

Toothcare Limited

Toothcare Limited

Inspection Report

90a High Street
Canvey Island
Essex
SS8 7SQ
Tel:01268 683739

Date of inspection visit: 25 May 2015
Date of publication: 29/10/2015

Overall summary

We carried out an announced comprehensive inspection on 27 May 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 not providing effective care in accordance with the relevant regulations

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Toothcare offers primarily NHS care with some private treatments if requested. The staff structure of the practice consists of a principal dentist, a dental nurse, a receptionist and a trainee receptionist and dental nurse.

We spoke with three patients who used the service on the day of our inspection and reviewed seven CQC comment cards that had been completed by patients prior to the inspection. The patients we spoke with were complimentary about the service. They told us they found the staff to be friendly and informative. They felt they were treated with respect. The comments on the CQC comment cards were also very complimentary about the staff and the service provided.

During the inspection we spoke with four members of staff, including the principal dentist, who was also 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.

To further assess the quality of care provided by the practice, we looked at practice policies and protocols and other records

Our key findings were:

- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.

Summary of findings

- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice sought feedback from staff and patients about the services they provided.

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

- Ensure dental X-rays are prescribed and managed according to current criteria guidelines
- Ensure the risk of legionella is mitigated by applying the current legislation and guidance such as, The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.

- Ensure there are appropriate arrangements for managing medicines which include obtaining, prescribing, recording, handling, and security, dispensing safe administration and disposal.
- Assess the risks to the health and safety of patients receiving treatment.
- Maintain accurate, complete and contemporaneous record in respect of each patient, including a record of the care and treatment provided to the patient and of decisions taken in relation to the care and treatment provided.
- Evaluate and improve their practice by processing information gained from clinical practice, risk assessments and seeking and acting on feedback.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). The practice did not have effective systems and processes in place to ensure all care and treatment was carried out safely. The practice was not able to demonstrate how they kept records of significant events or complaints.

A legionella risk assessment carried out in 2011 identified actions to prevent bacteria build up but only some actions had been implemented.

Dental X-rays were not prescribed or managed according to current criteria guidelines.

Patients' medical histories were obtained before any treatment took place. The dentist was aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies

Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to. Staff were suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times.

Are services effective?

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

Consultations were not always carried out in line with best practice guidance from the National Institute for Health and Clinical Excellence (NICE). Patients were not always given a comprehensive assessment of their dental needs including receiving recall reasons for optimum dental health. There was evidence that the Faculty of General Dental Practice (FGDP) guidance on Selection Criteria for Dental Radiography were not being followed; notes we viewed did not contain a record of justification, grading or reporting.

Staff were supported through training, appraisals and opportunities for development. However one new member of staff did not have any induction documentation relevant to their role.

Patients were referred to other services in a timely manner. Staff understood the Mental Capacity Act and offered support when necessary. Staff were aware of Gillick competency in relation to children under the age of 16.

Are services caring?

We found that this practice was caring in accordance with the relevant regulations. Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. Patients told us they were listened to and not rushed.

Treatment was clearly explained and they were provided with written treatment plans. Patients were given time to consider their treatment options and felt involved in their care and treatment. Patients were often contacted after receiving treatment to check on their welfare.

Are services responsive to people's needs?

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

Summary of findings

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 within 24 hours. They would see any patient in pain, extending their working day if necessary.

A practice leaflet was available in reception to explain to patients about the services provided. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. Patients who had difficulty understanding care and treatment options were supported. The practice told us they would handle complaints in an open and transparent way and apologised when things went wrong.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). Regular staff meetings took place and these were minuted however there was no regular agenda to ensure governance issues were discussed. Care and treatment records were audited however there were no completed audit cycles to ensure standards had been improved or maintained.

The arrangements for governance and performance management did not always operate effectively. There was no effective system for identifying, capturing and managing issues and risks. There was a lack of openness and transparency, which could result in the identification of risk, issues and concerns being discouraged or repressed. Significant issues that threaten

the delivery of safe and effective care were not always identified or adequately managed.

Health and safety risks had not been identified and there was no documentation that they were monitored and reviewed regularly.

Toothcare Limited

Detailed findings

Background to this inspection

The inspection took place on 27 May 2015 and was conducted by two CQC inspectors and a dentist specialist advisor.

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 asked the practice to send us some information which we reviewed. This included their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and consulted with other stakeholders, such as NHS England area team / Healthwatch, however we did not receive any information of concern from them.

During the inspection we spoke with the dentist, a dental nurse, a trainee dental nurse and a receptionist. We also reviewed policies, procedures and other documents. We also spoke with three patients. We reviewed seven comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Systems and processes to identify risks and improve patient safety were not robust. The practice had a system in place for reporting clinical significant events, however when we asked for the evidence of the investigations to view the process we were told there had not been any since registering with the Care Quality Commission (CQC) in 2011. We were not assured that the practice was continually evaluating the service to drive improvement forward. Staff spoken with on the day of the inspection, including receptionists and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

The dentist and staff spoken with had an understanding of their responsibilities in Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) however they were unable to evidence this by showing us they had the appropriate recording forms available.

Records were not made available to us that would show the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each type of substance used at the practice that had a potential risk should be recorded and graded as to the risk to staff and patients. We were given a folder that contained the products information leaflets; but it did not clearly identify how to reduce risks within the practice for example wearing of personal protective equipment and safe storage.

Reliable safety systems and processes (including safeguarding)

All staff at the practice had received training in safeguarding and the dentist was the identified lead for safeguarding. Staff we spoke with were aware of the different types of abuse and who to report them to if they came across a situation they felt required reporting. This was confirmed by their continuing professional development files. A policy was in place for staff to refer to and this contained telephone numbers of who to contact outside of the practice if there was a need. There had been no safeguarding incidents at the surgery since the provider had registered with the CQC in 2011.

Care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Patients told us and we saw dental care records which confirmed that new patients were asked to complete a medical history; these were reviewed at each appointment. The dentist was aware of any health or medication issues which could affect the planning of a patient's treatment. These included current medication, underlying allergies or an adverse reaction to local anaesthetic or their smoking status. All health alerts were recorded on the front of the patient's dental care record.

The dentist at the practice was unable to demonstrate that their clinical practices reflected current guidance in relation to safety. For example the dentist did not routinely use rubber dam for endodontic procedures to ensure their patients safety and to increase the effectiveness of treatment. 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. This ensures patients are not able to swallow solutions or instruments used in the procedure and to ensure the operative site is free from moisture contamination. We discussed with the dentist other forms of airway protection and we were told they used a parachute chain that is attached to the reamer; this minimises the risk of swallowing or inhaling instruments but no protection from solution spillage. However a risk assessment had not been carried out that identified why best practice of a rubber dam usage was not being utilised. A risk assessment would be required to mitigate the chance of the files inadvertently being dropped in the patient's mouth or inhalation or swallowing of solutions.

Medical emergencies

There were arrangements in place to deal with foreseeable medical emergencies. We saw that the practice had emergency medicines and oxygen available. This is in accordance with guidance issued by the Resuscitation Council UK and the British National Formulary (BNF); which may be needed to deal with any medical emergencies should they arise. All staff had been recently trained in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). We checked the emergency medicines and found that they were of the recommended type and were all in date. A system was in place to monitor stock control and expiry dates.

Are services safe?

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We looked at five staff files and found that the process had been followed.

Qualified staff were registered with the General Dental Council GDC. There were copies of current registration certificates and personal indemnity insurance (Insurance dentists and dental nurses are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

The practice had carried out a fire safety risk assessment. There was guidance in the waiting room for patients about fire safety and the actions to take.

Staff spoken with were aware of their responsibilities in relation to the control of substances hazardous to health (COSHH). However a COSHH risk assessment had not been carried out for certain materials used at the practice to ensure staff knew how to manage these substances safely.

The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by ensuring sharps bins, were stored appropriately in the treatment room.

Infection control

We saw there were some systems in place to reduce the risk and spread of infection. During our visit we spoke with the dental nurse, who had responsibility for infection prevention and control. They were able to demonstrate they were aware of the safe practices required to meet the essential standards published by the Department of Health - 'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

The equipment used for cleaning and sterilising dental instruments were maintained and serviced as set out by the manufacturers. On the day of our inspection the washer disinfectant was out of order and waiting for repair. We were informed that manual cleaning was being undertaken until the repair of the equipment. We saw daily, weekly and

monthly records of decontamination cycles and tests and when we checked those records it was evident that the equipment was in working order and being effectively maintained.

Decontamination of dental instruments was carried out in a separate decontamination room. A dental nurse demonstrated the process to us from taking the dirty instruments out of the dental surgery through to clean and ready for use again. We observed that dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean. However the process described by the nurse did not reflect the written policy. We discussed this with the infection control lead and they informed us that the policy was incorrect.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. [Legionella is a particular bacteria which can contaminate water systems in buildings.] Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor in 2011; actions identified in the report had not been initiated and there had been no further risk assessment recorded. This did not assure us that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in the water systems.

The segregation of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps and sharps waste was in accordance with the current European Union directive with respect to safe sharp guidelines; this mitigated the risk of staff against infection. We observed that sharps containers were correctly maintained and labelled. The practice used an appropriate contractor to remove dental waste from the practice and waste consignment notices were available for us to view.

Equipment and medicines

The practice manager had a method that ensured tests of machinery were carried out at the right time and all records of service histories were seen. This ensured the equipment used in the practice was maintained in accordance with the

Are services safe?

manufacturer's instructions, this included the equipment used to sterilise the instruments, the x-ray sets and the compressor. This confirmed to us that all the equipment was functioning correctly.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were no arrangements in place for the stock control of medicines, including local anaesthetics used on patients. There was no system for recording the prescribing of the medicines and drugs used in clinical practice.

Radiography (X-rays)

There was a designated radiation protection adviser (RPA). The dentist at the practice was the radiation protection supervisor (RPS) for the practice. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment. These included critical examination packs for each X-ray set along with the three yearly maintenance logs in accordance with current guidelines. A copy of the local rules and inventory of X-ray equipment used in the dental practice was available in a file with each X-ray set.

We discussed with the dentist the requirement to audit X-rays taken to evaluate the quality of the radiographs. We were informed this had been commenced and was on-going. We observed a sample of six clinical records where dental X-rays had been taken. The clinical records did not identify that dental x-rays when taken were justified and reported in accordance with IR (ME) R 2000 (Ionising Radiation (Medical Exposure) Regulations 2000). We saw X-ray holders in the treatment rooms. These ensure good placing in the patient's mouth which contributed to good quality images. The X-rays were not mounted and labelled in accordance with current guidelines.

Dental X-rays were not prescribed according to current selection criteria guidelines and there was no written protocol. This would prevent patients receiving dental X-rays at inappropriate intervals. The dentist recorded when previous X-ray assessments had been carried out. When X-rays were taken, the records did not show the reasons for taking the X-rays and the findings were not recorded.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist did not always perform dental assessments in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. We were told by the dentist and saw documentation that lacked clarity that NICE guidance with regard to recall intervals were not followed. Where patients had a three monthly recall the reasons were not noted in the records.

The Faculty of General Dental Practice (FGDP) guidance on X-ray criteria was not being followed, there was no record of justification, grading or reporting recorded in the patient's notes. The Department of Health 'Delivering better oral health' guidance was not being followed with regards to applying fluoride varnish to children to prevent caries. Caries is a destructive process to the tooth causing decalcification of the tooth enamel and leading to continued destruction of enamel and dentine, and cavitation of the tooth.

Patients spoken with told us they always felt informed about their treatment and they were given time to consider their options before giving their consent to treatment. The comments received on CQC comment cards reflected that patients were satisfied with the assessments, explanations, the quality of the dentistry.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. The dentist and dental nurse provided patients with advice to improve and maintain good oral health. Patients told us that they were well informed about the use of fluoride paste and the effects of smoking on oral health.

Staffing

The practice employed one full time dentist, supported by a practice manager/dental nurse and a trainee dental nurse. The ratio of dentist to dental nurses was one to one. Dental staff were appropriately trained and registered with

their professional body. Training staff were undertaking a recognised course. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels.

Staff training was being monitored and we saw evidence of this in their personal files. The practice had identified some training that was mandatory and this included basic life support and safeguarding.

All staff at the practice had received annual appraisals. Staff spoken with felt supported and involved in the appraisal process. They were given the opportunity to discuss their training and career development needs and were graded on their performance. Staff spoken with felt the process was fair and they felt valued. They told us that managers were supportive and always available for advice and guidance.

Staff new to the practice should go through a role specific induction process relevant to their role. The trainee dental nurse was currently undergoing a period of induction and they were receiving mentoring from the lead dental nurse to ensure they understood their role. This included familiarisation with decontamination procedures. However a second staff member who had taken up their post six months before our inspection did not have any record of receiving any form of induction to their role.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice, for example orthodontic treatment.

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.

The dentist explained the system and route they would follow for urgent referrals if they detected any unidentifiable lesions during the examination of a patient's soft tissues. They also explained how patients who required orthodontic treatment were referred for specialist treatment. Orthodontics is the speciality of dentistry concerned with the correction of irregularities of the teeth, including malocclusion, often by the use of braces.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

The practice had a consent policy to support staff in understanding the different types of consent a patient could give and whether it could be taken verbally or in writing. Staff we spoke with told us they had read the policy and they had ready access to it.

Staff spoken with had a clear understanding of consent issues. They understood that consent could be withdrawn by a patient at any time. Clinical and reception staff were aware about consent in relation to children under the age of 16 who attended for treatment without a parent or guardian. This is known as Gillick competence. They told us that children of this age could be seen without their parent/guardian and the dentist told us that they would ask them questions to ensure they understood the care and treatment proposed before providing it. This is known as the Gillick competency test.

The dentist told us that they tried hard not to proceed with treatment on the same day. They preferred to offer patients

an explanation of the risks, options and benefits and to allow them time to think about them, before returning and providing their consent for treatment. Only where matters were urgent or a patient was in discomfort did treatment take place on the same day. The practice had suitable consent forms available for both private and NHS patients if written consent was required for any treatment. Records relating to care and treatment were in paper form only. We reviewed these notes and identified that they were not always complete, legible or had any record of discussions with patients.

The dentist we spoke with also explained how they would take consent from a patient if their mental capacity was such that they might be unable to fully understand the implications of their treatment. This followed the guidelines of the Mental Capacity Act 2005 and included involving any carer to ensure that procedures were explained in a way they could understand.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During our visit we spoke with three patients about their care and treatment; we also reviewed seven comment cards. All patients commented positively about the caring and compassionate staff, describing them as friendly, understanding and professional.

We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was open plan but we were told by reception staff/dental nurse that when a confidential matter arose, a private room was available for use.

Patients we spoke with felt that practice staff were kind and caring and that they were treated with dignity and respect and were helpful. One patient told us they were nervous about seeing the dentist but had been reassured on each occasion making their experience less stressful.

Involvement in decisions about care and treatment

We looked at some examples of written treatment plans and found that they explained the treatment required and outlined the costs involved. The dentist 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.

Patients we spoke with told us that the dentist listened to them and they felt involved with the decisions about their care and treatment. They told us that consultations and treatment were explained to them in a way they understood.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice information leaflet and practice booklet described the range of services offered to patients, the complaints procedure, information about patient confidentiality and record keeping. The practice offered both NHS and private treatment and the costs of each were clearly displayed in the booklet.

Appointment times and availability met the needs of patients. The practice was open from 9.00 am to 17.30pm except on Tuesdays when the surgery offered appointments up until 19.30pm. Patients with emergencies were seen within 24 hours of contacting the practice, sooner if possible. Patients who completed CQC comment cards prior to our inspection stated that they were rarely kept waiting and they could obtain appointments when they needed one.

The practice had commenced the 'friends and family' test, we saw the results for the two months and the comments were positive. CQC comment cards reflected that patients were happy with the services provided.

Tackling inequity and promoting equality

The practice had considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. The practice had step free access to assist patients with mobility issues, using wheelchairs or mobility scooters and parents with prams or pushchairs.

All services were provided at ground floor level. The waiting area could accommodate wheelchairs, prams and pushchairs. The reception area included a low level section to accommodate patients in wheelchairs.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen within 24 hours or sooner if possible.

The arrangements for obtaining emergency dental treatment were clearly displayed in the waiting room area and in the practice booklet. Staff we spoke with told us that patients could access appointments when they wanted them and patients we spoke with and comment cards we viewed confirmed this.

Information was available about NHS payment bands. The private treatment price guide was displayed in the waiting room.

Concerns & complaints

The complaints procedure was displayed in public areas. It included time scales in which the practice would respond to any concern and how quickly they would expect to conclude an investigation. The complaints policy committed the practice manager to acknowledging a complaint in three working days and dealing with it in 20 days. The procedure gave the contact details that patients could use to escalate a complaint if they were not satisfied with the local resolution.

The practice manager told us that there had been no complaints made since the practice registered with the CQC in 2012. Patients we spoke with on the day of our inspection had not had any cause to complain but felt that staff at the practice would treat any matter seriously and investigate it professionally. CQC comment cards reflected that patients were satisfied with the services provided.

Are services well-led?

Our findings

Governance arrangements

The practice aims and objectives were reviewed in April 2015. The governance arrangements did not identify clear responsibilities, or that quality and performance would be regularly considered, and if risks were identified, that they would be understood and managed? There were no recent reviews of the governance arrangements, the strategy or the information used to monitor performance. The dentist at the practice assumed responsibility for all matters involving the management of the practice. The policies and procedures reviewed were recently dated but were not in an accessible location or logical format for staff to review.

Records relating to care and treatment were in paper form only. We reviewed these notes and identified that they were not always complete, legible or had any record of discussions with patients.

Policies we viewed included, health and safety, infection prevention control, patient confidentiality and recruitment. However we identified that the policies were not adhered to when we spoke with staff. For example the infection control policy was not in accordance with the standards in the HTM01-05. Staff spoken with were unable to discuss many of the policies and this indicated to us that they did not have a full understanding of them; this identified that practice was not in adherence with policies and could put patient care at risk.

We viewed a number of clinical and non-clinical audits taking place at the practice. These included infection control, patient records, and X-ray quality. These audits did not specify outcomes, review dates or any action which was required. As there were no areas for improvement identified we could not be assured that improvements would be made to the service as a result.

We looked at the patient record and X-ray quality. This involved reviewing patients care records at the practice. An audit of the quality of X-rays had been undertaken. However there was no learning derived from this audit and there was no date to re-audit. No audit had been done of the clinical records to ensure that X-rays were justified, graded and reported on. This is a requirement under IR(ME)R 2000 regulation 8.

Leadership, openness and transparency

Documentation seen and staff we spoke with lead us to identify a lack of effective leadership at the practice. There was lack of openness and transparency, which could result in the identification of risk, issues and concerns being discouraged or repressed. Significant issues that threaten the delivery of safe and effective care were not always identified or adequately managed. We would expect a practice to be able to supply all relevant documentation requested as part of our inspection. The approach to service delivery and improvement was reactive and focused on short-term issues. Improvements were not always identified or action not always taken. Where changes were made, the impact on the quality of care was not fully understood in advance and it was not monitored.

All staff were aware of whom to raise any issue with and told us that they felt the dentist would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

Management lead through learning and improvement

Staff at the practice were all working towards a common goal to deliver high quality care and treatment. However there was no evidence of innovation or service development. There was minimal evidence of learning and reflective practice. Minutes seen did not reflect any actions or learning from incidents or complaints.

Regular staff meetings took place and all relevant information cascaded to them. Meetings were minuted and the minutes displayed on the staff notice board. Prior to meetings staff were encouraged to consider items for the agenda and meetings were used positively to identify learning and improvement measures.

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

The dentist and staff told us that patients could give feedback at any time they visited. A recent patient survey had been carried out and the results of this had been positive, with patients expressing satisfaction with the services they received.

The practice had systems in place to review the feedback from patients who had cause to complain. Staff we spoke with told us their views were sought at appraisals, team meetings and informally. They told us their views were listened to, ideas adopted and they felt part of a team.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There was evidence that national guidance about delivering safe care and treatment were not being followed this included infection control and X-ray management.</p> <p>Current legislation and guidance for the safe management of medicines were not being followed.</p> <p>Incidents that could affect the health, safety and welfare of people using the service were not being reported, investigated. There was no review and no risk mitigation identified.</p> <p>Regulation 12.—(1), (2), (a), (b), (f), (g), (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>We found the registered person did not have effective governance, assurance and auditing processes to monitor the service; and ensure that records relating to the care and treatment of patients were fit for purpose.</p> <p>This included:</p> <p>The process for effective clinical governance were inadequate, this included lack of clinical audits with outcomes and identification of actions.</p> <p>Arrangements for reviewing and learning from incidents or complaints were inadequate.</p> <p>There was no clinical leadership to monitor and improve infection control practices. (Health Act Code of Practice Criterion 1).</p> <p>Regulation 17 –(1), (2), (a), (b), (c).</p>