

Mr Amol Jain

# Robinson & Dicker Dental Practice

## Inspection Report

Denbigh House  
117 Sutton Road  
Birmingham  
B23 5XB  
Tel: 01213776581

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### Overall summary

We carried out this announced inspection on 30 January 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. A member of CQC administrative staff also attended the inspection.

We told the NHS England area team that we were inspecting the practice. They did not provide any information for us to take into account.

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**

Robinson & Dicker Dental Practice is located in Birmingham providing NHS and private dental treatment to patients of all ages.

# Summary of findings

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including those for patients with blue badges, are available immediately outside the practice.

The dental team includes four dentists, four dental nurses (two of whom are trainees), one dental hygienist therapist, two receptionists and a practice administrator. The principal dentist had also recruited an independent practice advisor who visited the practice on an ad hoc basis to assist with its management. The practice has five 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 45 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

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

The practice is open from Monday to Friday between 8:30am and 5:30pm and opens until 7pm on Thursdays.

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.

- The practice had systems to help them manage risk but we identified some necessary improvements.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had limited staff recruitment procedures. The recruitment policy was not comprehensive and some essential documentation was not available in the staff recruitment files.
- 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 appointment system met patients' needs but several patients commented that waiting times were an issue. Staff had made changes before our visit and the situation had improved.
- Staff felt involved and supported and worked well as a team. The provider was in the process of recruiting a practice manager to assist with leadership at the practice.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- Audits in key areas (infection control, X-rays and dental record keeping) were overdue and/or incomplete.

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

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment to patients. They used learning from complaints to help them improve; however, they were not documenting all incidents.

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. Some necessary improvements were required in order to make this process more robust.

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

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

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as thorough, clear and excellent. 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.

Staff completed training relevant to their roles but the practice did not have a robust system 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.

We received feedback about the practice from 48 people. Patients were positive about all aspects of the service the practice provided. They told us staff were pleasant, professional and helpful. They said that they were given clear and thorough explanations about dental treatment and said the environment was calming and caring. Patients commented that they could not have been treated any better by staff and said the service was excellent. A few patients commented that waiting times were an issue for them.

No action



# Summary of findings

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.

Several patients had commented that waiting times were an issue. Staff at the practice had responded and improvements had been made to the practice's appointment system. 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 interpreter services and had arrangements to help patients with sight or hearing loss.

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

No action



## Are services well-led?

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

The provider recognised that improvements were required in governance at the practice and believed that many of these were due to the lack of an empowered practice manager.

Regular team meetings were held to discuss the quality and safety of the care and treatment provided. Staff felt supported and appreciated. The practice did not complete essential audits which are required to help improve the service.

The practice team kept complete patient dental care records which were 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.

The practice had limited arrangements to ensure the smooth running of the service but we identified some necessary improvements. Some governance arrangements were in place but many areas identified during our visit indicated a lack of oversight and effective leadership. Several of these had been identified during our previous visit in 2015 but changes had not been implemented and maintained. We identified many areas of improvement, including recruitment procedure, risk management, auditing and staff training to ensure their knowledge was up to date.

The provider assured us following our visit that these issues would be addressed immediately and procedures put in place to manage the risks. We have since been sent evidence to show that a number of improvements have been implemented.

Requirements notice



# Summary of findings

However, as various documents were not available for inspection we were not able to comment on their completeness and accuracy. We have though noted the information and it will be reflected once we carry out a follow up inspection at the practice.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents and significant events. Staff knew about these and understood their role in the process. However, they were not recording all incidents to support future learning. Similar shortfalls were observed when we inspected the practice in 2015 but changes had not yet been implemented.

National patient safety and medicines alerts are sent from the Medicines and Healthcare Products Regulatory Authority (MHRA) and the Central Alerting System. The provider was aware of recent relevant alerts but there was no evidence that these had been discussed with staff, acted on or stored for future reference. The provider told us they had previously registered to receive MHRA alerts via email but suspected that they were being sent to another email address which they no longer checked regularly. They assured us they would check this and update us after our visit. Within two working days, the provider informed us that an urgent staff meeting was held following our visit. They emphasised the importance of MHRA alerts and written information was provided to staff. Staff were requested to sign a declaration to state they understood the importance of checking the practice's emails daily to ensure they did not miss any alerts. They also informed us that they had registered a new email address with the MHRA.

### Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, 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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We saw evidence that most of the staff had received safeguarding training. Within two working days, the provider informed us that they had requested evidence of safeguarding training from staff who had not already provided this to them.

Staff shared anonymised examples of referrals that they had made following safeguarding concerns about some of their patients. This demonstrated excellent team-working skills and appropriate discussions with relevant organisations.

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

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items; however, they did not have a written risk assessment for the safe handling of used sharp instruments. 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 it would deal with events which could disrupt its normal running.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. The provider was aware that the staff previously undertook training in December 2016 so it had been over 13 months. Within two working days, the provider sent us evidence that they had scheduled the next training session for 9 February 2018. They said they would also make arrangements for medical emergency scenarios to be carried out throughout the year to ensure all staff were rehearsed in emergency procedures.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. These did not extend to dental visits made by staff to nursing homes. Staff undertaking the external visits did not take emergency equipment or medicines with them. We discussed this with the provider and they told us that medical emergency equipment was present at the nursing home. However, the provider and dental nurse did not carry out checks of these so could not assure themselves that the equipment/medicines were in good working order. The provider contacted us after the inspection and had made the decision to carry all medical emergency equipment with

# Are services safe?

them when assessing and treating patients in a nursing home. They would take an additional staff member to assist with carrying the equipment. They told us these appointments would only be made when no patients were being assessed or treated in the dental practice.

## Staff recruitment

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

The practice had a recruitment policy for the safe recruitment of staff, however, this did not have specific information about the acceptance of historical Disclosure and Barring Service (DBS) checks or the number of references required for each potential post. This was observed in 2015 at the previous inspection and the provider admitted that their recruitment policy needed to be more robust. However, these changes had not been implemented since 2015. Within two working days of our recent visit, the provider sent us an amended policy and this was more specific and contained relevant details but still did not include information about the number of references.

We looked at three staff recruitment files. Improvements were required in the recruitment processes as they did not consistently follow recruitment procedures that reflected current legislation. For example, some staff had references in their files but others did not. We identified similar inconsistencies during our previous inspection in 2015. Within two working days, the provider informed us that they had advised all staff that their personnel files would be reviewed annually to check that the documentation was up to date. This would include all certificates of their continuing professional development training. They stated that DBS checks would be carried out for all new and existing staff, and all staff would have a new induction. These changes were accepted by all staff due to the significant changes in the practice such as major refurbishment and infrastructure. We followed this up with the provider one month after the inspection and were told that all new applications were in progress.

## Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and

specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental therapist when they treated patients.

We checked fire safety procedures at the practice and noted that some improvements were required. The provider had paid for an external specialist company to carry out a fire risk assessment in August 2017. This was comprehensive and in line with The Regulatory Reform (Fire Safety) Order 2005. The risk assessment identified that several actions needed to be taken on order to improve fire safety. The provider told us these had been completed but did not document this in the fire risk assessment. We held similar discussions with the provider in 2015 when the previous fire risk assessment was carried out. At the time, recommendations were made but any subsequent changes had not been documented in the fire risk assessment. Within two working days, the provider sent us evidence that the current fire risk assessment had been updated to reflect these changes. They told us that the improvements had previously been documented elsewhere. Fire safety training for staff was carried out in September 2017 and illuminated fire exit signage was displayed in prominent sites. We were told that fire drills were carried out every six months so that staff were rehearsed in evacuation procedures; however, this was not documented. Within two working days, the provider sent evidence to us that the previous fire drill had been carried out in September 2017. It had previously been documented but not in the fire log book. They reiterated to all staff the importance of logging all fire drills in the appropriate place.

Information on COSHH (Control of Substances Hazardous to Health 2002) was available for all staff to access. We looked at the COSHH file and found this to contain risk assessments for relevant substances with the exception of saliva.

## Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. There was a designated infection control lead but there was some



# Are services safe?

confusion amongst staff as to who held this lead role. We were told that staff completed infection prevention and control training every year; however, not all of the training certificates were held on site. The provider held an urgent staff meeting after our visit and requested these certificates from their staff. We followed this up with the provider one month after our visit and were assured that they had obtained and held copies of all relevant certificates on site.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

The practice was clean when we inspected and patients confirmed this was usual. There were no written cleaning schedules for the premises. Within two working days, the provider sent us evidence of cleaning schedules that they had implemented for the practice.

The Department of Health's guidance on decontamination (HTM 01-05) recommends self-assessment audits of infection control procedures every six months. We saw evidence that the practice carried out two audits in 2017. We reviewed these and found that no action plans were devised. By following action plans, the practice would be able to assure themselves that they had made improvements as a direct result of the audit findings. We found shortfalls in the practice's auditing processes in 2015 as audits were not carried out in a timely manner. We also found that their action plans were limited and required more detail.

## Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

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

There was a separate fridge for the storage of dental materials. The temperature was not monitored regularly so staff could not assure themselves that the refrigerated items were stored in accordance with the manufacturer's instructions. We followed this up with the provider one month after the inspection and were told that they now checked this daily although they always had a thermometer in the clinical fridge to monitor the temperature,

Stock rotation of all dental materials was carried out on a regular basis by the dental nurse and all materials we viewed were within their expiry date. A system was also in place for ensuring that all processed packaged instruments were within their expiry date.

## Radiography (X-rays)

Arrangements were necessary to ensure the safety of the X-ray equipment. The practice had a radiation protection file and a record of most X-ray equipment. The critical equipment checks were missing for two X-ray equipment units; these were forwarded to us after our visit.

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. Local rules were available in the practice for all staff to reference if needed.

The X-ray equipment in the treatment rooms was fitted with a part called a rectangular collimator which is good practice as it reduces the radiation dose to the patient.

Clinical staff completed continuous professional development in respect of dental radiography.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. There was no evidence that any X-ray audits had been carried out. Audits are central to effective quality assurance, ensuring that best practice is being followed and highlighting improvements needed to address shortfalls in the delivery of care. The provider informed us they would carry out X-ray audits every three months. We also found that X-ray audits were infrequently carried out when we inspected in 2015.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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.

There was no evidence that staff audited patients' dental care records to check that the dentists recorded the necessary information. We followed this up one month after the inspection and the provider informed us that they had completed an audit in February 2018.

### Health promotion & prevention

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

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

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale to help patients with their oral health.

### Staffing

There was a structured induction programme for staff new to the practice. However, not all staff had undergone this period of induction. The practice had undergone major refurbishment in the past two years and the provider told us they planned to use the induction programme for all new staff with immediate effect.

We saw limited evidence that clinical staff completed the continuing professional development (CPD) required for their registration with the General Dental Council. However, some certificates were not kept on site, for example, current infection control and safeguarding training certificates for staff. In 2015, we found that there was no system in place to record and monitor the staff's professional development. We found that improvements were still necessary in this area as the provider could not assure himself that staff had completed necessary CPD.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included 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 urgent referrals to make sure they were dealt with promptly.

The dentist carried out visits to a local nursing home to assess and treat patients who were unable to travel to the practice. The dentist described how they worked with staff at the nursing home to improve the level of care provided to the patients. We were told that a staff member from the nursing home was always present during dental treatment as a chaperone. The lead carer at the nursing home would liaise with the dentist before the visit and provide all necessary information and documentation.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy made reference to the Mental Capacity Act (MCA) 2005 but did not include details of this Act. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to young people's competence and the dentist was aware of the need to consider this when treating those aged under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

The dentist carried out visits to a local nursing home and some of these patients had reduced capacity to consent. The dentist explained that they liaised with the lead carers before and during their dental visits to provide them with all necessary information. The dentist understood the importance of obtaining the patient's consent and knew

# Are services effective?

(for example, treatment is effective)

the steps they needed to take if there was any doubt about the patients' capacity to consent. They explained they had needed to use written capacity assessments in line with the MCA in situations where the patient had limited capacity to consent. However, they had not yet

needed to make any best interest decisions where the patients was unable to consent. They had not encountered any situations where there was a designated power of attorney but understood its principles.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

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

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

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist. The computer system at the practice had a feature that enabled nervous patients to be identified quickly by all staff. This would enable staff to adapt their approach, if deemed appropriate and necessary.

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

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients because the waiting room was separate from the reception area. 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 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.

Music was played in the treatment rooms and there were magazines in the waiting rooms.

### **Involvement in decisions about 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 for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

A range of treatments were available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as orthodontic treatment.

Each treatment room had a screen so the dentists could show patients videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting. A few patients commented that waiting times were an issue for them although some stated that these had improved recently. We discussed this with staff and found that the reasons for appointments running behind schedule were due to a time-limited factor which was no longer an issue at this practice.

Staff told us that at the time of our inspection they had some patients for whom they needed to make adjustments to enable them to receive treatment. They shared examples of how they managed patients with physical disabilities.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and a hearing loop. There were no toilet facilities for patients on the ground floor; however, the provider planned to include these in future refurbishment plans. One treatment room was available on the ground floor for patients with mobility issues. The provider designed and renovated this treatment room to improve access for patients in wheelchairs. For example, the bracket table design was such that it could be freely moved around a wheelchair. Also, the entrance door was extra wide to accommodate wider wheelchairs.

Staff said they could provide information in different languages to meet individual patients' needs. Staff spoke a variety of languages and we were told that they had not encountered many problems communicating with patients. Languages spoken by staff included Polish and Punjabi. They had access to interpreter services which included British Sign Language and braille.

### Access to the service

We confirmed the practice kept waiting times and cancellations to a minimum. Staff had previously identified that many patients were waiting beyond their allocated appointment time. Actions had been taken and improvements had been made.

The practice was committed to seeing patients experiencing pain on the same day and kept several appointments free for same day appointments. If these became unavailable, then staff would utilise their lunch break or late evening appointments to accommodate patients requiring urgent treatment. They took part in an emergency on-call arrangement with one other local practice. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily but several patients commented that waiting times were an issue and that they had previously cancelled multiple appointments after waiting up to 45 minutes beyond their allocated time. We discussed the reasons for this with staff and found that it was due to time-limited reasons. These were present in 2017 but these issues had since resolved.

### Concerns & complaints

The practice had a policy providing guidance to staff on how to handle a complaint. The practice administrator was responsible for dealing with these. Staff told us they would tell the practice administrator about any formal or informal comments or concerns straight away so patients received a quick response. There was a log of complaints for both verbal and written comments.

Staff told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was not displayed about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. However, staff responded promptly and this information was displayed in the patients' waiting area during our visit.

We looked at comments, compliments and complaints the practice received in the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. We found that many complaints were made by patients who had to wait beyond their allocated appointment time. The provider told us they held staff

# Are services responsive to people's needs?

(for example, to feedback?)

meetings to discuss this with staff at the time. They identified potential causes for this delay and the necessary changes were made. Staff said waiting times had improved

significantly since these changes had been made. The provider informed us they would conduct an audit of waiting times and display the results in the waiting room for patients to review.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They were also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. At the time of our visit, the provider was in the process of recruiting a practice manager to assist with the management of the practice. The provider had already recognised that improvements were required in governance at the practice and believed that many of these were due to the lack of an empowered practice manager. The provider had used an independent practice advisor since August 2017 on an ad hoc basis; however, they recognised they needed to recruit a manager in a more regular and permanent role to assist with the running of the practice. The provider was also in the process of recruiting another dentist and two dental nurses. We spoke with the provider one month after our visit for an update. We were told that they had recruited one additional dental nurse. The practice advisor had committed to at least two days per week in a permanent role to assist with governance. One of the existing staff members had been assigned the role of assistant practice manager and was being mentored by the practice advisor.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Their arrangements to monitor the quality of the service and make improvements needed to be more robust, such as carrying out regular audits. We discussed shortfalls in the practice's auditing processes in 2015 and were assured that the provider would be recruiting more staff to assist with governance at the practice. Many other shortfalls that were identified in 2015 still required improvements at the recent inspection.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Not all staff were aware of the duty of candour requirements although they assured us they worked alongside its principles to be open, honest and to offer an apology to patients if anything went wrong. Within two working days, the provider informed us that an urgent staff

meeting was held and duty of candour was discussed. Written information was provided to staff and they were required to sign this to confirm they understood its principles. A copy of this was forwarded to us.

Staff told us there was an open, no blame culture at the practice. They said the provider encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the provider was approachable, would listen to their concerns and act appropriately. The provider discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Minutes of these meetings were documented. The practice also held daily discussions with staff to discuss these matters on an informal basis. Immediate discussions were arranged to share urgent information.

There was some confusion amongst staff regarding the designated lead roles in the practice. We spoke with several staff members and were given differing opinions as to who they thought was the safeguarding lead and infection control lead. An urgent practice meeting was held after our visit and the lead roles were discussed with all staff.

### Learning and improvement

The practice had limited quality assurance processes to encourage learning and continuous improvement. We reviewed two audits on infection control from 2017 but they were both incomplete. No audits were available of dental care records or X-rays. None of the audits had clear records of the resulting action plans and improvements. Within two working days, the provider informed us they had reviewed their audit protocols and had scheduled audits to be carried out at least once a month. Similar discussions were held in 2015 as the practice's auditing processes required significant improvements at the time.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

## Are services well-led?

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on such as the extension of the car park to the rear of the building.

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.



## 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>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• Audits were not undertaken at regular intervals to help improve the quality of service. They did not have documented learning points and the resulting improvements could not be demonstrated. Some were incorrectly completed.</li></ul> <p>There were no 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> <ul style="list-style-type: none"><li>• There was no system in place to ensure that untoward events were appropriately documented, investigated and analysed to prevent their reoccurrence.</li></ul> <p>There were no systems or processes that ensured the registered person maintained securely such records as are necessary to be kept in relation to the management of the regulated activity or activities.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• Recruitment and induction procedures were not consistently documented.</li></ul>

This section is primarily information for the provider

## Requirement notices

There was additional evidence of poor governance. In particular:

- Staff training, learning and development needs were not reviewed at appropriate intervals and there was no effective process for the ongoing assessment and supervision of all staff employed.

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