

Mazdak Eyrumlu and Azad Eyrumlu Gravesend Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 16 June 2015 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 not 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

Gravesend Dental Care provides general dentistry, such as treating tooth decay, gum disease and restorative dentistry. The practice provides private and NHS services for approximately 8,000 patients in Gravesend, Kent and the surrounding areas.

Gravesend Dental Care is part of the Southern Dental Limited privately owned group of NHS and private dental practices based within England.

The practice staff includes one practice manager, three dentists, one hygienist, three dental nurses and two receptionists. Dental services are provided Monday to Thursday between the hours of 9am and 6pm, and Fridays 8am to 4pm.

The practice manager 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.

Seventy five people provided feedback about the service. We looked at 73 patient comment cards where 68 comments were positive about the service patients experienced at Gravesend Dental Care. Patients indicated that they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said that staff treated patients with dignity and respect. Patients had sufficient time during consultations with staff and felt listened to as well as safe. Five comments were less positive but there was no common theme to them.

Our key findings were:

Summary of findings

The practice was providing effective, caring and responsive care in accordance with the relevant regulations.

- There were systems to check equipment had been serviced regularly, including the compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- Dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- Patients were provided with information and were involved in decision making about the care and treatment they received.
- The practice delivered personalised care to patients that took into account their individual needs.

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

- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the

Department of Health – Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

- Ensure a system of governance for documentation review.
- Ensure that action is planned and taken in response to results of internal audit activity.

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:

- Ensure that all staff are up to date with fire safety training and receive an annual appraisal.
- Ensure out of hours information displayed on the front of the building is clearly visible to patients.

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 had systems for reporting, recording and monitoring incidents, accidents and significant events as well as responding to national patient safety alerts. There were systems to safeguard vulnerable adults and children who used services and the practice was equipped to deal with medical emergencies. Management of clinical waste segregation and dental radiography was good. National guidelines on infection control were not always followed. Staffing levels were safe for the provision of care and treatment.

Are services effective?

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

The practice provided evidenced based dental care which was focussed on the individual needs of each patient. Consultations were carried out in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and the General Dental Council (GDC). Staff who were registered with the GDC had frequent continuing professional development and were meeting the requirement of their professional registration. Consent to care and treatment was obtained from patients and recorded appropriately.

Are services caring?

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

Patients told us (through comment cards and in discussion) that they had positive experiences of dental care provided by Gravesend Dental Care. Patients felt they were listened to, treated with respect and were involved with the discussion of their treatment options which included risks, benefits and costs. Patients with urgent dental needs were responded to in a timely manner.

Are services responsive to people's needs?

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

Appointment times and availability met the needs of patients. Patients with mobility issues were directed to other local Southern Dental Limited practices in order to accommodate their physical access needs. The practice handled complaints in an open and transparent way. The complaints procedure was readily available to patients and the practice demonstrated learning from complaints had taken place.

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 practice had clinical governance and risk management systems. However, the practice was unable to demonstrate they had a system to help ensure all governance documents were kept up to date. There was a leadership structure with named staff in lead roles and the practice operated an audit system that improved the service and followed up to date best practice guidance. However, the practice had failed to identify risks associated

Summary of findings

with some infection control issues. The practice manager was visible in the practice and there were meetings held in order to engage staff and involve them in the running of the practice. The practice system of appraisal did not include employed dentists. The practice took into account the views of patients via feedback from patient surveys, as well as comments and complaints received when planning and delivering services.

Gravesend Dental Care

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection of Gravesend Dental Care on 16 June 2015. Our inspection team was led by a CQC Lead Inspector. The team included a Dentist specialist advisor.

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as NHS England and the local Healthwatch, to share what they knew. We did not receive any information of concern.

During our visit we spoke with a range of staff (two dentists, the practice manager, one dental nurse and one

receptionist) and spoke with two patients who used the service. We reviewed comment cards where patients and members of the public shared their views and experiences of the service and reviewed practice documentation.

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.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice used a range of information to identify risk and improve quality regarding patient safety. For example, reported incidents and accidents, national patient safety alerts as well as comments and complaints received. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses.

We reviewed safety records and incident reports for the last 12 months. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

The practice had a system for reporting, recording and monitoring incidents, accidents and significant events. There was a significant event policy that guided staff. We reviewed records of three significant events that had occurred in the last 12 months and saw this system was followed appropriately. All reported incidents, accidents and significant events were managed by dedicated staff.

National patient safety alerts were disseminated electronically as well as in paper form to practice staff and alerts relevant to the practice were discussed at staff meetings.

Reliable safety systems and processes (including safeguarding)

The practice had systems to safeguard vulnerable adults and children who used services. There was written information for safeguarding vulnerable adults and children as well as other documents readily available to staff that contained information for them to follow in order to recognise potential abuse and report it to the relevant safeguarding bodies. For example, a safeguarding policy. Contact details of relevant safeguarding bodies were available for staff to refer to if they needed to report any allegations of abuse of vulnerable adults or children. All staff we spoke with told us they were up to date with training in safeguarding and records confirmed this. When we spoke with staff they were able to describe the different types of abuse patients may have experienced as well as how to recognise them and how to report them.

The practice had a whistleblowing document that contained relevant information for staff to follow that was

specific to the service. The document detailed the procedure staff should follow if they identified any matters of serious concern. However, the document did not contain the names and contact details of external bodies that staff could approach with concerns, such as the General Dental Council. All staff we spoke with were able to describe the actions they would take if they identified any matters of serious concern and most were aware of this policy.

The practice had a monitoring system to help ensure staff maintained their professional registration. For example, professional registration with the General Dental Council. We looked at the practice records of two clinical members of staff which confirmed they were up to date with their professional registration.

Care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare. All patient records that we examined had an up to date medical history that documented their current health status, any medicines they were taking as well as any allergies they had. This had been carried out each time treatment was provided.

Medical emergencies

There were documents that guided staff in dealing with medical emergency situations. For example, a flow chart of basic life support. Staff we spoke with told us they were up to date with basic life support training and records confirmed this.

Emergency equipment was available in the practice, including access to emergency medicines, medical oxygen and an automated external defibrillator's (AED) (used to attempt to restart a person's heart in an emergency). Staff told us these were checked regularly and records confirmed this.

A recent audit identified that there were insufficient trained first aiders at Gravesend Dental Care. However, there was an action plan to resolve this and records confirmed a date for first aid training was awaited from Southern Dental Limited.

There was a business continuity policy and disaster recovery document that indicated what the practice would do in the event of situations such as a temporary or prolonged power cut and loss of the practice premises.

Staff recruitment

Are services safe?

The practice had policies and other documents that governed staff recruitment. For example, a recruitment policy. Personnel records contained evidence that appropriate checks had been undertaken prior to employment. For example, proof of identification, references and interview records.

Records demonstrated all relevant staff had Disclosure and Barring Service (DBS) clearance (a criminal records check) or an assessment of the potential risks involved in using those staff without DBS clearance.

Monitoring health & safety and responding to risks

The practice had a health and safety policy statement to help keep patients, staff and visitors safe. Health and safety information was displayed for staff to see and the practice had a designated health and safety representative.

There was a record of identified risks and action plans to manage or reduce risk. For example, the risk of trips and falls from an electricity cable taped to the floor where patients and staff walked. A fire risk assessment had been undertaken that included actions required in order to maintain fire safety. Staff told us they had received fire safety training. Records showed that all but one member of staff were up to date with fire safety training.

There was a system governing security of the practice. For example, visitors were required to sign in and out using the designated book in reception. Non-public areas of the practice were secured with coded key pad locks to help ensure only authorised staff were able to gain access.

Infection control

The premises were generally clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns regarding cleanliness or infection control at Gravesend Dental Care.

We looked at the treatment rooms, decontamination and waiting areas. The treatment rooms and decontamination area were fitted with hard flooring so that spillages were easily cleaned up. All surfaces of the dental chairs were intact and covered in non-porous material. Effective cleaning of the dental chair was therefore possible. However, one of the dental chairs was stained underneath a clear protective cover. Staff removed and discarded this

cover during our inspection but the stain remained present. The work surface in the decontamination room was split. Cleaning would not always therefore be effective as the surface was not intact.

Antibacterial hand wash, paper towels and posters informing staff how to wash their hands were available at all clinical wash-hand basins in the practice. Clinical wash-hand basins at the practice complied with Department of Health guidance.

The practice had infection control policies that contained procedures for staff to refer to in order to help them follow the Code of Practice for the Prevention and Control of Health Care Associated Infections. The code sets out the standards and criteria to guide organisations in planning and implementing control of infection.

The practice had an identified infection control lead and all relevant members of staff were up to date with infection control training.

Personal protective equipment (PPE) including disposable gloves, aprons, face masks and visors were available for staff to use. Clinical staff were provided with uniforms for use whilst at work. Some clinicians told us that they travelled to and from their home in these uniforms. This practice was against the guidance contained in the infection control policy and had not been identified by the infection control audit carried out on 18 May 2015.

There was a system to ensure that reusable items of equipment were only used for one patient before being decontaminated and sterilised. Dental instruments were cleaned and decontaminated in a dedicated decontamination room. This was laid out appropriately with clear separation of the dirty instruments entering the room and the clean sterile instruments coming out of the autoclave (an autoclave is a piece of equipment that treats instruments at high temperature to help ensure any bacteria are killed). A member of staff demonstrated the process for cleaning and sterilising instruments and the process followed current guidance and appropriate PPE was worn throughout the procedure. The equipment used for cleaning and sterilising was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was clear that the equipment was in working order and being effectively maintained. However, the practice was unable to

Are services safe?

demonstrate validation of an ultra-sonic unit. The unit was therefore not proved to be reliable for use. We looked at the dental instruments which had been taken through the decontamination process and were ready for use in each of the dental consulting rooms. Instruments were stored in sterile pouches and contained expiry dates indicating by which time they should be used.

The infection control policy contained information for staff on the frequency and method for cleaning equipment used in assessing and treating people who used the practice. For example, work surfaces and equipment. We saw that the provider had a cleaning schedule of the whole building and that records were made of cleaning that took place.

There was a system for safely handling, storing and disposing of clinical waste. This was carried out in a way that reduced the risk of cross contamination. Clinical waste was stored securely in locked, dedicated containers whilst awaiting collection from a registered waste disposal company.

The practice had a system that monitored and recorded the hepatitis B status of clinical staff at Gravesend Dental Care.

There were procedures to ensure that water used in the practice complied with purity standards. This included using specially treated water for clinical processes that could generate water vapour which could be inhaled. There was a system for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings).

The practice infection prevention risk assessment failed to identify the risk of infection to staff and patients from; the stained dental chair; some clinicians wearing their uniform to and from work; the use of unvalidated equipment. Where risks were identified by this audit action had not always been taken. For example, the audit identified the split in the decontamination room work surface but no action had been taken.

Equipment and medicines

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all

equipment (including clinical equipment) was tested, calibrated and maintained regularly and there were equipment maintenance logs and other records that confirmed this, with the exception of the ultra-sonic unit that had not been validated.

The practice had a system to monitor blank prescription forms. Blank prescription forms were stored securely and the practice kept a record of their serial numbers.

Medicines were stored securely in areas accessible only by practice staff. The practice kept records of the ordering and receipt of medicines. Staff told us that stock levels and expiry dates of medicines held were not routinely audited, although they said that the expiry date of all medicines were checked before staff administered them to patients. Medicines that we checked were within their expiry date and fit for use.

Appropriate temperature checks for refrigerators used to store medicines had been carried out and recorded.

Radiography (X-rays)

Radiography was carried out at the practice safely and followed current legislation. The X-ray equipment had been regularly checked by service engineers and more frequently by staff. There were clear lines of responsibility and accountability recorded in the local rules for each X-ray unit. (The local rules set out who is responsible for the oversight and safety of radiography in the practice and what to do in the event of an equipment failure). X-rays were, in the main, justified, graded and reported on in clinical notes. A rolling grade assessment was carried out by nurses for every X-ray taken at the practice. Southern Dental Limited organised an annual audit of the quality of at least 100 X-rays for each clinician at Gravesend Dental Care. Peer review of X-rays between clinicians was also carried out regularly.

The practice had a comprehensive radiation protection file where information was stored to show how the practice complied with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R2000). The file contained details of who was and how to contact the Radiation Protection Advisor (RPA).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, findings and quality assurance of X-ray images taken as well as each patient's basic periodontal examination (BPE). These measures demonstrated a risk assessment process for oral disease.

The assessments were carried out in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and the General Dental Council (GDC). Assessments included an examination covering the condition of patients' teeth, gums and soft tissues as well as signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

Patients we spoke with and comments cards we reviewed reflected that patients were satisfied with the assessments, explanations, quality of dentistry and outcomes.

Health promotion & prevention

The practice promoted the maintenance of good oral health. The practice was unable to demonstrate they were using guidance available in the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention'. This had been identified by an audit but no action had been taken at the time of our inspection.

The practice asked new patients to complete a health questionnaire which included further information for health history. The practice then invited patients for consultation with one of the dentists.

Records showed that patients were given advice appropriate to their individual needs such as smoking cessation.

Information displayed in the waiting areas promoted good oral health. This included information on tooth sensitivity.

Staffing

The practice staff included one practice manager, three dentists, one hygienist, three dental nurses and two receptionists. Staff training records demonstrated that all

staff were up to date with mandatory training. For example, basic life support. Although the practice was unable to demonstrate that one dentist had received fire safety training. All staff were up to date with their continuing professional development requirements (CPD). They were encouraged to maintain their CPD and their skill levels.

There was an induction programme for staff to follow which helped ensure they were skilled and competent in delivering safe, efficient care and support to patients. Staff had undertaken training to help ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as infection control.

There was an appraisal system used to identify training and developmental needs. Records showed that dental nurses and receptionists had received regular appraisals. However, the practice was unable to demonstrate that dentists employed at Gravesend Dental Care had received regular appraisals.

Working with other services

The practice had systems to refer patients to other service providers if the service they required was not available at Gravesend Dental Practice. For example, treatments for patients with complex pathology.

Where a referral was necessary, the type of care and treatment was explained to the patient and they were given a choice of other healthcare professionals who were experienced in undertaking the type of treatment required.

Consent to care and treatment

The practice had a consent policy that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment but did not detail how that consent should be recorded.

Staff told us that they obtained either verbal or written consent from patients before carrying out examinations, tests, treatments, arranging investigations or referrals and delivering care. They said that parental consent given on behalf of children was documented in the child's dental records. All staff had received formal training on the Mental Capacity Act 2005. Staff we spoke with were able to describe how they would manage the situation if a patient

Are services effective?

(for example, treatment is effective)

did not have capacity to give consent for any treatment they required. Staff also told us that patients could withdraw their consent at any time and that their decisions were respected by the practice.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at 73 patient comment cards where 68 comments were positive about the service patients experienced at Gravesend Dental Care. Patients indicated that they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said that staff treated patients with dignity and respect. Patients had sufficient time during consultations with staff and felt listened to as well as safe. Five comments were less positive but there was no common theme to them.

We spoke with two patients, both of whom told us they were satisfied with the care provided by the practice and that their dignity and privacy had been respected. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The practice had documents that guided staff in order to keep patients' private information confidential. For example, the data protection policy and the information governance policy. The practice obtained written permission from patients to share information about them with others.

Incoming telephone calls answered by reception staff and private conversations between patients and reception staff that took place at the reception desk could be overheard by others. However, when discussing patients' treatments staff were careful to keep confidential information private. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us they would investigate these and any learning identified would be shared with staff.

Patients' records were in electronic and paper format. Records that contained confidential information were held in a secure way so that only authorised staff could access them.

Involvement in decisions about care and treatment

Patients we spoke with told us that health issues and medication were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make informed decisions about the choice of treatment they wished to receive. Patient feedback from comment cards we reviewed was also positive and aligned with these views.

Patients were provided with written treatment plans that explained the treatment required and outlined any costs patients were required to pay. Staff told us that they rarely carried out treatment the same day unless it was considered urgent. This allowed patients to consider the options, risks, benefits and costs before making a decision to proceed.

Information leaflets were available that gave a details on a wide range of treatments and disorders, such as gum disease and good oral hygiene. Information about procedures such as tooth whitening, crowns and bridges was accessible on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice delivered personalised care to patients that took into account their individual needs. For example, one patient told us that practice staff were careful to remove their face masks and made sure their mouth could be seen by the patient when speaking with them as they had hearing loss and lip read during communication.

Appointment times and availability met the needs of patients. The practice was open Monday to Thursday between the hours of 9am and 6pm, and Fridays 8am to 4pm. Patients with emergencies were assessed and seen the same day if treatment was urgent.

Staff told us that the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff said they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

Tackling inequity and promoting equality

The premises and services had not been designed to meet the needs of patients with mobility issues or patients with prams and pushchairs. For example, the practice was not wheelchair accessible. However, staff told us that patients with mobility difficulties were directed to other Southern Dental Limited practices in the area that could accommodate their needs.

Staff were knowledgeable about how to book interpreter services for patients whose first language was not English.

The practice provided Mental Capacity Act 2005 training. Staff we spoke with and records confirmed this.

Access to the service

Dental services were provided Monday to Thursday between the hours of 9am and 6pm, and Fridays 8am to 4pm. Patients could book appointments on-line, by telephoning the practice or by attending the reception desk in the practice. Where treatment was urgent patients were seen the same day.

The practice opening hours as well as details of how patients could access services outside of these times were available for patients to take away from the practice in written form. For example, in a practice leaflet. However, details of out of hours services displayed on the front of the building were difficult to see as they were displayed in a high window.

Patients we spoke with said they experienced few difficulties when making appointments and were happy with the continuity of care provided by Gravesend Dental Care.

Appointments were available outside of normal working hours and outside of school hours. Specific longer appointments were available for vulnerable patients and those with mental health conditions.

Concerns & complaints

The practice had a system for handling complaints and concerns. Timescales for dealing with complaints were clearly stated and details of the staff responsible for investigating complaints were given. Information for patients was available in the practice that gave details of the practice's complaints procedure and included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response. Patients we spoke with were aware of the complaints procedure but said they had not had cause to raise complaints about the practice.

The practice had received two complaints in the last 12 months. We tracked one record which demonstrated that the complaint was investigated, the complainant received a response to their complaint, the practice learned from the complaint it received and implemented appropriate changes.

Staff told us that complaints were discussed at staff meetings. Records confirmed this and demonstrated that learning from complaints and action as a result of complaints had taken place.

Are services well-led?

Our findings

Governance arrangements

There were documents that set out Gravesend Dental Care's governance strategy and guided staff. For example, the clinical governance policy and the information governance policy. The practice manager was the clinical governance lead and clinical governance issues were discussed at staff meetings. For example, safe use of needles. There was a variety of policies, policy statements and other documents that the practice used to govern activity. For example, the fire policy, the equality and diversity policy statement as well as the complaints manual. We looked at 16 such documents and saw that four were not dated so it was not clear when they were written or when they came into use. Three documents did not contain a planned review date and two documents were due to be reviewed in February 2015 so were out of date. The practice was unable to demonstrate that they had a system to help ensure all governance documents were kept up to date.

There was a leadership structure with named members of staff in lead roles. For example, a dental nurse had lead responsibilities for infection control. The practice manager was responsible for the day to day running of the practice with oversight from Southern Dental Limited. All staff we spoke with were clear about their own roles and responsibilities. Staff we spoke with said they felt valued by the practice and able to contribute to the systems that delivered patient care.

The practice operated an audit system that improved the service and followed up to date best practice guidance. For example, a record keeping audit. Staff told us audit results were discussed at staff meetings and records confirmed this.

The practice identified, recorded and managed some risks. It had carried out risk assessments where risks had been identified and action plans had been produced and implemented. For example, a fire risk assessment. However, the practice had failed to identify risks associated with some infection control issues in line with national guidance. For example, the use of unvalidated equipment.

Leadership, openness and transparency

The practice manager was visible in the practice and staff told us that they were always approachable and always took time to listen to all members of staff. All staff were involved in discussions about how to run the practice and how to develop the practice.

Staff told us they felt well supported by colleagues and management at the practice. They said they were provided with opportunities to maintain skills as well as develop new ones in response to their own and patients' needs.

There were meetings held in order to engage staff and involve them in the running of the practice. For example, staff meetings. Staff we spoke with told us they felt valued by the practice and able to contribute to the systems that delivered patient care. Although minutes of staff meetings did not demonstrate that staff suggestions were supported, one member of staff told us they had suggested ways to improve confidentiality at reception which had been adopted by the practice.

Management lead through learning and improvement

The practice valued learning. There was a culture of openness to reporting and learning from patient safety incidents. All staff were supported to update and develop their knowledge and skills. Records showed that staff training took place during some staff meetings. For example, how to use emergency equipment and the management of medical emergencies.

We spoke with three members of staff, two of whom told us they had an annual performance review and personal development plan. Records confirmed this. However, the practice was unable to demonstrate they had a system of appraisal that included employed dentists.

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

The practice took into account the views of patients and those close to them via feedback from patient surveys, as well as comments and complaints received when planning and delivering services.

The practice was conducting a patient satisfaction survey and had received 21 responses. Results had been collated and identified positive aspects of the practice. For example, patients rated positively the overall quality of service at

Are services well-led?

Gravesend Dental Care. Records demonstrated that results were discussed at staff meetings but that at present there were no responses that required action on the part of the practice.

The practice gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they

would not hesitate to feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both patients and staff.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not always provided in a safe way for service users.</p> <p>The registered person was not: assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.</p> <p>Regulation 12(1)(2)(h).</p>
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>How the regulation was not being met:</p> <p>Systems or processes were not established or operated effectively to ensure compliance with the requirements in this Part (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).</p> <p>The systems or processes did not enable the registered person, in particular, to: assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the experience of service users in receiving those services); 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; evaluate and improve their performance in respect of the processing of the information referred to in sub-paragraphs (a) to (e).</p> <p>Regulation 17(1)(2)(a)(b)(f).</p>