cabinets to protect patient confidentiality.

Involvement in decisions about care and treatment

The practice ensured that patients were given information about their proposed treatment to enable them to give informed consent. If a patient lacks capacity to make a decision then support was requested from family members to assist with the process. The dentists explained treatment options to the patients and recorded discussions in the dental care records. The first appointment with the dental hygienist involved a full discussion and explanation about the treatment plan that was being proposed and the completion of detailed dental care records.

The practice provided treatment on both a private and NHS basis. There was a list of treatment costs for those patients receiving treatment on the NHS but there was no list of treatment costs for those patients that were paying for treatment privately and there were no options advertised for patients to spread the cost of their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided general dentistry and implants and referred patient to other dentists with the appropriate qualifications that worked within the provider organisation. Appointments times were varied and some extended hours appointments were available and there was a system for patients to obtain same day treatment in an emergency, which included a half hour appointment. However, we were advised that appointments often had to be cancelled due to staff shortages or due to a lack of available and sterilised instruments. The dentist was supported by a dental hygienist and could refer patients to the dental hygienist if they needed treatment and support to maintain good oral health. We were told that clinics did not run to time and patients had to wait for completion of treatment as some materials were not available.

Tackling inequity and promoting equality

The practice had all the surgeries situated on the ground floor so it was accessible to patients with mobility difficulties and the toilet on the ground flow was wheelchair accessible. The reception counter was purpose built at a low level making it easier to communicate with patients that were in wheelchairs.

Access to the service

The practice was open on Mondays from 8am until 1pm and 1.30pm until 5pm; Tuesdays 9am until 1pm and 1.30pm until 7pm; and on Wednesdays and Thursdays from 8am until 1pm and 1.30pm until 5pm; on Fridays the practice was open from 8am until 1pm and 1.30pm until 4.30pm. Patients could be seen at the practice on a Saturday by appointment.

Information about appointment and contact details of the practice were available on the practice website and within the practice leaflet.

Concerns & complaints

The practice had a complaints policy in place that was clear and well promoted for patients to see. Information about how to complain was also available in the practice information leaflet. The practice had a comments and suggestions box.

We looked at the practice procedures, for acknowledging, recording and investigating complaints, concerns and suggestion should they be made by patients. The summary of complaints showed that the practice had received 56 complaints since April 2014. There was no record of complaints received prior to this time. The practice had responded to patients and resolved the complaints; however there were no records to indicate that complaints had been discussed with staff and no records to identify learning from complaints or incidents.

Are services well-led?

Our findings

Governance arrangements

At the time of inspection the practice manager, who was also the registered manager had left the practice. Cover was being provided by another practice manager from another location. There were systems in place to monitor the service provision. However many of the systems had been put into place or reinstated in the two weeks prior to our and therefore there were gaps in the records held. For example, some risk assessments had been completed on 23 July 2015. None of the staff had received supervision or appraisals, even though the practice policy stated that these would occur regularly. Records for the management of fire, legionella and gas safety had not been consistently completed. These gaps had not been identified and managed by the provider governance systems.

Audits of x-rays had been completed by dentists but there had been no action taken as a result of the findings of theses audits. Records for the management of infection, and the validation of equipment, had been completed by the previous infection control lead. There was one audit of infection control which had been completed on 2 July 2015 but there was no consistent records of infection control audits in line with the requirements of HTM01-05 and the provider system had not identified this.

Risk management and monitoring had been carried out on 23 July 2015 The risk management and monitoring tool had identified that information on gas safety at the practice did not demonstrate that staff were aware of what constituted an emergency and how to make the gas supply safe and who to contact. The risk assessment for management of asbestos stated that there was a written management plan, but this was not seen.

The practice had a data protection folder that had been signed by all staff in the week prior to our inspection. There was also a separate information governance folder. The folders contained copies of key publications such as the Information Commissioners Office guide to data protection and standards for dental professionals 2006. The standards for dental professionals publication had been superseded so this information was not current. Staff completed information governance training.

The business continuity plan was filed within the information governance folder and was not easily accessible. The practice did not have a copy of the current CQC guidance for providers on the Fundamental Standards.

Leadership, openness and transparency

Staff within the practice supported each other to carry out their roles. Discussions were held informally at lunch times or break times. Practice meetings, we were told, had not been held for some time and there was no forward planning in place. Staff said they did not feel supported by the provider and comment cards indicated that patients were aware of low staff morale. The practice did not have regular minuted meetings where staff could voice any concerns. When we spoke with representatives of the provider about business resilience, in view of dentists and the practice manager leaving, they were only able to discuss immediate plans to cover the absence of the practice manager whilst a new one was being recruited. They considered there were sufficient staff, but acknowledged that this needed reviewing to ensure staff were able to reduce the amount of cover for sickness and annual leave they provided and ensure appointments were not cancelled.

Practice policies were in place to support the safe running of the service and these had been reviewed, however many of these had been reviewed prior to our visit and some information such as the standards for dental care professionals had not been updated. Policies and procedures had not been consistently updated or did not reflect current practice.

Management lead through learning and improvement

Staff told us that they had access to training and training records were available as part of staff files. Staff were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). It is a requirement that of the GDC that people who are registered with them complete a specified number of CPD hours, including training in medical emergencies, to maintain their registration. However, there was no single system in place to identify when staff completed essential training each year and highlight when training was due for renewal. The practice had noted on a risk assessment that training records needed to be compiled centrally, but there was no action date for this.

The provider did not have a systematic approach to audit. There was a central audit system in place which had been

implemented by the provider, however, staff viewed this as rudimentary and not sufficiently robust to ensure learning and improvements were actioned. For example, X ray audits were carried out by dentists, but insufficient time was allowed to follow up on improvements needed to ensure best practice was promoted. The provider audit system had not identified the concerns raised in areas such as business continuity, infection control and risk assessments and where concerns had been identified the provider did not have system in place to ensure that they were rectified.

Practice seeks and acts on feedback from its patients, the public and staff

Patients who used the service were able to provide feedback about the service and patient feedback forms were available in the waiting room. However, complaints and concerns raised were not routinely analysed for themes and action was not taken to address them fully. The practice used the friends and family test but it was not apparent whether action had been taken to rectify issues identified.

Staff said they did not feel supported or listened to by the provider. Requests for instruments had been not been actioned and a request for a dedicated member of staff to run the central sterilisation room had been declined. We were told about a recent meeting with the clinical director for the provider which was held during the staff's lunchtime and how concerns raised by staff had not been acknowledged. There was no written record of this meeting.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The provider did not have suitable arrangements in place to ensure safeguarding training for staff was carried out regularly. There was limited information on who should be contacted in the event of safeguarding concerns being identified.** 13 (1) (2) (3)

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 **Risk assessments related to health and safety had been carried out. However, we found that where risks had been identified, action had not been taken to protect people from harm. The practice did not have sufficient supplies of instruments to ensure surgeries were operated safely.** 12 (1) (2) (a) (f)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider did not have a systematic approach to audit. There was a central audit system in place which had been implemented by the provider, however, staff viewed this as rudimentary and not sufficiently robust to ensure learning and improvements were actioned.**

This section is primarily information for the provider

Requirement notices

Records kept were not consistently updated and accurate. For example, there was a system in place to review policies and procedures, but this was not consistently followed and information contained within some policies was out of date.

Risk assessments for the management of records indicated that a full medical history should always be taken but this had not been done.

Appropriate checks were not consistently carried out prior to a member of staff commencing employment. Risk identified during the recruitment process were not assessed and managed effectively.

17 (1) (2) (a) (b) (c) (d)(f)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider must ensure that there are sufficient numbers of suitably trained, competence, skilled and experienced staff employed to operate the service. 18 (1) (2) (a)