

## Marble Arch Dental Centre Ltd

# Marble Arch Dental Centre

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 25 August 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

#### **Are services safe?**

We found 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**

Marble Arch Dental Centre provides NHS and private dental treatment to patients of all ages. The services provided include preventative advice and treatment and routine restorative dental care.

The practice staffing consists of three principal dentists, 11 associate dentists, six qualified dental nurses, six trainee dental nurses, two hygienists and eight receptionist/administration staff.

One of the principal dentists is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice consists of six treatment rooms, a decontamination room, two waiting areas for patients and two reception areas and a staff room

The practice opening hours are Monday to Friday 8am to 8pm and Saturday 10am to 4pm.

22 patients provided feedback about the service. Patients we spoke with and those who completed comment cards were very positive about the care they received and about the service. Patients told us that they were happy with the dental treatment and advice they had received.

#### **Our key findings were:**

# Summary of findings

- Patients' care and treatment was planned and delivered in line with current legislation and evidence based guidelines such as from the National Institute for Health and Care Excellence (NICE).
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients were treated with dignity and respect and patient confidentiality was maintained.
- The practice had a procedure for handling and responding to complaints.
- The practice had whistleblowing policies and procedure and staff were aware of these and their responsibilities to report any concerns.
- The practice didn't have arrangements for receiving and responding to patient safety alerts issued from relevant external agencies.
- The practice had not ensured that appropriate equipment in line with Resuscitation Council (UK) guidance, was available to respond to a medical emergency.
- Staff had not undertaken training in key areas such as safeguarding children and adults, infection control and basic life support. There was lack of oversight of staff's continuing professional development (CPD) activity and it was not being suitably monitored.
- Infection control protocols were not being followed in line with recommended national guidance.
- Systems were not in place to ensure that equipment including all of the autoclaves, compressors, washer disinfectant and X-ray units were well maintained;
- Governance systems were not effective. The practice had not carried out audits in key areas, such as radiography and record keeping. The practice had carried out limited risk assessments to ensure the health and safety of staff and patients.
- The practice had not ensured that all the specified information relating to persons employed at the practice was obtained and appropriately recorded.
- Dental care records were not being suitably completed in line with guidance provided by the Faculty of General Dental Practice.
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Ensure systems are in place to assess, monitor and improve the quality of the service.
- Ensure audits of various aspects of the service, such as radiography, infection control and dental care records are undertaken at regular intervals to help improve the quality of service. The practice should also ensure that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review staff training to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's safeguarding policy and staff training (delete as appropriate); ensuring it covers both children and adults and all staff are trained to an appropriate level for their role and aware of their responsibilities.
- Review the training, learning and development needs of individual staff members and have an effective process established for the on-going assessment and supervision of all staff.
- Review the practice's protocols for completion of dental care records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review stocks of medicines and equipment and the system for identifying, disposing and replenishing of out-of-date stock.

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

# Summary of findings

- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

# 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 not undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) regulations. Substances used at the practice that had a potential risk to safety of staff, patients and others had not been recorded and graded as to the risk.

There were no arrangements in place to receive MHRA alerts and staff were not aware of how to utilise information to monitor risks through the use of Medicines and Healthcare products Regulatory Agency (MHRA) alerts.

Staff members including clinical staff had not received safeguarding children and vulnerable adults training and were not aware of the processes to follow to raise any concerns. The practice didn't have a health and safety policy and appropriate plans in place to deal with foreseeable emergencies.

The practice had carried out an independent fire risk assessment in August 2011. However there was no evidence that serious risks identified as part of the risk assessment had been addressed.

There was lack of suitable arrangements in place to ensure the safety of the equipment. Routine maintenance had not been completed on one of the autoclaves, compressors, washer disinfectors and three of the X-ray unit.

The principal dentist assured us on the day of the inspection and following our visit that they would address these issues by notifying staff of the correct procedures to follow, provide staff training, and put immediate procedures in place to manage risks.

After the inspection the provider sent us evidence to show that maintenance work on equipment had now been completed. We were also assured that all staff had updated their safeguarding training, equipment that was not available had been purchased and policies and risk assessments were being reviewed and updated.

**No action**



### **Are services effective?**

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

The dentist told us they carried out a consultation in line with current guidelines such as those from the National Institute for Health and Care Excellence (NICE). This also included a review of the patients' medical history. However, we noted that improvements could be made to ensure the dental care records included details covering the condition of a patient's teeth, gums, soft tissues and medical history update.

The patients we spoke with on the day confirmed that medical histories were verbally taken at each visit.

**No action**



# Summary of findings

The staff and patients we spoke with on the day told us that patients were given advice about risks associated with alcohol and tobacco consumption and were given sufficient information about their proposed treatment to enable them to give an informed consent,

Health education for patients was provided by the dentist and information leaflets were available within the practice waiting area. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

## Are services caring?

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

Patients were complimentary about the practice and how staff treated them. Patients commented positively on how caring and helpful staff were, describing them as friendly, compassionate and professional.

Patients felt listened to by all staff and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each treatment option.

No action



## Are services responsive to people's needs?

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

Appointment times met the needs of patients and waiting time was kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen where possible within 24 hours. They would see patients suffering dental pain.

The practice had a procedure in place for dealing with complaints. The dentists told us that there had been no complaints made in the last year.

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 at the end of this report).

The culture of the practice encouraged candour, openness and honesty. Staff told us there was an open culture at the practice and they felt valued and well supported. They reported the principal dentists were very approachable and available for advice where needed.

The provider however did not have effective governance arrangements at the practice. There were no policies and procedures in place to ensure the smooth running of the practice

There was lack of oversight of staff's continuing professional development (CPD) activity and it was not being suitably monitored.

There were limited arrangements for identifying, recording and managing risks and monitoring and improving the quality through the use of monitoring tools and effective audits. Audits had not been carried out in key areas.

Requirements  
notice



# Summary of findings

The provider assured us following our visit that they would address these issues and put immediate procedures in place to manage the risks. We have since been sent evidence to show that improvements are being made.

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

# Marble Arch Dental Centre

## Detailed findings

### Background to this inspection

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

This announced inspection was carried out on 25 August 2016 by an inspector from the Care Quality Commission (CQC) and a dental specialist advisor.

During the inspection we viewed the premises, spoke with the two principal dentists, one dentist, one dental nurse, and one receptionist. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We also reviewed information we had asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and objectives.

We received feedback from 22 patients. All patients commented positively about dentists, dental nurses and reception staff. They described staff as caring and friendly.

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

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

Prior to the inspection we reviewed information we held about the provider.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had a system for reporting significant events; we were informed that there had never been any significant events or incidents since registering with the Care Quality Commission (CQC).

Records we viewed reflected that the practice had not undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. Substances used at the practice that had a potential risk to safety of staff, patients and others had not been recorded and graded as to the risk.

The practice didn't have systems in place to receive and disseminate information and alerts received from external organisations such as the Medicines and Healthcare products Regulatory Agency. One of the principal dentists signed up to receive alerts while we were at the practice.

The principal dentist and staff demonstrated little understanding of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) and didn't have the appropriate documents in place to record if they had an incident

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

The practice had policies and procedures for safeguarding children and vulnerable adults against the risk of harm and abuse. These policies included details of how to report concerns to external agencies such as the local safeguarding team.

However staff including clinical staff had not undertaken safeguarding children and vulnerable adults training and the staff members we spoke with were not aware of the requirements and their responsibilities or how to raise any concerns.

Following the inspection the practice provided records to confirm all staff member had completed an on line course in safeguarding children and vulnerable adults.

There was a whistleblowing policy and staff we spoke with were aware of what to do if they suspected that another member of staff's performance was unsafe or not meeting the General Dental Council standards.

The practice had not carried out suitable risk assessments with the purpose of keeping patients and staff safe in the practice. For example, there was no practice wide risk assessment to cover topics such as, safe use of pressure vessels (the autoclave and compressor), the safe use of X-ray equipment and clinical waste. The practice had carried out an independent fire risk assessment in August 2011. However there was no evidence that serious risks identified as part of the risk assessment had been addressed.

Following the inspection the practice provided records to demonstrate these were in the process of being carried out.

We noted that rubber dams were being routinely used in root canal treatment in line with current guidance. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

### Medical emergencies

The practice had policies and procedures which provided staff with clear guidance about how to deal with medical emergencies; On the day of the inspection there was no evidence that some staff members had not undertaken basic life support training and could not describe how they would act in the event of patients experiencing anaphylaxis (severe allergic reaction) or other medical emergency.

A range of emergency medicines and oxygen were available to support staff in a medical emergency. The emergency medicines and equipment were stored securely with easy access for staff working in any of the treatment rooms.

An automated external defibrillator was not available (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm].

# Are services safe?

Evidence was sent the following day of the inspection to demonstrate that an AED had been purchased and basic life support training had been booked for the 13 October 2016.

## Staff recruitment

The practice didn't have a recruitment policy that described the process when employing new staff. We looked at recruitment records of all staff employed at the practice and found that improvements could be made to ensure this process was consistently followed. Following the inspection the practice told us a recruitment policy had been put in place.

We saw that checks including, criminal record checks through the Disclosure and Barring Service, detailed job descriptions, which described staff's roles and responsibilities, current professional registration certificates and personal indemnity insurance had not been obtained for all staff members.

Following the inspection the practice told us that relevant documents such as employment references, DBS checks, proof of staff ID and staff current professional registration certificates and personal indemnity insurance had been reviewed.

## Monitoring health & safety and responding to risks

The practice did not have a health and safety policy; however appropriate plans were in place to deal with foreseeable emergencies. There was a business continuity plan that outlined the intended purpose to help the practice overcome unexpected incidents and the responsibilities and duties. The plan outlined potential problems such as loss of computer system, loss of telephone and loss of electricity. Procedures were in place to enable them to respond to each situation. Where relevant contact telephone numbers of organisations to contact were listed in the policy.

## Infection control

Decontamination of dental instruments was carried out in the decontamination room. The principal dentist said the process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean. At the end of the sterilising procedure the instruments were dried, packaged, sealed, stored and dated with an expiry date. We

looked at the sealed instruments in the surgeries and found that they all had an expiry date in line with the recommendations from the Department of Health HTM-01-05.

Personal protective equipment such as gloves, face masks and eye protection was available in line with the practice policy.

The equipment used for sterilising dental instruments was not maintained and serviced as set out by the manufacturers' instructions. However, since the inspection evidence was received confirming servicing of the equipment had now been carried out

Daily, weekly and monthly records were kept of decontamination cycles and tests

The reception area of the practice was visibly clean and tidy. There were suitable arrangements in line with the Department of Health guidelines for the segregation and disposal of dental waste. The practice used an external contractor to remove dental waste from the practice and waste consignment notices were available for us to view.

There were cleaning schedules in place for cleaning the premises and equipment and cleaning records were maintained.

There was a procedure in place for managing needle stick injuries. Records showed that all clinical staff underwent screening for Hepatitis B, were vaccinated and had proof of immunity. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.) There was also a sharps risk assessment in place

We observed that staff wore clean uniforms and that they were aware of the proper laundering procedures to follow to minimise the risks of infections.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings) and flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. However a Legionella risk assessment had not been carried out.

## Equipment and medicines

# Are services safe?

There was lack of appropriate arrangement in place to ensure all equipment such as autoclaves and compressor were maintained.

The principal dentist sent evidence that the compressor maintenance had been booked to be carried out the following week.

The practice had portable appliances and had carried out portable appliance testing (PAT) in November 2015.

Fire extinguisher had not been maintained in line with manufacturer's guidelines

The practice didn't have an effective system in place regarding the management and stock control of the materials used in clinical practice. We found lots of dental materials out of date in three surgeries. These were disposed of immediately by the principal dentist.

The dentists used the British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics, where used were recorded in patients' dental care records.

## **Radiography (X-rays)**

The practice had a radiation protection file and a record of all X-ray equipment; however service and maintenance history for three of the X-ray units was not available.

Local rules were available within the radiation protection folder for staff to reference if needed.

A Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only; however there was no contract in place for a Radiation Protection Advisor (RPA).

The principal dentist sent evidence that a RPA had been appointed and arrangements made for the three X-ray units to be serviced immediately.

X-ray audits, to assess the quality of the X-ray and to also check that they had been justified and reported on, were not being carried out.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

During the course of our inspection we checked a sample of dental care records to confirm the findings. We saw evidence of comprehensive assessments to establish individual patient needs. The assessments included completing a medical history, outlining medical conditions and allergies (which was reviewed at each visit), a social history recording habits such as eating and activity and an extra - and intra-oral examination. The reason for visit was documented and a full clinical assessment was completed. However, improvements could be made to ensure consistency in the completion of dental care records.

### Health promotion & prevention

The dentist we spoke with said they provided patients with advice to improve and maintain good oral health, including advice and support relating to diet, alcohol and tobacco consumption. Patients told us that they were well informed about the beneficial use of fluoride paste and the ill-effects of smoking on oral health.

The dentist we spoke with was aware of and was using the Department of Health publication - 'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The dentist and hygienists provided advice to patients about the prevention of decay and gum disease including advice on tooth brushing technique and oral hygiene products. Information leaflets on oral health were available. There were a variety of different information leaflets available in the reception areas.

### Staffing

Staff had not undertaken training in infection prevention and control, safeguarding of adults and vulnerable children, and basic life support. The provider did not have effective systems in place to be assured of the continuing professional development (CPD) activity their staff had completed and what training needs were required by staff. (All professionals registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their registration). The practice did not have a system for appraising staff performance. The records showed that appraisals had not taken place.

After the inspection the principal dentist sent us evidence that staff were now up to date with their training, apart from basic life support, which had been booked for all members of staff

### Working with other services

The practice had systems in place to refer patients to alternative practices or specialists, if the treatment required was not provided by the practice. The practice referred patients for secondary (hospital) care when necessary, for example, for assessment or treatment by oral surgeons.

Referral letters contained detailed information regarding the patient's medical and dental history and a copy of the patients' referral was kept in the dental records.

The dentist explained the system and route they would follow for urgent referrals if they detected any un-explained lesions during the examination of a patient's soft tissues to rule out the possibility of oral cancer.

### Consent to care and treatment

The practice had policies and procedures in place for obtaining patients' consent to treatment and staff were aware of and followed these. Staff we spoke with told us that they ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent. We were told how staff discussed treatment options with their patients including the risks and intended benefits of each option. However dental care records we checked to confirm our findings showed that improvements could be made to ensure this was suitably documented.

Patients told us the dentists were good at explaining their treatment and answering questions, they felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment

Some staff we spoke with on the day of the inspection could not demonstrate an understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). The training records of staff showed that staff had not undertaken any formal training. (MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves).

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We received feedback from 22 patients. All patients commented positively about dentists, dental nurses and reception staff. They described staff as caring and friendly. Patients said that dentists listened to them and answered any questions regarding their dental care and treatment. They said that dentists and dental nurses understood their concerns and fears.

We reviewed the results of the NHS Friends and Family Test. We found that all patients who had responded had said that they would be 'extremely likely' or 'likely' to recommend the dental practice to their family and friends. A number of these patients commented positively about how they were treated by staff.

We observed staff interacting with patients before and after their treatment and speaking with patients on the telephone. They were polite and friendly and this was also reflected in comments made by patients.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Dental care records were held securely.

### **Involvement in decisions about care and treatment**

The practice provided patients with information to enable them to make informed choices about their dental treatment. Patients were informed about the range of treatments available during consultations. However this was not always documented.

Patients commented they felt involved in their treatment and it was fully explained to them.

Patients we spoke with and those who completed comment cards said that these options were discussed with them and that their consent to treatment was sought.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The staff we spoke with were aware of the needs of the local population and aimed to deliver a flexible service to meet these needs.

The practice had an appropriate appointments system that responded to the needs of their patients. Emergency and non-routine appointments were available every day and fitted in as add-ons to scheduled appointments. If a patient had a dental emergency, the practice made efforts to see them as soon as possible or within 24 hours.

Patients we spoke with told us (and feedback from comments cards confirmed) they had flexibility and choice to arrange appointments in line with other commitments. Patients also commented that they were offered cancellation appointments if these were available.

### Tackling inequity and promoting equality

Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. Staff members told us that extra time was planned for patients who were particularly nervous or anxious and for children. Staff we spoke with explained to us how they supported patients with additional needs such as a learning disability. They ensured patients were supported by their carer and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient understood.

The principal dentist told us that the local population was diverse with a mix of patients from various cultures and background. Staff at the practice spoke a range of different languages including; Arabic, Hindi, Gujarati. Staff also had access to on-line translation.

### Access to the service

Appointments were available between Monday to Friday 8am to 8pm and Saturday 10am to 4pm. Patients who contacted the dental practice outside of its opening hours were advised how to access emergency dental services; details were available on the practice answer phone and were displayed in the waiting room.

Patients told us that they could access care and treatment in a timely way and the appointment system met their needs. This was reflected in the positive comments on the practice patient survey and the results of the NHS Friends and Family Test. We found that all patients who had responded said that they would be 'extremely likely' or 'likely' to recommend the dental practice to their family and friends.

Staff told us that where treatment was urgent patients would be seen on the same day, where possible.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Patients were provided with information, which explained how they could make complaints and how these would be dealt with and responded to. Patients were also advised how they could escalate their concerns should they remain dissatisfied with the outcome of their complaint or if they felt their concerns were not dealt with fairly. This information was displayed in the practice waiting room.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The practice had received no complaints within the last 12 months.

# Are services well-led?

## Our findings

### **Governance arrangements**

The provider did not have effective governance arrangements at the practice. Most policies that were in place were generic policies with little adaptation to the practice and had not been reviewed.

There were limited arrangements for identifying, recording and managing risks and monitoring and improving the quality through the use of monitoring tools and audits. For example, we noted that X-ray audits and recording keeping audits were not being undertaken in line with current guidance.

The practice did not have a formalised system of learning and improvement. There was no system in place to carry out staff appraisals, and staff meetings were not taking place.

### **Leadership, openness and transparency**

Staff told us there was an open culture at the practice and they felt valued and well supported. They reported the dentists were very approachable and available for advice where needed. The receptionist who we spoke with told us they had good support to carry out their role within the practice and any concerns would be discussed in staff meeting,

We discussed the Duty of Candour requirement in place on providers with the principal dentist who demonstrated understanding of the requirement. They gave us

explanations of how they ensured they were open and transparent with patients. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

### **Learning and improvement**

The practice did not have a formalised system of learning and improvement.

There was no evidence that practice meetings took place, The practice had no formal mechanisms to share learning. There was no oversight of staff training and continued professional development. There were limited systems in place, such as undertaking regular audits of various aspects of the service to assess, monitor and improve the quality of the service.

Appraisals were not being carried out yearly for staff members to identify any training needs.

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

The practice had systems in place to seek and act upon feedback from patients using the service and staff, including carrying out annual surveys. The practice gave patients the opportunity to complete the NHS Friends and Family Test, to allow patients to provide feedback on the services provided.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

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

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014</b></p> <p>Good Governance.</p> <p>How the regulation was not being met:</p> <p>The provider did not have systems to enable them to</p> <ul style="list-style-type: none"><li>• assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</li><li>• assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity</li><li>• ensure that their audit and governance systems were effective</li></ul> <p>Regulation 17 (1)</p>
Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>Regulation 19 HSCA (Regulated Activities) Regulations 2014.</b></p> <p>Fit and proper persons employed</p> <ul style="list-style-type: none"><li>• The provider did not have an appropriate process for assessing and checking that people have the competence, skills and experience required to undertake the role. These processes must be followed in all cases and relevant records kept.</li></ul>

This section is primarily information for the provider

## Requirement notices

- The provider did not have an effective recruitment procedure in place to assess the suitability of staff for their role. Not all the specified information (Schedule 3) relating to persons employed at the practice was obtained.

**Regulation 19 (1) (b), (2) (a), (3)**