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Coven Dental Surgery - Codsall

Inspection Report

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Overall summary

We carried out this announced inspection on 4 February 2020 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 Care Quality Commission, (CQC), inspector who was supported by two specialist dental advisers.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Coven Dental Surgery – Codsall is in Codsall, Wolverhampton and provides NHS and private dental care and treatment for adults and children.

Summary of findings

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available in the practice car park.

The dental team includes four dentists, two dental nurses, two trainee dental nurses, one receptionist and a practice manager. The practice has three 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 47 CQC comment cards filled in by patients.

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

The practice is open:

Monday to Friday from 9am to 5pm.

Our key findings were:

- The practice appeared to be visibly clean, maintenance work was being carried out on the upstairs staff toilet.
- The provider had infection control procedures which reflected published guidance. We noted inconsistency in staff following the practice policy and processes when undertaking manual cleaning of the dental instruments. These shortfalls were rectified within 48 hours of this inspection.
- Staff knew how to deal with emergencies. Appropriate medicines and most life-saving equipment were available with some exceptions. Missing items were ordered by staff straight after our inspection.
- The provider had some systems to help them manage risk to patients and staff. We found shortfalls in appropriately assessing and mitigating risks in relation

to electrical wiring testing, infection control processes, antimicrobial prescribing, radiography, legionella and fire. Immediate action was taken within 48 hours of our inspection to address most of these shortfalls.

- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. However, the practice did not have a safeguarding vulnerable adults policy and no safeguarding vulnerable adults training was viewed for the safeguarding lead. A copy of a newly implemented policy and recently completed training was sent to us within 48 hours of our inspection.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had a culture of continuous improvement. Online training was funded and provided for all employed staff alongside some in house training.
- Staff told us they felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

No action ✓

Are services effective?

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

No action ✓

Are services caring?

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

No action ✓

Are services responsive to people's needs?

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

No action ✓

Are services well-led?

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

Requirements notice ✗

Are services safe?

Our findings

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

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

Staff had clear systems to keep patients safe.

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 provider had safeguarding procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The practice had a safeguarding children policy however they did not have a policy in relation to safeguarding vulnerable adults. We saw evidence that staff had mostly completed safeguarding training for children and vulnerable adults. However, we were not shown evidence of safeguarding vulnerable adults training for the safeguarding lead. A newly implemented policy and a safeguarding vulnerable adults training certificate for the safeguarding lead were sent to us within 48 hours of the inspection. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately. However, we found that staff were not following their policy and were pouching instruments in the treatment room rather than the decontamination room which could pose an aerosol contamination risk. We

discussed this with staff who assured us that they would revert to completing this task in the decontamination room. Within 48 hours of our inspection signage was placed in the decontamination room to ensure staff followed the correct procedure. A photograph of the new signage displayed in the decontamination room was sent to us. Records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. However, protein residue tests were not completed on instruments placed in the ultrasonic bath. Not all systems require protein testing, however the practice did not have the manufacturer's instructions or assurance that they did not need to be completed. Test kits were ordered and protein residue testing on instruments had commenced. A completed log that was being used to document these tests was sent to us.

The infection control lead carried out infection prevention and control audits once a year. Recognised guidance states that these audits should be completed every six months. The latest audit completed in February 2019 did not contain any analysis or action plan. We discussed this with the practice manager and was advised that they would complete the Infection Prevention Society audit tool every six months moving forward which would ensure action plans were completed.

The provider had a whistleblowing policy although this did not contain all external contact details such as CQC and GDC and had not been recently reviewed. An updated policy containing all external contact details was sent to us within 48 hours of our inspection. Staff told us that they were aware of whom they could raise concerns to internally and externally.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. However, the legionella risk assessment had been completed in November 2010 and no review date had been recorded since. We discussed this

Are services safe?

with the practice manager and was advised this would be rectified. A new risk assessment was scheduled for completion on the 20 February 2020 to ensure that the practice monitoring process was still effective.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated appropriately in line with guidance. We found that the clinical waste was not stored securely at the time of our inspection. A lock was fitted to the cupboard which held the clinical waste within 48 hours of our inspection.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

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

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment through a contracted company. At the time of our inspection the required radiation protection information was not all available. Following the inspection, we were advised that the radiation file was now online, and the principal dentist was in the process of completing this. Local rules displayed were out of date and required review, one dentist was not using rectangular collimation to

reduce the dosage and scatter of radiation and the X-ray viewers were not working in the treatment rooms. We discussed these shortfalls with the practice manager who advised that they had been raised to the principal dentist for resolution.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were mostly reviewed regularly to help manage potential risk. We found that fire and sharps risk assessments required greater detail and the legionella risk assessment had not been reviewed regularly. These shortfalls were addressed within 48 hours of our inspection. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The dentists used traditional needles to administer local anaesthetic rather than a safer sharps system. The practice sharps policy and risk assessment identified that the dentists would dismantle all syringes, we found that this was not being followed and the dental nurses were completing this task. A sharps risk assessment had been undertaken however, this focussed on needles and did not include all sharps in the practice such as matrix bands, endodontic files, instruments and scaler tips. We found two sharps bins in the practice that had been in use for over three months. These shortfalls were discussed with the practice manager who completed an in-depth sharps risk assessment that was shared with all staff members to ensure compliance. A discussion was held with all staff to ensure that the sharps policy and risk assessments would be followed and only the dentists would dismantle the needles. The out of date sharps bins were removed and disposed of on the day of our inspection.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Are services safe?

None of the clinical staff had received training to enhance their knowledge of the recognition, diagnosis and early management of sepsis. The practice manager advised that this would be requested for all team members to complete. Sepsis posters to raise awareness were displayed in the practice following our inspection.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were mostly available as described in recognised guidance. The emergency kit was missing a child's size clear face masks; one medicine was stored in the fridge; however, the temperature was not monitored; and one of the two oxygen cylinders had passed its expiry date. When we raised these issues with the practice they immediately ordered the missing face mask, implemented a system to monitor the fridge temperature and disposed of the expired oxygen cylinder. Records of emergency medicine and equipment checks to make sure they were available, within their expiry date, and in working order were updated to include all equipment.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. All staff had signed these to demonstrate that they were aware of where they were stored should they need to reference them.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

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

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

We saw staff stored NHS prescriptions as described in current guidance. The practice recorded prescription serial numbers at the point that they were issued to patients. This did not give assurance that individual prescriptions could be tracked and monitored. We were sent details of the new procedure for monitoring NHS prescriptions within 48 hours of our inspection.

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

Antimicrobial prescribing audits were not carried out annually.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the one of the dentists at the practice who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in mostly accordance with national guidance. The practice did not have a vacuum autoclave to sterilise the implant instruments and they did not reprocess previously sterilised instruments before procedures were carried out. We were given assurance that the practice procedure would be amended to rectify this.

Staff had access to digital X-rays to enhance the delivery of care. However, at the time of our inspection we observed the dentist going upstairs during patient examinations so that they could view the X-rays as the viewers in their treatment rooms did not work. We discussed this with the practice and were informed that this had been reported to the principal dentist over a year ago and they were awaiting new software to be installed to rectify this. Following our inspection, we were advised that a mobile device had been purchased so that the X-rays could be viewed in the treatment rooms and the images shared with patients whilst the software upgrade was being implemented.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

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

Staff were aware of national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate and kept a list of contact details to hand in reception.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. However, the dentists did not routinely measure plaque and gum bleeding scores for children.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. As part of this the practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans which included dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

Consent to care and treatment

Staff 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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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 might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under

Are services effective?

(for example, treatment is effective)

the age of 16 years of age may give consent for themselves in certain circumstances. 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 provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The provider funded online training for all employed staff. External training such as basic life support was provided in house for all staff.

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

Co-ordinating care and treatment

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Patients commented that they were reassured and calmed when they felt concerned or anxious about receiving treatment.

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

Patients commented positively that staff were lovely, understanding and very kind. We saw staff treated patients appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. We were told that treatments were clearly explained, and the service received was first class.

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

Information leaflets, magazines and practice policies were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act.

The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. We saw notices in the reception areas, informing patients that translation services were available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.
- Large print documents and braille could be made available to patients upon request.
- Longer appointments were given to patients that required more time to discuss and understand their treatment options.

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.

Staff gave patients clear information to help them make informed choices about their treatment. 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.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs and study models.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. Longer appointments were given to these patients so that they did not feel rushed and had time to ask questions if they needed more information.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

47 cards were completed, giving a patient response rate of 94%. Of these responses, 100% of views expressed by patients were positive. Common themes within the positive feedback were caring nature of staff, the excellent service provided and the ease of getting appointments to suit their needs.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice had made reasonable adjustments for patients with disabilities. This included step free access, two ground floor treatment rooms, reading glasses, a low-level area on the reception desk for wheelchair users and large print or braille documents upon request.

All patients received a text message appointment reminder three days before their scheduled appointment. Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

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

The practice displayed its opening hours in the premises and included it in their information leaflet.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Patients with a dental emergency outside of the practice opening hours were directed to the NHS 111 out of hour's service. The practice's information leaflet and 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 and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Staff told us the practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were mostly addressing them. We found that the X-ray viewers had not been working in the treatment rooms for several years. The dentists were having to go upstairs to view X-rays which took their time away from the patient and meant the patients did not benefit from viewing their X-rays when discussing treatment options. We were told that this had been reported many times to the principal dentist who assured staff that this would be resolved with a software upgrade. Following our inspection mobile devices were implemented to rectify this issue until the software upgrade could be completed.

The practice manager was visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We saw the provider had systems in place to deal with staff poor performance.

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

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

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The provider did not demonstrate that they had consistently clear and effective processes for managing risks. For example, we noted shortfalls in appropriately assessing and mitigating risks in relation to fire, electrical wiring testing, infection control processes, radiography, legionella and audit. These shortfalls were reassessed and improved following our inspection.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS BSA performance information, surveys, and audits were used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service. The provider used patient surveys and encouraged verbal comments to obtain patients' views about the service.

Are services well-led?

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

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

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. However, we found that the infection prevention and control audit was completed

annually rather than six monthly. This was discussed with the practice manager who gave assurance that this would be completed every six months. Staff kept records of the results of these audits. Whilst resulting action plans and improvements were documented for the radiography and record keeping audit this was not in place for the infection prevention and control audit.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, online training was funded and provided for all employed staff alongside some in house training.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

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 or 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>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• There were shortfalls in systems for monitoring and improving quality. For example, audit activity for infection prevention and control was not completed six monthly and did not result in improvement to the service. Antimicrobial prescribing audit had not been completed. <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The provider had not ensured that the electrical fixed wiring had been tested every five years.

Requirement notices

- Fire risk assessment was brief and did not highlight issues including staff not having received fire marshal training and logs were not kept of checks to fire exits and extinguishers.
- Legionella risk assessment was completed ten years ago and not reviewed since.
- Radiation protection processes and information required update and review. In particular, the radiation protection file was not available to view, local rules were out of date, rectangular collimation was not in use in one treatment room, staff were unaware of the designated RPA and X-ray viewers were not working any of the treatment rooms.
- Staff did not all follow the practice policy and processes when manual cleaning the dental instruments and managing sharps.
- The provider did not have systems in place to track and monitor the use of NHS prescriptions.

Regulation 17 (1) (2)