Azam & Associates Healthcare Ltd

Chesterfield Road Dental Practice

Inspection Report

655-657 Chesterfield Road
Sheffield
South Yorkshire
S8 0RY
Tel:01142 556344
No website

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Overall summary

We carried out this announced inspection on 11 February 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was 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

Chesterfield Road Dental Practice is in Sheffield and provides mainly NHS and some private treatment to adults and children.

There is portable ramp access for people who use wheelchairs and those with pushchairs at the rear of the practice. Road side car parking spaces, are available near the practice.

Summary of findings

The dental team includes six dentists, nine dental nurses (three of whom are trainees and one is the reception manager), two dental hygienists and a dedicated receptionist. The team are supported by a practice manager. The practice has four treatment rooms and two instrument decontamination facilities.

The practice is owned by a company 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 Chesterfield Road Dental Practice is the practice manager.

On the day of inspection, we collected 34 CQC comment cards filled in by patients.

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

The practice is open:

Monday to Thursday 08:45 – 17:30

Friday 08:45 – 17:00

Our key findings were:

- The practice appeared clean and well maintained.
- Infection control procedures mostly reflected published guidance. Improvements could be made to bring processes fully in line with guidance.
- Systems to manage medicines and life-saving equipment could be improved.
- The practice had systems to help them manage risk to patients and staff, we identified that improvements could be made to the fire safety management systems, Legionella management and safer sharps management and injury protocols.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice could not demonstrate that an electrical fixed wiring safety check had taken place since 2012.
- The provider had thorough staff recruitment procedures.
- 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 had a Closed-Circuit Television (CCTV) with voice recording system; its use and impact had not been assessed.
- Systems in place to monitor and track prescriptions and patient referrals were not consistent.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Leadership at the practice could be improved. Systems to monitor and embed staff training could be improved.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations the provider was not meeting are 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?

Requirements notice 

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 and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

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

Staff were qualified for their roles and the practice completed essential recruitment checks.

The practice had system to help them manage risk. We identified where improvements could be made to fire safety management systems, Legionella management, safer sharps management and injury protocols and clinical waste security and disposal.

Premises and equipment were clean and properly maintained.

An in-date electrical fixed wiring safety check was not available on the inspection day. The only certificate available to review was dated 2012.

The practice had an infection prevention and control (IPC) policy. Some areas of the IPC process were not carried out in line with recommended guidance and we identified some staff knowledge gaps. The ground floor room used for the decontamination and processing of dental instruments was ill-equipped and did not reflect recommended guidance.

The practice carried out infection prevention and control audits bi-annually. The completion of these audits could be more closely monitored to ensure areas of non-compliance are highlighted and addressed.

There was a historical system for receiving and acting on safety alerts but no recorded evidence since 2017.

There was no process in place to monitor and track issued prescriptions

The emergency medical kit was not managed in line with recommended guidance. We identified some areas where improvements could be made.

Are services effective?

No action 

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

Summary of findings

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, caring and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had arrangements to refer patients to other dental or health care professionals. Systems to monitor and track patient referrals including fast track referrals were inconsistent.

The provider supported staff to complete training relevant to their roles; systems to help monitor these were ineffective. We identified staff knowledge gaps, including, IPC, audit completion, Legionella processes, sharps injury procedures and the location of some medical emergency equipment.

Are services caring?

No action

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

We received feedback about the practice from 34 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly and efficient.

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

The practice had a CCTV with voice recording system; no Privacy Impact Assessment was in place to consider and justify its use.

Are services responsive to people's needs?

No action

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

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

Summary of findings

Are services well-led?

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

The provider was not present during the inspection day. We identified some systems and processes had failed to be maintained effectively since the last CQC inspection visit in 2016. The registered manager explained there had been a prolonged period of instability which had resulted in staff shortages, training and recruitment issues which had impacted on the productivity and management of the practice. They gave assurance that improvements would be made to address the areas identified during feedback.

We found the dentists and dental hygienists had the capacity and skills to deliver high-quality, sustainable care.

There were systems of clinical governance in place which included policies, protocols and procedures. We found some processes supporting these were not fully understood and were not always carried out correctly or effectively monitored to ensure the practice was performing in accordance with recommended guidance and legislation. For example:

- Infection prevention and control processes were not always carried out in line with recommended guidance.
- Legionella management systems were not managed effectively and some processes were not embedded.
- Systems in place to manage the medical emergency kit were not embedded.
- Systems in place to manage safer sharps procedures were not consistent.

There were processes for managing risks but these required embedding and updating to reflect the practice procedures. For example:

- The sharps risk assessment did not reflect the varying processes carried out at the practice.
- A full review of the risks associated with materials identified under COSHH had not taken place.
- A system to ensure fixed electrical wiring re-certification was carried out at timely intervals was not in place.

The practice team kept complete patient dental care records which were stored securely.

The practice used patient surveys to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on.

We noted that not all staff had received a recent appraisal. We reviewed records for those who had and saw they discussed learning needs, general wellbeing and aims for future professional development. There was a plan in place to address the remaining appraisals.

Requirements notice ✖

Summary of findings

The practice's quality assurance and audit processes could be improved to ensure data was gathered and recorded accurately to encourage suitable outcomes, learning and continuous improvement.

Are services safe?

Our findings

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental 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.

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

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the practice followed their recruitment procedure.

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

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

Recent certification to confirm that an electrical fixed wiring safety check had been carried was not available on the inspection day. The certificate we reviewed was dated 2012.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We identified some areas within fire safety management where improvements could be made: For example, fire extinguishers were not housed securely on the ground floor. The gate at the side of the practice (used as a means of escape from the rear of the practice to the fire assembly area) was locked by a key and a combination lock, preventing an immediate escape using just the combination lock. The registered manager told us this was an oversight as the gate should only be secured with the combination lock during the working day.

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

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following 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 practice had current employer's liability insurance.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk, we identified areas where improvements could be made.

We looked at the practice's arrangements for safe dental care and treatment.

- Safer sharps management systems were not in use at the practice, records showed the dentists had risk assessed this individually and staff told us they were aware that dentists were responsible for handling used syringes; the practice sharps risk assessment did not reflect this.

Are services safe?

- The processes in place to dismantle matrices was inconsistent and this was not reflected in the sharps risk assessment.
- There were no external numbers listed on guidance visible in treatment rooms for staff to use in the event of a sharps injury.
- We noted there was a limited awareness of the immediate action to take in the event of a sharps injury for some staff members.

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.

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

The emergency medical kit was not managed in line with recommended guidance. We identified some areas where improvements could be made. For example:

- A laminated sheet was used to record expiry dates for the emergency medicines; records showed it was last checked in October 2018.
- Emergency medical equipment was last checked 8 February 2019 and the check had not identified the expiry date for single use syringes had passed in December 2018.
- The location of some emergency medical equipment was not known to staff when we asked.

Guidance recommends the emergency kit is checked at least weekly, this was not being done and no historical checks sheets were kept to monitor the process.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with GDC Standards for the Dental Team.

The provider had some risk assessments to minimise the risk that can be caused from substances that are hazardous to health but not all materials used had been assessed.

The practice had an infection prevention and control policy (IPC) in place. We identified some areas of the process were not carried out in line with recommended guidance, namely, The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. For example: The ground floor room used for the decontamination and processing of dental instruments was ill-equipped and did not represent recommended guidance. The shortage of work space and cabinetry made the correct processing of instruments difficult. In addition:

- There was no dedicated hand-washing sink in the room.
- There was no instrument rinsing sink/bowl in the room to remove disinfectant prior to sterilising. A sink was available in an adjoining room; this sink was blocked by other equipment during the inspection day and was not used.
- There was no magnification light to inspect instruments prior to sterilisation.
- No balanced air flow system in place.
- Limited work space for the processing of clean instruments.
- Limited work space for the processing of dirty instruments.

We were told the ground floor decontamination facility was rarely used and was set up for use in an emergency situation. It was not used during the inspection day. Equipment validation records and discussion with other staff members highlighted that the room was being used daily as a decontamination facility. In addition: we saw dental instruments were wrapped in colour coded tape, which can hinder the decontamination process. No lead person was identified for infection prevention and control and monitoring of the environmental cleaning standards was not recorded.

We identified that some improvements could be made to ensure staff knowledge gaps were addressed. For example: areas marked as non-compliant during IPC audits were not raised with the registered manager.

We highlighted these areas of concern with the registered manager who gave assurance that improvements would be made. We were told that there was a plan to upgrade the ground floor decontamination facility but no time line was known for this at present.

The practice had suitable arrangements for transporting and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

Are services safe?

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned. We identified some areas where improvements could be made. For example:

- We identified some staff knowledge gaps in respect to Dental Unit Water Line management.
- There was no lead person identified for Legionella management.
- Records of water testing temperatures were kept but these showed inconsistent results. There was no indication of time required for water to be run to get an accurate reading. (Hot water temperatures should reach 55 degrees within one minute in healthcare premises).
- Some records showed temperatures of more than 60 degrees which could raise a scald risk. The irregular results were not raised as a concern.

We discussed this with the registered manager who told us the irregularities had been re-checked and were found to be within acceptable temperature limits. The correct temperatures at re-test had not been recorded and the irregularity had not raised a staff training concern.

The practice was visibly clean when we inspected. The registered manager told us cleaning standards were monitored but not recorded. We were assured records would be introduced.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted one external clinical waste bin was unlocked when we checked. In addition, records showed and confirmed by staff that black domestic waste bags were used as a liner to collect clinical waste. We discussed this with the registered manager and highlighted that using this method to collect clinical waste could risk accidental disposal into the domestic waste system. We were assured that this procedure would be reviewed.

The practice carried out infection prevention and control audits bi-annually. We were told that due to current staff shortages, any available staff member would be asked to complete the audit. The previous two audits had identified areas where the practice was not meeting the required standard and no action had been taken, for example, there were no heavy-duty gloves available and no lint free cloths in use. The audit process had also failed to identify some of the areas we found non-compliant in the ground floor decontamination room. The completion of these audits could be more closely monitored to ensure actions were reported upon and learning outcomes identified.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Safe and appropriate use of medicines

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

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

There was no process in place to monitor and track issued prescriptions.

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

Track record on safety and Lessons learned and improvements

There were risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

There were adequate systems for reviewing and investigating when things went wrong. Staff described how they had identified several incidents, from which they had acted upon and learnt from to improve safety in the practice.

There was a historical system for receiving and acting on safety alerts but no recorded evidence since 2017. The registered manager, re-registered to receive safety alerts on the day of inspection. We identified a piece of equipment in use at the practice, which could have been subject to a

previous safety alert. This item was found not to be of concern. The registered manager assured us this process would be brought up to date and effectively monitored going forward.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' 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 prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

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The dentists and dental hygienist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

We learned that the practice regularly liaised with local primary schools to deliver oral health education presentations and on an annual basis offered dental check-ups and oral health advice for the children involved in the Chernobyl Children's Lifeline charity.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. 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 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed 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.

We saw the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. Staff discussed their training needs at annual appraisals. Not all staff had received a recent appraisal. We reviewed records for those who had and saw they discussed learning needs, general wellbeing and aims for future professional development. There was a plan in place to address the remaining appraisals.

Are services effective?

(for example, treatment is effective)

The provider supported staff to complete training relevant to their roles. The systems in place to help monitor this were not effective. We found learning was not embedded in some areas. We identified staff knowledge gaps, including, IPC, audit completion, Legionella processes, sharps injury protocols and the location of some medical emergency equipment.

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.

The practice had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The system in place to monitor and track patient referrals was inconsistent. We reviewed a sample of referrals to other service providers and found not all referrals were followed up to ensure records were not lost in the system; this included a fast track referral which was not followed up by the referring dentist. We highlighted this to the registered manager who assured us this process would be reviewed and the fast track referral of concern would be investigated immediately.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were efficient, amazing and helpful. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

The practice had a CCTV with voice recording system. A policy was in place and we saw basic signage informing patients CCTV was in the building. There was no Privacy Impact Assessment available to show the risks of using CCTV and voice recording had been considered and that its use was justified.

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

Staff helped patients to be involved in decisions about their care and were aware of the

requirements under the Equality Act. Interpreter services were available for patients who did not use English as a first language. Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available. Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's information leaflet and NHS Choices website provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included models and X-ray images to help the patient or relatives better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

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

Staff telephoned some patients prior to their appointment to make sure they could get to the practice.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their information leaflet and on the NHS choices website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

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

The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The registered manager was responsible for dealing with these. Staff would tell the registered manager about any formal or informal comments or concerns straight away so patients received a quick response.

The registered manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The provider was not present during the inspection day, we were told the provider visited the practice weekly but did not carry out any clinical treatments.

We identified some systems and processes had failed to be maintained effectively since the last CQC inspection visit in 2016. The registered manger explained that there had been a prolonged period of instability which had resulted in staff shortages, training and recruitment issues which had impacted on the productivity and management of the practice. The registered manager gave assurance that improvements would be made to address the areas identified during feedback.

We found the dentists and dental hygienists had the capacity and skills to deliver high-quality, sustainable care.

Culture

Staff stated they felt respected, supported and valued.

We saw the were systems in place to deal with poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. There were systems in place to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so.

Governance and management

The provider had overall responsibility for the management and clinical leadership of the practice. The registered manager was responsible for the day to day running of the service.

There were systems of clinical governance in place which included policies, protocols and procedures. These were accessible to all members of staff via a team IT database. We found some processes supporting these were not fully understood and were not always carried out correctly or effectively monitored to ensure the practice was performing in accordance with recommended guidance and legislation. For example:

- Infection prevention and control processes were not always carried out in line with recommended guidance.
- The use of an ill-equipped instrument decontamination room did not ensure IPC processes were carried out in accordance with guidance.
- There was no lead or trained person to monitor IPC processes and IPC audits.
- No records to show that environmental cleaning standards were being monitored.
- Legionella management systems were not managed effectively and some processes were not embedded.
- Systems in place to manage the medical emergency kit were not embedded.
- Systems in place to manage safer sharps procedures were not consistent.
- A process to respond to patient safety alerts was not evident.
- Fire safety management systems were not consistent.
- Systems in place to manage clinical waste were not effective.
- The practice's referral and follow up processes were not consistent.
- There was no system in place to monitor and track issued prescriptions.
- The system in place to download data for the sterilisers was not effective.

There were processes for managing risks but these required embedding and updating to reflect the practice procedures. For example:

- The sharps risk assessment did not reflect the processes carried out at the practice.
- A full review of the risks associated with materials identified under COSHH had not taken place.
- A system to ensure fixed electrical wiring re-certification was carried out at timely intervals was not in place.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Are services well-led?

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. Patients had requested an earlier opening time and the practice responded positively to this.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Results showed that 100% of patients would recommend.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs. They had clear records of the results of these audits and the resulting action plans and improvements.

The registered manager valued the contributions made to the team by individual members of staff.

We noted that not all staff had received a recent appraisal. We reviewed records for those who had and saw they discussed learning needs, general wellbeing and aims for future professional development. There was a plan in place to address the remaining appraisals.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Care and treatment must be provided in a safe way for service users.** How the regulation was not being met: The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: The registered person failed to ensure infection prevention and control processes were effective and carried out in line with recommended guidance: In particular: • The infection prevention and control processes carried out in the ground floor decontamination room were not in line with recommended guidance. • The ground floor decontamination room was ill-equipped to ensure effective decontamination processes were in line with recommended guidance. • The use of colour coded tape on dental instruments could compromise effective instrument decontamination. • There was no lead or specifically trained person identified for infection prevention and control. • Actions to address areas of non-compliance identified during audit were inconsistent. • No records to show that environmental cleaning standards were being monitored. The registered person failed to ensure Legionella management processes were effective: In particular: • There was no lead or trained person identified for Legionella management.

This section is primarily information for the provider

Requirement notices

- Records or water temperature testing showed inconsistent results.
- Irregular temperature results were not identified as a concern.
- Hot water temperature re-tests results had not been recorded. This had not identified staff knowledge gaps.
- Knowledge gaps for Dental Unit Water Line management had not been identified.

The registered person failed to ensure effective systems were in place to manage the medical emergency kit: In particular:

- The system in place to check the expiry of emergency medicines and equipment was not effective.
- The processes to conduct emergency kit checks were not carried out in line with recommended guidance.
- The location of some emergency equipment was not known to staff.

The registered person failed to ensure that safer sharps management systems were consistent throughout the practice. In particular:

- The sharps risk assessment had not captured varying processes amongst the clinical staff.
- Knowledge gaps in relation to the immediate action to take in the event of a sharps injury had not been identified.

The registered person had failed to implement an effective process to receive and act on patient safety alerts.

The registered person had failed to identify inconsistent fire safety systems.

The registered person had failed to identify the risks associated with ineffective clinical waste processes: In particular:

- An external clinical waste bin was found insecure.
- The use of black bin bags as a liner for the clinical waste bins in surgeries.

There was additional evidence that safe care and treatment was not being provided. In particular:

- The systems in place to monitor and track patient referrals including fast track referrals were not effective, processes for patient follow up were inconsistent.

This section is primarily information for the provider

Requirement notices

Regulation 12(1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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 How the regulation was not being met: There were no systems or processes that ensured the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular: • Staff files were not held securely and no system was in place to monitor access to the files. There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • The system in place to check the expiry of emergency medicines and equipment was not effective. • Not all materials used had been assessed to minimise the risk that can be caused from substances that are hazardous to health. There was additional evidence of poor governance. In particular: • The use of CCTV and voice recording had not been justified or assessed. No Privacy Impact Assessment was in place. • There was no process to monitor and track issued prescriptions. • There was no evidence to support that a 5-year fixed wiring safety check had taken place since 2012.

This section is primarily information for the provider

Requirement notices

- The systems to manage some audit processes were not effective.

Staff training and induction was carried out but learning was not embedded. In particular: IPC, audit completion, Legionella processes, Sharps injury protocol and the location of medical emergency equipment.

Regulation 17 (1)