

Mr. Farshid Ansari Ardabili

Fence Houses Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 4 September 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 not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was not 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

Fence Houses Dental Practice is in Houghton Le Spring and provides NHS and private treatment to adults and children.

There is a small step at the entrance to the practice. Staff are available to help people who use wheelchairs and those with pushchairs if assistance is needed into the practice. Car parking spaces are available near the practice.

Summary of findings

The dental team includes three dentists (including the principal dentist), four dental nurses and a receptionist. One of the dental nurses is also the practice manager. The practice has two 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 32 CQC comment cards filled in by patients.

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

The practice is open:

Monday-Friday 9am to 5pm

Saturday 9am to 1pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider 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 some systems to help them manage risks.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures. These required reviewing.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information. The practice had closed-circuit television on the premises; there was no policy or privacy impact statement in place.
- The appointment system met patients' needs.
- The practice had leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Review the practice's protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice did not have complete systems and processes to provide safe care and treatment.

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

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

The provider did not complete essential recruitment checks for all employees.

Staff were qualified for their roles.

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.

The provider did not manage all risks identified on-site. For example, they did not assess clinical employees whose immune status to Hepatitis B was unknown nor did they subscribe to patient safety alerts for medical drugs and equipment. The security of clinical waste storage was not considered.

The referral tracking system was ineffective; we identified a two-week urgent referral had not been followed up.

Prescription pads were pre-stamped, not stored securely during the day and were not logged.

Requirements notice



Are services effective?

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

The dentists assessed patients and provided care and treatment. This was not in line with recognised guidance. For example, dental professionals did not follow national guidance for taking X-rays or for assessing periodontal disease. Patients described the treatment they received as exceptional, of a high standard and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Written treatment plans were not given to patients in accordance with the guidance from the General Dental Council (GDC).

Requirements notice



Summary of findings

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. Not all staff were using the referral tracking system that was in place. An urgent two-week referral had been sent three weeks ago and this had not been followed up.

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

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 32 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and patient.

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that staff 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. A CCTV system was in operation and appropriate signs were displayed to notify people of this. A privacy and confidentiality policy was in place; this did not refer to CCTV and a separate CCTV policy was not present. A privacy impact assessment had not been completed in line with the new General Data Protection Regulation (GDPR) requirements. Patients said staff treated them with dignity and respect.

No action



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 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 Notices section at the end of this report).

The systems to manage risks and discuss the safety of the care and treatment provided needed strengthening.

Requirements notice



Summary of findings

There was a defined management structure and staff felt supported and appreciated. The provider was aware that there was a lack of focus on managerial duties due to a change in staff numbers. This was being addressed and the practice manager had set aside protected time to undertake these prior to our inspection being announced.

Practice policies were given to staff at induction for them to read and sign. This process was inconsistent.

The practice team kept patient dental care records which were clearly 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. Audits did not have analysis of results nor subsequent action plans where applicable.

Are services safe?

Our findings

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

The provider needed to review their 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 to highlight vulnerable patients on records e.g. 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 reprimand.

Not all dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam is not used, such as for example refusal by the patient, other methods should be used to protect the airway. One dentist explained alternative airway protection was not used, nor was a risk assessment in place to explain this and mitigate the risk. We discussed this with the provider and they assured us they would review their protocols.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy to help them employ suitable staff. We looked at five staff recruitment records. These showed the practice did not follow their recruitment policy for all employed staff. For example:

- A member of staff A was employed in May 2018. We found the provider had not undertaken a Disclosure and

Barring Service (DBS) check for them. DBS checks or an adequate risk assessment should be undertaken at the point of employment to ensure the employee is suitable to work with children and vulnerable adults.

- The provider could not locate the DBS checks that was undertaken for two staff members B and C. A risk assessment was not in place to mitigate the risk of both staff members working. New DBS checks had been undertaken following our inspection and we received evidence of these.
- Adequate references, proof of qualifications and employment history were not sought by the provider for staff members B and C.

We discussed these gaps in recruitment procedures with the practice manager who assured us they would obtain the relevant documents. They also recognised the need to ensure a more consistent and robust approach.

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

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

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. The practice's fire risk assessment recommended a smoke detector to be placed near the compressor. This had not been done.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw some evidence to support that the dentists justified, graded and reported on the radiographs they took. This was inconsistent in the dental care records we viewed. The practice carried out radiography audits every year following current guidance and legislation. The results were not analysed or concluded upon.

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

Risks to patients

Are services safe?

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

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 followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider did not have evidence to ensure all 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. We asked to see records for four members of staff:

- We were shown confirmation of immunity for one member of staff.
- The second member A had evidence of their initial immunisations however no proof of a booster, nor of actual immunity.
- The third member of staff B had provided their vaccination record which stated they needed a blood test to check immunity; the provider was unaware if this had been actioned.
- The provider could not locate any proof of immunisations, nor of immunity status for the fourth member of staff C.

Risk assessments were not carried out for these staff to mitigate the risk of working in a clinical environment where the effectiveness of the vaccine was unknown.

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

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.

A dental nurse worked with the dentists 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.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. Staff were unaware whether or not the steriliser required the recommended quarterly thermometric test in addition to the weekly testing. The practice manager assured us they would seek manufacturer's advice in relation to this.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place. The staff involved in legionella control measures had not undergone legionella awareness training in line with HTM 01-05 guidance.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

The practice had policies in place to ensure clinical waste was segregated and disposed of appropriately in line with guidance. The protocols within the practice did not follow national guidance in relation to secure storage of clinical waste. The lock on the clinical waste storage bin was broken and this posed a risk in terms of accessibility and security. A new bin had been ordered however this would only be available in a months' time. The provider had not put any measures into place, nor carried out a risk assessment to mitigate the associated risks meanwhile. We

Are services safe?

saw a full sharps container on the floor in the storage room which was awaiting collection. This could pose a trip hazard and we discussed this with the provider. The provider assured us they would rectify these issues.

We reviewed all documents with regards to waste collection and segregation and found all other clinical waste was collected and disposed of appropriately.

The practice carried out infection prevention and control audits twice a year. The results were not analysed nor concluded upon.

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 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 legible, kept securely and complied with GDPR.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance. Not all staff were using the referral tracking system in place. An urgent two-week referral had been sent three weeks ago and this had not been followed through. We discussed the significance of this in terms of patient care and treatment. The provider assured us they would implement a protocol for this and discuss with all dental professionals.

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.

The system in place to manage prescriptions was not effective. The practice did not store NHS prescription pads securely during the day, they were pre-stamped, no log was in place and they were not tracked.

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

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.

In the previous 12 months there had been three safety incidents. The incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the 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's system for receiving and acting on safety alerts required reviewing. The practice received safety alerts and shared these with all staff up until 2014. The provider was unsure why these had stopped after 2014 and assured us they would subscribe to all alerts as appropriate. They also told us they would review all relevant safety alerts from previous years to ensure none affected their practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice did not have systems to keep dental practitioners up to date with current evidence-based practice. Clinicians said they assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We viewed a sample of patient care records and found inconsistencies in taking of radiographs and undertaking periodontal treatment in accordance with national guidance. We found:

- X-rays were not taken in accordance with the Faculty of General Dental practitioners (FGDP) guidance.
- We viewed two dental care records of patients who had root canal treatment. Pre-operative X-rays were not carried out to assess the length and structures of the root canals. We saw post-operative X-rays were taken and these were not reported on.
- We found patients who were diagnosed with advanced gum disease had no X-rays taken and did not have appropriate recording of their gum health (pocket charting) or treatment carried out. There was no explanation as to why the patient did not have treatment.

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 dentists 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.

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 health promotion leaflets to help patients with their oral health.

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.

A dentist described to us the procedures they used to improve the outcomes for patients with gum disease, including providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. We observed this was not consistently carried out in the dental care records we viewed. For example, five patients who had been recorded as having advanced gum disease did not have appropriate X-rays, gum measurement charts or treatment; an explanation for this was not recorded.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists did not provide patients with written treatment plans and costs in line with guidance from the GDC. They discussed treatment with patients so they could make informed decisions. We were assured this would be addressed.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can give 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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The detail in the dental care records we viewed did not follow FGDP guidance in relation to treatment options, costs of procedures, X-rays and root canal treatment.

We saw the practice audited patients' dental care records to check that the dentists recorded the necessary information. Audit results were not analysed nor reported upon.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

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

Staff discussed their 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 confirmed they 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 to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems 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 did not monitor all referrals to make sure they were dealt with promptly. A dentist referred a patient for a suspected malignancy three weeks ago and this had not yet been followed up.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Patients commented positively that staff were kind, caring and helpful. We saw that staff treated patients respectfully and appropriately. They 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.

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

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

A video CCTV system was in operation and appropriate signs were displayed to notify people of this. A privacy and confidentiality policy was in place; this did not refer to CCTV and a separate CCTV policy was not present. The day after

the inspection, a CCTV policy was created for the practice. The practice had not undertaken a privacy impact assessment or data protection impact assessment in line with GDPR requirements.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under the Equality Act

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients translation service were available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices 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 website 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. This included use of models and X-ray images.

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.

For example, the practice met the needs of more vulnerable members of society such as patients with dental phobia by arranging appointment times convenient to the patient and scheduling an extended treatment slot. Staff were also aware of the support required by vulnerable groups.

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

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 and staff had assessed the needs of all groups of patients in accordance with the Equality Act 2010. The provider was unable to show us this assessment.

- Access to the premises was over a small step. There was no aid (such as a portable ramp) available for people in wheelchairs or for those with pushchairs. The provider had considered this previously and concluded there was little need for this as staff would assist those requiring it.
- The practice had a ground floor surgery and a ground floor toilet with hand rails and security alarm. The toilet was not large enough to accommodate a wheelchair and patients were made aware of this at the time of booking an appointment.
- The provider had implemented measures to consider the needs of others, including those with hearing or sight problems. We saw reading glasses and a hearing loop were available and a notice was displayed at the entrance to indicate this.

Staff telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

Patients were able to 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 and on their website.

The practice had an efficient appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen 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.

The staff took part in an emergency on-call arrangement with 111 out of hour's service.

The practices' 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 complaints policy providing guidance to staff on 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 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 dealt with their concerns.

We looked at comments and compliments the practice received within the last 12 months. The practice had received one complaint in that period. We observed the practice responded to this complaint appropriately and

Are services responsive to people's needs?

(for example, to feedback?)

shared learning with the entire dental team. We saw any comments were analysed appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist was responsible for the overall leadership for the practice.

They had knowledge about all issues and priorities relating to the quality and future of services; they did not ensure they had suitable protocols in place to address these.

The principal dentist and practice manager were approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The provider did not have effective processes to ensure all required managerial actions were completed in a timely manner.

Culture

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

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

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.

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

Governance and management

The principal dentist 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 principal dentist had a system of clinical governance in place which included policies, protocols and procedures. We were told staff would receive a copy of all the policies at induction and this would be signed and kept in their staff folder. We viewed five staff folders and found the dentists and receptionist did not have any signed policies. We also noted there was no policy nor privacy impact assessment in place for the CCTV.

Risk management systems were ineffective. Risk assessments were available, however these required reviewing to ensure all risks were identified and acted upon.

The processes for managing risks, issues and performance could be improved. For example:

- The principal dentist did not complete effective recruitment procedures to eliminate the risks to staff and patients.
- They did not ensure all the actions required by their fire risk assessment were implemented to provide safety to staff and patients.
- Staff immunisation statuses were not sufficiently recorded nor were risk assessments undertaken for those whose status was unknown.
- Safety alerts were not subscribed to for medicines and equipment.
- There were insufficient safety measures in place to mitigate the risk in relation to clinical waste storage, prescription pad storage and urgent referrals.

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. Written treatment plans were not offered to patients; the provider assured us they would introduce this following our inspection.

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.

The practice used patient surveys 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.

Are services well-led?

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

There were systems and processes for learning, 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. Audits did not have analysis of the results, nor resulting action plans and improvements. We found the patient survey results were also not analysed nor concluded upon.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The dental nurses 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 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. 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 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not being designed with a view to achieving service user preferences or ensuring their needs were met. In particular:</p> <ul style="list-style-type: none">• The provider did not have systems to ensure that care was provided in accordance with current guidelines and research, in particular for undertaking periodontal assessments and taking X-rays at recommended intervals.• The practice did not ensure that comprehensive dental care records were maintained, in particular, costs, treatment options and risks or benefits, clinical procedures were not documented appropriately.• Written treatment plans were not provided to patients. <p>Regulation 9 (1).</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <p>How the regulation was not being met</p> <ul style="list-style-type: none">• The provider did not review immune statuses of all clinical staff, in particular for Hepatitis B.• The provider did not ensure there was a system to comply with relevant Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS).• The security of clinical waste storage was not considered whilst awaiting the new waste bin.• The referral tracking system was ineffective; a two-week urgent referral was not followed up after three weeks.

Requirement notices

- Rubber dams, or alternatives, were not used in line with guidance from the British Endodontic Society when providing root canal treatment.
- The security of prescription pads was not in line with national guidance. Prescriptions were pre-stamped, not stored securely during the day nor were logged.
- The provider had failed to complete actions recommended by the fire risk assessor.

Regulation 12 (1).

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

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:

- The practice's policies were not signed and read by all staff.
- Audit processes for X-rays, Infection Prevention and Control, record keeping and patient satisfaction were not carried out effectively. Results were not analysed, nor concluded upon.
- The provider did not have an effective system to review all clinical staff's immune statuses nor risk assess those whose immune status to Hepatitis B was unknown.
- The provider did not subscribe to patient safety alerts for medical drugs and equipment.
- There was an ineffective system to ensure the security of clinical waste storage.
- The processes for ensuring security of prescription pads were not in line with national guidance.
- The provider had not installed a fire detector near the compressor as recommended by the fire risk assessor.

This section is primarily information for the provider

Requirement notices

Regulation 17 (1).

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

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 improve the quality and safety of the services being provided. In particular:

- Recruitment processes were not consistent amongst staff in undertaking DBS checks, references, seeking employment history and evidence of qualifications.