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Kidsgrove Dental & Implant Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 24 October 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Kidsgrove Dental and Implant Centre is located close to the town centre of Kidsgrove on the northern outskirts of Stoke-on-Trent. The practice has a small NHS contract for children.

Summary of findings

The provider has two registrations with the Care Quality Commission. One is for private dental treatment and one for treatment carried out under an NHS contract. Both were inspected at the same time, and as a result there are two reports, which only differ very slightly. This report relates to the NHS registration.

There is a ramp with a handrail fitted to one side up to the entrance. The practice has three treatment rooms, one of which is located on the ground floor. This is of benefit for people who use wheelchairs and those with pushchairs. There is roadside parking available in the area around the practice.

The dental team includes two dentists, one dental hygienist, one dental hygiene therapist, two qualified dental nurses, one trainee dental nurse, one receptionist and one business director.

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

On the day of inspection, we received feedback from 11 patients.

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

The practice is open: Monday: 9am to 7pm, Tuesday: 9am to 5pm, Wednesday: 9am to 7pm, Thursday: 9am to 5pm and Friday: 9am to 4pm. The practice is closed on Saturday and Sunday.

Our key findings were:

- There were areas of the practice that did not appear clean and well maintained.
- Procedures used to clean dental instruments did not always follow the guidance:

Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05)

- The practice had systems to help them manage risk.
- The equipment used for medical emergencies was not all in date or ready to use.
- The practice did not have a Legionella risk assessment.

- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had all the staff records required by schedule three of the Health and Social Care Act (2008)
- The practice's sharps procedures were not in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The X-ray machines were fitted with rectangular collimation and there were digital X-rays to ensure patients and staff were exposed to the lowest possible dose of radiation.
- There was scope for improvement regarding audits completed in the practice.

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 regulation/s the provider was/is not meeting are at the end of this report.

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

- Review the practice's systems for environmental cleaning taking into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Review staff training to ensure that dental nursing staff who assist in conscious sedation have the appropriate training and skills to carry out the role, taking into account guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'.

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. They used learning from incidents and complaints to help them improve.

The practice's sharps procedures were not in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

Procedures used to clean dental instruments did not always follow the guidance: Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05)

The equipment used for medical emergencies was not all in date or ready to use.

The practice did not have a Legionella risk assessment.

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.

Some areas of the premises and some equipment were not clean. The practice was not following national guidance for cleaning, sterilising and storing dental instruments.

No action



Are services effective?

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

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

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

No action



Are services caring?

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

We received feedback about the practice from 11 people. Patients were positive about all aspects of the service the practice provided. They told us staff were

No action



Summary of findings

polite, efficient and caring. They said that they were made to feel at ease and helped to relax. Patients said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss.

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

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notice section at the end of this report).

The provider's systems and processes for monitoring and improving had not worked effectively. Out of date and missing medical emergency equipment had not been identified during regular recorded checks of the equipment.

The external cleaning company had left areas of the practice noticeably dirty and dusty. This had not been addressed by the provider.

Systems and processes for the cleaning of dental instruments were not following published guidance or the practice's own policies. This had not been identified or addressed by the provider.

The risks associated with Legionella had not been assessed.

Leaders were visible and approachable.

There was a duty of candour policy and dentists understood the principles that underpinned it.

The system for auditing various areas and processes within the practice were not effective as they had failed to identify failings and initiate improvements. There was no evidence of any managerial oversight of these audits.

Requirements notice



Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of 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. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system within their electronic dental care records to highlight vulnerable patients on records. For example: children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

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

The dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We saw the risks associated with root canal treatment were assessed and clearly explained to patients.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at six staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) had professional indemnity cover.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. A fire risk assessment had been completed and reviewed in August 2018.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. The provider had registered with the Health and Safety Executive in line with recent changes to legislation relating to radiography. Local rules for each machine were available, although they were not on display in line with the current regulations. The provider used digital X-rays and had rectangular collimators fitted to the X-ray machines to reduce the dose of radiation received by patients.

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

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

The practice had a cone beam computed tomography (CBCT) machine. Staff had received training and appropriate safeguards were in place for patients and staff.

Risks to patients

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

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff were not following relevant safety regulation when using needles and other sharp dental items. The arrangements were not as identified in the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice did not use any devices that would reduce the risks.

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

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Emergency equipment and medicines were mostly available as described in

Are services safe?

recognised guidance. Some medical emergency equipment such as oxygen masks were out of date, as was the bag valve mask for children. The practice did not have a bag valve mask for adults. We noted the contents of the first aid box were out of date. Staff kept records of their checks to make sure medicines and equipment were available, within their expiry date, and in working order. The checks had failed to identify the medical emergency equipment that was out of date. The provider said these would all be replaced.

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

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health (COSHH).

The practice had an infection prevention and control policy and procedures. Staff completed infection prevention and control training and received updates as required. We noted staff at the practice were not always following the infection prevention and control policy or the guidance Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. For example, when staff were manually cleaning their dental instruments the water temperature was not being checked to ensure it was below 45 degrees centigrade. We also saw that the cleaning agent being used for manual cleaning was not as recommended in the guidance, and was a product specifically identified as one not to be used when manual cleaning in the practice's own infection prevention and control policy.

The practice did not have suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were not always validated, maintained and used in line with the manufacturers' guidance. For example, staff were not completing regular foil tests on the ultrasonic cleaner.

The practice was situated in an older building and did not have a Legionella risk assessment. They were however, completing monthly dip slides to help them monitor the risk of bacteria developing in the water systems.

The practice employed an external cleaning company for their environmental cleaning within the practice. We noted in several clinical areas there was a coating of dust, for example on window ledges and on the top of an X-ray control unit. The provider said there were issues with the cleaning company. We saw no evidence of any cleaning audits related to the standard of the cleaning company's work. There was no evidence of action having been taken by the provider to address those concerns.

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

The practice carried out infection prevention and control audits twice a year. The latest audit suggested they were not effective, as they had failed to highlight infection control issues where the practice was not following the guidance HTM 01-05.

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 this information was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. Systems within the practice ensured medicines were used safely and were secure.

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

Are services safe?

Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

We saw there was a system for recording accidents and significant events. We noted there had been no recorded accidents or significant events in the year up to this inspection.

Lessons learned and improvements –

The practice learned and made improvements when things went wrong.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning in line with a recognised risk framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice.

The practice had a system for receiving and acting on medical safety alerts from the Medicines and Healthcare products Regulatory Agency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

The practice had access to equipment such as a machine to produce crowns and bridges in the practice following computerised scanning, digital X-rays, digital cameras and a Dental Cone Beam (Computed Tomography) machine which was particularly useful with implants. This additional equipment was used to enhance the delivery of care to patients.

Helping patients to live healthier lives

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

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients with their oral health. We saw evidence of these discussions in dental care records.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained patient consent to care and treatment in line with legislation and guidance. The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist gave

patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The team understood their responsibilities under the Mental Capacity Act when treating adults who might not be able to make informed decisions. Information relating to the Mental Capacity Act was available in the practice for reference. The policy also referred to the legal precedent (formerly called the Gillick competence) by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance. The relevant information was recorded in a detailed and clear manner and was easily accessible for clinical staff.

The practice audited patients' dental care records to check that the dentist recorded the necessary information. A review of past audits of dental care records showed that actions were not always followed up, and improvements implemented.

The practice carried out intra-venous and inhalation sedation for patients who would benefit. This included people who were nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

Sedation was carried out by a qualified dentist with support from an appropriately qualified dental nurse.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

Are services effective?

(for example, treatment is effective)

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

The operator-sedationist was supported by a suitably trained second individual. The name of this individual was recorded in the patients' dental care record.

Effective staffing

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

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. Relevant staff had personal development plans in line with the requirements of the GDC.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

Dentists referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

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

Patients commented positively that staff were kind, welcoming and approachable. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

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

The costs for NHS dental treatments were available to patients in the practice.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy they would take them into an unused treatment room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not understand or speak any English. Details of this service were displayed in the waiting room. There were staff at the practice who could speak Finnish and Cantonese.
- Staff communicated with patients in a way that they could understand, for example, communication aids were available.

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.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care.

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

The practice had made reasonable adjustments for patients with disabilities. This included a ramp to the front door with a handrail to the side. There was one ground floor treatment room. The toilet was situated on the first floor and therefore not accessible to patients who could not climb the stairs. There was an arrangement for patients to use the accessible toilet facilities at the dental practice across the road. An audit of the access arrangements had been completed in October 2018.

The practice did not have an induction hearing loop to assist patients with hearing loss who used a hearing aid.

Staff used text messaging to remind patients they had an appointment.

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 practice information leaflet and on their website.

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. The practice had extended opening hours which allowed patients who were in full time employment or education the opportunity to arrange an appointment that suited their needs.

If patients required emergency out-of-hours treatment, they could the NHS 111 telephone number. The contact details and telephone number was available on the practice answerphone and website.

The practice website, 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

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

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

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

We looked at comments, compliments and complaints the practice received in the year up to this inspection. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The records showed the practice had followed their complaints policy when dealing with complaints.

Are services well-led?

Our findings

Leadership capacity and capability

We identified areas where there were concerns regarding the governance of the practice. For example, we saw that emergency equipment was out of date and damaged, this had not been identified in regular checks and no management action had been taken due to a lack of oversight. The infection prevention and control policy was not being followed by all staff. Manual cleaning was being completed without essential checks on the water temperature; and using a cleaning agent specifically identified as one not to be used in the practice's infection prevention and control policy. This had not been identified or checked through governance procedures. In addition to manual cleaning the practice had an ultrasonic cleaner. We asked staff about foil tests for this machine, and were told that none had been completed.

A Legionella risk assessment had not been completed for the practice, which was situated in an older building which therefore posed a greater risk. Dip slides were being completed monthly, but the lack of a Legionella risk assessment meant that no base line assessment had been completed.

The practice used the services of an external cleaning company. The provider said they were not happy with the standard provided. There were no environmental cleaning audits to measure those standards. Some areas, including clinical areas being dirty, there was no evidence of action having been taken address those concerns.

The guidance HTM 01-05 says that infection prevention and control audits should be completed on a six-monthly basis. We saw the previous two audits which identified there were no issues. It was clear that concerns over the cleanliness and infection prevention and control measures had been present when the audits were completed. There was no evidence of any managerial oversight of these audits.

Leaders at all levels were visible and approachable.

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

Culture

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

Staff stated they felt respected, supported and valued. The practice focused on the needs of patients.

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. The principal dentist discussed the duty of candour policy, and showed a clear understanding of the principles that underpinned it. There had been no incidents that had required any action in line with duty of candour. Duty of candour was referenced in the practice's whistleblowing policy.

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

Governance and management

The practice was registered as an individual and did not require a registered manager as a result. The principal dentist had overall responsibility for the day to day running and the overall management and development of the practice. 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.

Appropriate and accurate information

The practice acted on appropriate and accurate information. Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

Are services well-led?

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The FFT information was analysed annually. The most recent data showed that patients who had responded had provided positive feedback.

The practice had received feedback on-line from patients. In the year up to this inspection nine reviews had been received and they were all positive.

The practice 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 practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. We noted these audits were not always effective. Concerns relating to infection prevention and control had not been highlighted, when clearly issues and concerns existed.

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.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems 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 evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none">• The provider's arrangements for the use of safer sharps were not as identified in the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.• The provider had not assessed the risks associated with Legionella, as identified in the Health and Safety at Work Act 1974.• The provider's systems and processes for cleaning dental instruments did not follow the published guidance from the Department of Health and Social Care: The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05).• The provider's systems and processes for checking that medicines and emergency equipment were in date, and working correctly were ineffective and did not consider guidelines issued by the Resuscitation Council (UK) and the General Dental Council.• The provider had not acted to address the failings of the cleaning company employed to carry out environmental cleaning.

This section is primarily information for the provider

Requirement notices

- The provider's systems and processes for ensuring continuous improvement through a schedule of audits was not effective.