

Photay And Associates

Photay and Associates - Long Lane

Inspection Report

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Overall summary

We carried out this announced inspection on 24 April 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 Care Quality Commission (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

Photay and Associates – Long Lane is in Bexleyheath, in the London Borough of Bexley. The practice provides NHS and private treatment to patients of all ages.

Summary of findings

There is no level access via a ramp for people who use wheelchairs and those with pushchairs. There is parking available in the surrounding streets.

The dental team includes two dentists, a clinical dental technician, a qualified dental nurse, a trainee dental nurse, and a practice manager. The dental nurses also undertake receptionist duties. The practice has a treatment room on the ground floor of the premises.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at the practice was one of the partners.

On the day of inspection we obtained feedback from four patients.

During the inspection we spoke with two dentists, the dental nurses, the registered manager and the practice manager. We checked practice policies and procedures and other records about how the service was managed.

The practice is open from 9am to 5pm Monday to Friday.

Our key findings were:

- The practice appeared clean and well maintained in most areas.
- Staff knew how to deal with emergencies.
- 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.
- Staff felt involved and supported.
- The practice dealt with complaints positively and efficiently.
- Medicines and life-saving equipment were available.
- Recruitment checks such as employment histories, photographic identification and Disclosure and Barring Service checks were not in place.

- Continuing professional development records were not available for some staff to show they had completed and updated key training.
- Staff had not received appraisals.
- There was a lack of effective systems and processes to ensure good governance.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The provider assured us following our visit that they had begun to address these issues and put procedures in place to manage the risks. We will check these improvements have been implemented, sustained and embedded when we carry out a follow-up inspection of the practice.

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

- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Review the practice's systems in place for environmental cleaning taking into account current national guidelines, and the security of waste storage.
- Review the practice's system for documentation of actions taken, and learning shared, in response to incidents with a view to preventing further occurrences and ensuring improvements are made as a result.
- Review the use of prescription pads in the practice to prevent misuse.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's protocols for referral of patients and ensure all referrals are monitored suitably.

Summary of findings

- Review the availability of interpreter services for patients who do not speak or understand English as a first language.
- Review the practice's protocols for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Review staff awareness of their responsibilities in relation to the Control of Substances Hazardous to Health (COSHH), the Reporting of Incidents Diseases and Dangerous Occurrences (RIDDOR), safety alerts, safeguarding leads, the mental Capacity Act and consent for under 16s.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

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.

The practice had systems and processes to provide safe care and treatment.

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.

The majority of the premises was clean and most equipment properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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

No action


Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. The dentists discussed treatment with patients so they could give informed consent.

The practice had arrangements for when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles.

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 four people. Patients were positive about all aspects of the service the practice provided. They told us staff were attentive, respectful and professional. The provider used learning from complaints to help them improve.

Patients commented that they were given clear explanations about their treatment and said their dentist listened to them. Patients commented that they made them feel comfortable.

During the inspection we observed that staff protected patients' privacy and were aware of the importance of confidentiality.

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.

No action


Summary of findings

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

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 these actions in the Requirements Notice section at the end of this report).

The provider had arrangements to ensure the smooth running of the service, though improvements were needed in areas.

There was a clear management structure and staff felt supported and appreciated. We found some staff did not demonstrate a clear understanding of various responsibilities and practice procedures.

Risks from the lack of effective mechanisms to monitor and meet training needs, and the lack of completion of essential recruitment checks had not been identified or mitigated.

The provider could strengthen arrangements for staffing and general management by ensuring appropriate policies and procedures were available and up to date, implementing effective arrangements for managing and sharing learning from incidents, and commencing a system for appraisal of their staff.

The provider could make improvements by reviewing its responsibilities to meet the needs of people with a disability, including those with hearing difficulties.

The practice team stored patient dental care records securely, though improvements were needed to ensure they contained the necessary information.

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 we spoke with knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances.

The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that the majority of staff received safeguarding training; evidence of safeguarding adults training was not available for two members of clinical staff, and evidence of safeguarding children training was not available for one of them.

Staff we spoke with knew about the signs and symptoms of abuse and neglect and how to report concerns, though some were not aware of delegated safeguarding lead roles in the practice. The registered manager was aware of the need to make notifications to the Care Quality Commission (CQC).

Staff told us that they felt confident they could raise concerns without fear of recrimination. The provider could make improvements by ensuring they provided a whistleblowing policy for staff to refer to if needed.

The dentists did not use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway; this was not suitably documented in the dental care records, and risk assessments had not been completed.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation, though it needed to be updated as it referred to staff that no longer worked in the practice.

We checked three staff recruitment records. These showed the practice did not follow their recruitment procedure. For example, there were no references in place, or records of an interview scoring system for any of the staff. We also found the provider did not have any documentation to show they had carried out Disclosure and Barring Service (DBS)

checks in any of the three staff records we checked. The provider told us they retained all recruitment checks for an indeterminate period but we found there was no photographic identification in the three records, or employment histories in two of them.

The provider told us they did not use locum or agency staff.

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

The practice ensured the majority of equipment was maintained according to the manufacturers' instructions, including electrical and appliances. They carried out two-yearly Portable Appliance Tests of electrical equipment. The provider could make improvements by ensuring they carried out a five year periodic safety check of the electrical installation, that the boiler was regularly serviced, and that servicing arrangements were in place for the oxygen cylinder.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. The provider could make improvements by ensuring they carried out a fire risk assessment to assess any fire risks in the premises.

The practice had arrangements to ensure the safety of the radiography equipment; there was evidence the equipment had been regularly inspected. They had the majority of the required information in their radiation protection file. They could make improvements to ensure they were meeting current radiation regulations by carrying out a radiography risk assessment.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice had begun a cycle of radiography audits in order to follow current guidance and legislation.

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

Risks to patients

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

The provider had not reviewed or updated their health and safety risk assessment; this was last reviewed in 2015 and contained information that did not accurately reflect current procedures. For example, it referred to a fire alarm

Are services safe?

system being available, individual workstation assessments being done, and bi-annual fire evacuation drills being carried out but we found there were no such systems in place.

The practice had 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. The provider had carried out a sharps risk assessment.

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 for the majority of staff; this information was not available for a member of clinical staff though there was documentation showing they had been given a full course of Hepatitis B vaccines and a booster.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support (BLS). The provider could make improvements by ensuring BLS training last taken by a member of staff in 2014 was updated. The provider could make further improvements by ensuring a child-sized mask was available for use with the ambulatory bag, and by using an appropriate thermometer to record the temperature of the fridge in which a medicine Glucagon was stored.

Other 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 General Dental Council's 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. There was evidence to show the

majority of staff had completed infection prevention and control training and received updates as required; however, this information was not available for a member of clinical staff.

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. The provider could strengthen arrangements for storing dental instruments by providing a cover for dental burs that were stored in a cupboard in close proximity to the head of the dental chair.

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, records of water testing and dental unit water line management. The risk assessment was completed in 2011 and had not been renewed since fitting a new hot water system. The provider had reviewed it and told us they had made arrangements for a new one to be conducted by a competent person in June 2018.

We saw cleaning schedules for the premises. The standard of cleaning in some areas, such as along skirting boards, could be improved.

The practice had policies and procedures in place to ensure clinical waste was segregated appropriately in line with guidance. The provider could make improvements by ensuring waste storage at the rear of the property was more secure in order to prevent tampering and unauthorised access. Further improvements could be made by providing a pedal-operated bin for soiled waste in the staff toilet.

The practice carried out infection prevention and control audits yearly; they could make improvements by ensuring they conducted these bi-annually in line with current national guidance, and by ensuring all surfaces of the flooring in the decontamination area were properly sealed. The latest audit carried out by NHS England in 2017 showed the practice was meeting the required standards.

Information to deliver safe care and treatment

Are services safe?

We discussed with the dentists how information to deliver safe care and treatment was handled and recorded. Dental care records we checked to confirm our findings were legible and stored securely. We noted the majority of individual records were written and managed in a way that kept patients safe. The provider could make improvements by ensuring information regarding rubber dam and oral health risk assessments was being consistently recorded in patients' dental care records.

Safe and appropriate use of medicines

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

There was a stock control system of medicines to ensure they did not pass their expiry date and enough medicines were available.

The dentists were aware of current guidance with regards to prescribing medicines. The provider stored and kept records of NHS prescriptions. They could strengthen protocols to prevent their misuse. For example, in an office we found several prescriptions which had been pre-written for antibiotics, high concentration fluoride toothpaste and antibacterial mouthwashes; we informed the principal dentist who told us this may have been done to save time and assured us they would destroy these prescriptions.

Track record on safety

The practice had systems in place to monitor safety. The principal dentist was aware of the Serious Incident Framework.

Staff told us they had not experienced any serious incidents in the last 12 months; however, some of them did not demonstrate a clear understanding of significant events/serious incidents.

There were some systems for reviewing and investigating when things went wrong, such as an incident policy, incident recording forms for assault, and an accident book. The provider could make improvements by ensuring there was a system for recording, responding to and discussing other incidents to reduce risk and support future learning in line with the framework.

Lessons learned and improvements

The practice told us they learned and made improvements when things went wrong informally through regular verbal discussions.

There was a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The principal dentist demonstrated that they kept up to date with current evidence-based practice. We observed that the dentists assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale.

Consent to care and treatment

The practice team understood the importance of obtaining patients' consent to treatment. They obtained consent to care and treatment in line with legislation and guidance though could make improvements by ensuring this was consistently recorded in patients' dental care records.

The dentists told us they gave patients information about treatment options and the risks and benefits of these so that they could make informed decisions. We checked a sample of dental care records to confirm our findings and identified that the provider could make improvements to ensure this was consistently recorded in patients' dental care records. We received four patient comment cards; patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act (MCA) 2005. The policy also referred to the legal precedent by which a child under the age of 16 years of age can consent for themselves. The

principal dentist was aware of the MCA and considerations required when treating young people under 16 years of age; the provider could make improvements to ensure other clinical staff understood these.

Staff described how they involved patients' relatives or carers when appropriate and made sure that 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 dentists assessed patients' treatment needs in line with recognised guidance.

The provider audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

The practice manager told us staff new to the practice had a period of induction based on a structured induction programme. The provider had induction forms for receptionists and dental nurses though they did not make use of them. There were no induction forms for other clinical staff.

We confirmed the majority of clinical staff completed the continuing professional development required for their registration with the General Dental Council. For a member of clinical staff here were no training records for infection control, and safeguarding children and vulnerable adults; basic life support training they received in 2014 had not been updated.

Staff told us that they discussed training needs during one to one meetings. The provider told us they had not completed staff appraisals; we found there were no appraisal records available for any member of staff.

Co-ordinating care and treatment

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Are services effective?

(for example, treatment is effective)

The provider had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections. They also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Clinical Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist.

The provider told us they monitored all referrals to make sure they were dealt with promptly. In the last 12 months they had received a complaint relating to a lost referral, which they followed up appropriately. They could make improvements by ensuring they implemented an effective system for tracking and monitoring referrals made.

Are services caring?

Our findings

Kindness, respect and compassion

During the inspection we observed staff treating patients with kindness, respect and compassion. They were aware of their responsibility to respect people's diversity and human rights.

We obtained feedback from four patients; they commented positively that staff were polite, professional, respectful and attentive. They told us the dentist took time to listen to their problems, they were made to feel comfortable during their appointment, and were given a detailed account of what would happen.

Patients could choose whether they saw a male or female dentist.

Information leaflets were available in the waiting area 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. Staff told us that if a patient asked for more privacy they would take them into another room; there were no signs informing patients of this. The computer screen in the reception area was not visible to patients. 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

The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options. They described to us the methods they used, including models, internet-based videos and radiograph images.

The provider had proactively produced consent forms in Bulgarian language in response to the needs of Bulgarian patients.

The practice had some arrangements in place to help patients to be involved in decisions about their care in line with the Equality Act and the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given), though they could make some improvements:

- Staff communicated with patients in a way that they could understand, for example, communication aids such as mouth models and access to online videos were available.
- Staff told us interpretation services were not available for patients who did not speak or understand English as a first language. There were no notices in the reception areas, including in languages other than English, informing patients any such services were available.
- The provider told us staff could speak a variety of languages.

The provider had an NHS Choices website though it had not been updated since 2010 to provide patients with information about current staff and 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 provider organised and delivered services to meet patients' needs.

Staff were clear on the importance of emotional support needed by patients when delivering care, such as by reassuring nervous patients.

The provider had not made adjustments for patients with disabilities. For example access to the practice was not step-free, they did not have a hearing loop, accessible toilet with hand rails and a call bell, or access to British Sign Language or deaf/blind interpreters. They could make improvements by carrying out a disability access audit and formulating an action plan in order to continually improve access for patients with disabilities.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale. The practice displayed its opening hours in the premises, and on their NHS Choices website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment could usually be seen the same day. They told us that in the event they were not able to see a patient with urgent needs, they could refer them to one of their local sister practices.

Appointments ran smoothly during the inspection.

There was information at the practice's entrance that provided a national telephone number for patients needing emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints

The practice told us they 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. They had information available for patients explaining how to make a complaint. The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist or practice manager about any formal or informal comments or concerns straight away so that patients received a quick response.

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

We checked the only formal complaint the practice received in the last 12 months. This showed the practice responded to concerns appropriately. The practice manager told us they discussed outcomes of complaints with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The provider described to us their planning for the future leadership. They discussed development plans for the practice and informed us these developments were subject to the provision of NHS funding.

The lead practice staff were present in the practice on a part-time basis; the provider could strengthen leadership capacity by ensuring there was a stronger leadership presence.

Vision and strategy

The provider described a clear vision and set of values which included a focus on the needs of patients. There were protocols in the practice to manage behaviour and performance inconsistent with the vision and values.

Culture

Staff stated they felt respected, supported and valued.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff we spoke with told us that they 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 clinical leadership of the practice. The practice manager was responsible for the management and day to day running of the service.

We found the provider could make improvements by ensuring all staff had a good understanding of the practice's arrangements and various responsibilities, in order to support good governance and management.

A lead member of staff was not aware the practice had a safeguarding lead and they did not know they had been designated the role of deputy.

A clinical member of staff was not able to identify who the practice's safeguarding lead was, and did not demonstrate a good awareness of their responsibilities as it related to the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR), the Control of Substances

Hazardous to Health (COSHH), the Mental Capacity Act (MCA), considerations needed for patients aged under 16 years consenting to treatment, or the practice's arrangements for receiving and managing safety alerts.

Several staff we spoke with did not have a clear understanding of significant events/serious incidents, and there were limited processes for managing and responding to these. Staff described how they would deal with complaints, though some were not aware that complaints forms were available for patients to use.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. The provider could make improvements by ensuring this system was better-organised and that policies were reviewed and update on a regular basis.

We checked a sample of policies and found some contained outdated information about staff that no longer worked in the practice and details about a different sister practice. Some risk assessments, such as for health and safety, had not been modified to reflect practice-specific arrangements.

Staff told us the clinical dental technician occasionally carried out consultations and treatments for patients via home visits; the provider could make improvements by ensuring there were protocols, risk assessments and arrangements to ensure this service was delivered safely.

The provider had processes in place for managing risks, such as a sharps risk assessment, fire safety checks, and maintenance of equipment. They could strengthen these processes by formally assessing fire and current Legionella risks in the premises by way of risk assessments completed by a competent person, carrying out and documenting fire evacuation drills, ensuring the oxygen and gas boiler were regularly serviced, and by carrying out a five year electrical safety check of the premises.

Appropriate and accurate information

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

Are services well-led?

The practice used verbal comments to obtain patients' views about the service.

The provider told us they encouraged patients to complete the NHS Friends and Family Test (FFT) but that they had not received any patient feedback from this since 2016. The FFT is a national programme to allow patients to provide feedback on NHS services they have used.

The provider told us they gathered feedback from staff through meetings and informal discussions.

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. They had clear records of the results of these audits and the resulting action plans and improvements. They could make improvements by ensuring the infection control audits were carried out bi-annually instead of yearly, in line with current guidance, and ensuring they audited the premises with regard to disability access.

There were limited informal arrangements in place for monitoring performance. The provider told us they had not conducted appraisals for any of the practice staff; we checked and found there were no completed appraisals in the staff records. The provider could make improvements

by conducting regular appraisals for their staff, and ensuring the personal development plans that were available were used appropriately (they had been used to log policies read by staff).

The General Dental Council (GDC) requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so. They told us they completed 'highly recommended' training as per the GDC's professional standards. This included (but was not limited to) undertaking basic life support training annually. We checked staff records to confirm this and found although the majority of staff had completed the recommended training, some clinical staff were yet to complete or update training modules. The provider could make improvements by implementing an effective process for tracking and monitoring training undertaken and training needs.

Staff had completed other training such as for clinical record keeping, consent, equality and diversity, handling complaints, legal and ethical issues, and mental capacity.

During the inspection we discussed issues we had identified and the principal dentist, registered manager and practice manager showed willingness to make the necessary improvements. They told us they valued the contributions made to the team by individual members of staff.

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
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Requirements in relation to 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 service provider 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.</p> <p>In particular:</p> <ul style="list-style-type: none">• A new Legionella risk assessment had not been conducted since the hot water system was changed.• Fire risks had not been formally assessed by way of a fire risk assessment.• A risk assessment for the use of radiographic equipment had not been conducted.• The health and safety risk assessment was not fit for purpose and had not been regularly reviewed.• A five year periodic check of the electrical safety installation had not been carried out.• Risks from the lack of suitable recruitment and training processes had not been identified and mitigated.• The oxygen and hot water system had not been serviced in line with the manufacturer's guidance. <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p>

This section is primarily information for the provider

Requirement notices

- The infection control audit had not been conducted bi-annually in line with recognised national guidance.
- The practice had not audited their facilities to ensure they complied with the Equality Act 2010.
- Some policies were not appropriate, and protocols for home visits were not in place.

Regulation 17 (1)

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Requirements in relation to staffing

How the regulation was not being met

The service provider had failed to ensure that persons employed in the provision of a regulated activities received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.

In particular:

- Continuing professional development records were not available for some staff to show they had completed and updated key training.
- Staff had not received appraisals or personal development plans.

Regulation 18 (2)

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

Requirements in relation to fit and proper persons employed

How the regulation was not being met

The registered person had not established recruitment procedures to ensure that only persons of good

This section is primarily information for the provider

Requirement notices

character were employed, and they had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

In particular:

- Recruitment checks such as employment histories, photographic identification and Disclosure and Barring Service checks were not in place.

Regulation 19 (2)(3)