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Haymans Green Dental Practice

Inspection Report

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Date of inspection visit: 5 June 2019
Date of publication: 15/07/2019

Overall summary

We carried out this announced inspection on 5 June 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

Haymans Green Dental Practice is in West Derby, Liverpool and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. A car parking space for blue badge holders, is available outside the practice and on street parking is available close to the practice.

Summary of findings

The dental team includes four dentists, five full time dental nurses, one of whom provides reception cover, one dental hygiene therapist, two part-time receptionists and two treatment co-ordinators who also provide reception cover. The practice team is led by a practice manager, who is supported by an assistant practice manager who is also a treatment co-ordinator. The practice has five treatment rooms, three at ground floor level and two on the first floor.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Haymans Green Dental Practice is the principal dentist.

On the day of inspection, we collected five CQC comment cards filled in by patients. All feedback was highly positive.

During the inspection we spoke with two dentists, three dental nurses, one receptionist, the practice manager and assistant practice manager/treatment co-ordinator. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday between 8am and 5pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies.
- Not all appropriate medicines and life-saving equipment were available for use.
- The practice had systems to help them manage risk to patients and staff. Some of these required improvements.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures in place but these were not fully adhered to.
- Guidance for the provision of sedation to patients was not routinely followed.
- Records for sedation cases were insufficiently detailed.
- Management and oversight of training required by staff was insufficient. Some staff did not maintain required levels of continuous professional development to support their work.
- For some staff, there was a lack of evidence of formal training in areas they worked in, and evidence of continuing professional development to support them in those duties.
- Medicines management and the management of prescription pads was insufficient.
- Other than for sedation, 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.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Clinical leadership required improvement. Systems to support continuous improvement were not fully effective.
- Staff we spoke with worked well as a team; we found evidence of a disconnect between practice management and clinical leadership.
- The provider asked patients for feedback about the services they provided.
- The provider dealt with complaints efficiently.
- Governance arrangements required improvements.

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

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

Full details of the regulations the provider is not meeting are at the end of this report.

There were areas where the provider could make improvements. The provider should:

- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care

Summary of findings

dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' In particular, the removal of coloured bands on dental instruments, which are not approved for use in infection controlled environments.

- Introduce protocols regarding the prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice. This should include audit of antibiotic prescribing.

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 Enforcement Actions section at the end of this report). The provider took action immediately to cease provision of sedation services.

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

The provision of sedation services did not reflect recognised guidance. Staff providing sedation could not evidence completion of the required continuing professional development, and for one staff member there was no evidence of completion of training in the support of sedation.

There was no protocol in place for the managed discharge of patients who had received sedation.

Some staff had not received basic life support training as required, and one staff member had not received immediate life support training as required.

Medicines management required improvement. This included ensuring the control of stock of medicines and accurate recording of this and checks on emergency medicines.

The management of prescriptions pads was not effective. Systems in place did not allow tracking and tracing of prescriptions issued; not all staff observed the system that was in place. When we checked records, we could see that the same prescription serial number had been recorded as being issued three times.

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

With the exception of sedation, staff were qualified for their roles and the practice completed essential recruitment checks. Where some staff had not provided required documentation for immunisation status, risk assessments had been put in place, but missing documentation had not been followed up.

Dental equipment was clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had arrangements for dealing with medical and other emergencies but not all equipment as described in recognised guidance, was available and ready for use.

Governance that linked to safety in the practice required improvement, for example, in the audit of infection control. In respect of fire safety, there was no emergency lighting at the practice. The practice could not show us a gas safety certificate in respect of the premises. Following our inspection the provider scheduled a gas safety inspection and a gas safety certificate was issued on 14 June 2019.

Enforcement action

Summary of findings

Are services effective?

No action

With the exception of sedation, we found that this practice was providing effective care in accordance with the relevant regulations.

Following our inspection, the provider agreed to cease providing sedation services at this practice.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as perfect, very good and easy to access. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The provider supported staff to complete training relevant to their roles. Systems to monitor this were not effective.

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 five people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, helpful and kind.

They said that they were given helpful information 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.

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 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.

Are services well-led?

Enforcement action 

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 Enforcement Actions section at the end of this report).

Summary of findings

The practice had arrangements to ensure the smooth running of the service. These were not consistently applied and observed by all. There where systems for the practice team to discuss the quality and safety of the care and treatment provided, for example, patient record audits, but these had not identified the concerns we raised on inspection.

There was a clearly defined management structure. Staff felt supported and appreciated by the practice manager. We found a disconnect between the practice management and the clinical leadership; systems put in place by the practice manager to help support governance where not universally observed by all clinical staff.

With the exception of sedation, the practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The provider monitored some clinical areas of work. Clinical leadership required improvement.

The practice manager monitored non-clinical areas of work. This included asking for and listening to the views of patients.

Are services safe?

Our findings

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

The practice had systems to keep patients safe. These were not universally adhered to by all staff.

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 and vulnerable 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 staff gave good examples of reasonable adjustments made to accommodate patients with a disability or sensory impairment.

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 dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was documented in the dental care record and a risk assessment completed.

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. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure. However, where copies of recruitment documents had not been received, for example, evidence of immunity to Hepatitis B, although risk assessments were in place, the missing documentation had not been followed up. The practice did not use agency and locum staff.

When making checks, we saw that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. However, staff providing sedation had not completed the required continuous professional development to support them in sedation work. There was no evidence of completion of immediate life support training within the past 12 months for this dentist, and we were unable to confirm the date of the last immediate life support course they had attended. When we asked questions about their continuing professional development, they confirmed that they had not completed the required amount in relation to sedation.

For the dental nurse who supported sedation, there was no evidence of training in sedation support or of continuing professional development with regard to sedation.

The practice was not able to demonstrate that all equipment was safe and maintained according to manufacturers' instructions. The defibrillator batteries were not charging the defibrillator to ensure it was ready for use. Staff could not show us a servicing certificate for the autoclave in use at the time of our inspection. We were told that the autoclave was less than 12 months old. The practice had no paperwork to support this. In relation to the practice premises, the electrical safety of the building had been checked and passed as being safe. The practice could not produce a gas safety certificate for the building.

Records showed that fire detection equipment, such as smoke detectors were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We noted that there was no emergency lighting for use in the building; two of the surgeries where located on the first floor of the building which was accessed via a staircase, which people would have to use in the event of evacuating the building.

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.

Are services safe?

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. Some of these were not fully effective.

The practice's health and safety policies, procedures and risk assessments were reviewed to help manage potential risk. These systems required improvement as they had not identified that there was no evidence of current employer's liability insurance. Following inspection the provider submitted a copy of their current employer's liability insurance. We have reminded the provider that this document should be displayed within the practice.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

Staff knew how to respond to a medical emergency. We saw that one staff member had not received annual training in basic life support. All other staff had completed training in emergency resuscitation and basic life support (BLS) every year. Immediate Life Support (ILS) training was not evidenced for the dentist performing sedation. There was no evidence available to show when the last course in ILS was completed.

Not all emergency equipment and medicines were available as described in recognised guidance. Staff had kept records of their checks of these items, to make sure these were available, within their expiry date, and in working order, but these checks were ineffective. The defibrillator was not fully charged and indicated that the batteries required replacement. The pads for the defibrillator went out of date in 2013.

A manufacturers communication bulletin from 2009 was stored in the case holding the defibrillator saying that the batteries must be replaced urgently, and again every three years. Staff were unaware of this alert and confirmed batteries had not been replaced as required. We found multiple face masks and tubing held with one of the three oxygen cylinders, was out of date. This had not been identified by the checks in place on equipment. Staff removed these items on the day of inspection. In the emergency medicines, we found there was no dispersible aspirin and the Glucagon was kept with the emergency kit but had not been date adjusted as directed on the packaging.

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

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising 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. When we made checks on dental instruments we saw that they had a coloured band taped on the handle to indicate which surgery they had come from. These are not approved for use in an infection-controlled environment.

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.

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 and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits annually, rather than every six months, in line with

Are services safe?

recognised guidance. The most recent audit showed the practice was meeting the required standards. We highlighted issues that had not been identified and acted on. For example, sharps bins that were undated and another left open beyond three months, carpeting close to the dental chair in one of the treatment rooms and a badly marked fabric chair in one of the treatment rooms. There was also a tear in one of the dental chairs that required repair.

Information to deliver safe care and treatment

We discussed with the dentists how information to deliver safe care and treatment was handled and recorded.

We looked at a sample of dental care records. For the other dentists at the practice, we confirmed 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. For one dentist we found dental records were not sufficiently detailed.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The systems in place for appropriate and safe handling of medicines required improvement.

There was a stock control system for medicines which were held on site. This was not adhered to and failed to ensure that medicines transferred out were recorded and accounted for. We found medicines for sedation were available but that medicines required to reverse the effects of sedation, if required, were not available.

There was some confusion with regards to whether medicines were dispensed by the practice to patients. We later confirmed that the practice does not dispense medicines.

The practice stored NHS prescriptions as described in current guidance, but the systems in place to enable tracking and tracing of prescriptions issued was ineffective. When we reviewed records, we saw that one prescription serial number was listed three times as being issued. We also found another prescription pad in one of the treatment rooms, which had not been identified as having been issued to a clinician and that this was monitored by a separate recording sheet, which the practice manager did not have oversight of.

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

Antimicrobial prescribing audits were not carried out.

Track record on safety and lessons learned and improvements

With the exception of sedation, there were risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks. Incidents were investigated, documented and discussed with the rest of the dental practice team to help prevent such occurrences happening again in the future. There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. We saw they were shared with the team. This system was not fully effective and could be improved upon, for example, by having checks in place to ensure any changes required had been implemented.

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. With the exception of sedation, 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. In the case of sedation, we found there was a lack of recognised quality assurance processes in place. Evidence from our inspection showed that recognised guidance on sedation practice was not being adhered to. Following our inspection, the provider agreed to cease providing sedation services at this practice.

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 dentists 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.

The dentists 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.

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. However, we noted that auditing of patient records had not identified some of the concerns we found on our inspection, specifically in relation to sedation.

The practice carried out conscious sedation. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice systems in place to support this process were not in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment but did not include checks and observations during treatment. Information such as consent, was recorded. The records showed to us by the dentist who performed sedation, demonstrated that important checks at regular intervals were not recorded. This included pulse, blood pressure, breathing rates and the oxygen saturation of the blood. Equipment required for these checks, for

Are services effective?

(for example, treatment is effective)

example a blood pressure monitor, and pulse oximeter were not available at the practice. The total dose of sedative administered was recorded but not the amounts administered at intervals.

The operator-sedationist was supported by a nurse; the required training and continuing professional development of supporting nurses could not be confirmed.

Emergency equipment requirements, medicines management, sedation equipment checks, and staff training did not reflect recognised guidance.

Effective staffing

The majority of staff had the skills, knowledge and experience to carry out their roles. For example, there was a lead nurse for decontamination of dental instruments and we saw that overall this process was managed well.

Staff new to the practice had a period of induction based on a structured programme. We confirmed that with the exception of two people, clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals and at practice meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. We noted that one staff member who had returned from a period of leave had missed the required annual basic life support training. This had not been identified and no provision had been made for this staff member to receive this.

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 to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The practice also 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 practice monitored all referrals to make sure they were dealt with promptly.

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 friendly, caring and helpful. We saw that staff treated patients respectfully 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.

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some 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.

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

Accessible Information Standards and the requirements under the Equality Act.

The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given.

- Interpreter services were available for patients who did not use English as a first language. Patients were also told about multi-lingual staff that might be able to support them.
- 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 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 for example using photographs, models, X-ray images and patient testimonials.

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 for the last six months showed at least 95% of patients' patient where likely or highly likely to recommend the practice to a friend or family member.

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.

For example, the practice could demonstrate how they met the needs of more vulnerable members of society such as patients with dental phobia, adults and children with a learning difficulty, people living with dementia, diabetes, autism and sensory impairments.

Patients described their satisfaction with the responsive service provided by the practice.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. This included step free access, a hearing loop, and arrangements made by staff before an appointment to ensure the patients concerned can access the practice with required support, for example, for those with sensory impairments such as limited vision.

A disability access audit had been completed and this was reviewed regularly to improve access for those patients with a disability. Staff telephoned some patients on the morning of 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 their 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 practice's website 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.

The practice had a policy providing guidance to staff on how to handle a complaint. Posters within the practice gave information and explained how to make a complaint. The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice 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 past 12 months. From information available we could see that these had been handled in-line with the practice complaints policy. Information available showed the practice responded to concerns and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

Findings from our inspection showed that leadership required improvement. Leaders did not have sufficient oversight within the practice. As a result, issues and priorities relating to clinical matters were not addressed. We found that there was some disconnect between the day to day management of the practice and leadership.

The practice manager was visible and approachable. They worked closely with staff and others to ensure the smooth day to day running of the practice and inclusive leadership.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

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

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were defined responsibilities and roles within the practice. These helped support governance and management. This could be further improved by ensuring oversight of checks in place, and ensuring audits included all areas of the practice.

The principal dentist who was the registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. The review of policies required improvement to ensure they continued to meet the needs of the practice. There were processes for managing risks, issues and performance, but these were not working effectively in all areas. For example, checks on emergency equipment were insufficient in that they had not found the issues we brought to the attention of staff on this inspection. We also highlighted issues with medicines management, prescription management, emergency medicines and absence of required equipment, the frequency of audit in line with recognised guidance, the oversight of staff training and levels of continuing professional development and checks on staff operating within the parameters of their skills and experience. Where water temperature testing was in place for the management of Legionella, when the required temperature for hot water had not been reached, this had not been brought to the attention of the practice manager.

Staff records did not hold evidence of some required checks, and where these had been requested, they had not been followed up by the provider. As a result, risk assessments sufficient to meet the needs of all staff were not in place. Patient record audit did not appear to sufficiently cover patients undergoing sedation procedures. Governance around essential checks on the building, for example in relation to gas safety, fire safety and for purchase and display of appropriate employer's liability insurance also required improvement to ensure these areas were fully covered.

Following our inspection the provider scheduled a gas safety inspection and a gas safety certificate was issued on 14 June 2019. A copy of employer liability insurance was also provided to CQC post inspection. We reminded the provider that this certificate should be displayed in the practice.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

The practice involved patients to support sustainable services.

The practice used patient surveys, comment cards and any verbal comments to obtain patients' views about the service. Patients were encouraged to complete the NHS

Are services well-led?

Friends and Family Test (FFT). Results for the last six months showed at least 95% of patients' patient where likely or highly likely to recommend the practice to a friend or family member.

The practice gathered feedback from staff through meetings, appraisals 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 and improvement. These could be further developed and monitored. Audits of patient records were of a good standard but did not cover any patients who had received sedation. In response to recommendations at a previous inspection the practice manager told us they had audited some sedation treatments. The dentist who carried out sedation was unaware that this had been carried out and therefore results had not been discussed.

Audits for infection control were not at the frequency advised in recognised guidance. Audits of prescriptions were ineffective as the protocol for use of prescription pads was not observed by all clinicians. There was no protocol in place for the discharge of patients having received treatment under sedation. Audits of radiographs were effective. They showed that images taken were of sufficient quality to aid decisions on treatment options by clinicians. Audits also highlighted any pattern or frequency of insufficient quality of imaging, so action could be taken to address this.

The staff team, for example practice manager, treatment co-ordinators, receptionists and dental nurses had annual appraisals. They discussed learning needs, general wellbeing and any areas for future development. We saw evidence of completed appraisals in the staff folders. This system had not highlighted that the staff providing support in sedation work, had no evidence in their staff record of formal training in sedation support, or of the required amount of continuing professional development, as recommended by the General Dental Council.

The majority of staff had 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. One staff member who had been back at work for over 12 months following a period of leave, had not received their basic life support training as required, and this had not been arranged for this staff member.

This section is primarily information for the provider

Enforcement actions

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 **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: • Not all required life support equipment as described in line with recognised guidance was available and ready for use. • Controlled medicines were not managed safely. • Current staff could not evidence that they were formally trained for, and/or had the required continuous professional development required to undertake sedation support. There was no evidence of in-house training for these staff in sedation support. • Clinicians could not evidence that they had completed the required continuous professional development to carry out sedation practice. • Clinicians could not evidence that they had received refresher training in Immediate Life Support, in line with recognised guidance. • One staff member had not received updated basic life support training, in line with recognised guidance. • There was no evidence of immunity to Hepatitis B for three staff members carrying out clinical duties. • There was no emergency lighting in place in the practice. Regulation 12(1)(2)

This section is primarily information for the provider

Enforcement actions

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulation 17 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:

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- Checks to ensure that emergency equipment and medicines were ready and available for use were ineffective.
- Records for the management of sedation medicines were not kept up to date.
- The systems in place to enable tracking and tracing of prescriptions was ineffective.
- Checks on equipment required in the surgery were inadequate.
- Systems in place to ensure essential checks in relation to safety were inadequate; there was no certificate for gas safety available for inspection; documentation to show an autoclave in use was safe was not available.
- The provider could not show evidence of current employer liability insurance.

This section is primarily information for the provider

Enforcement actions

- Infection control audit was ineffective; it did not highlight that soft furnishings were placed in a treatment room; that a tear to a dental treatment chair required repair, and that carpeting in one of the treatment rooms required removal.
- Patient record audits were not fully effective as they had not identified the issues we highlighted in relation to records of sedation of patients.
- Staff records require closer management to ensure all required documentation is in place, including evidence of Hepatitis B immunity.
- Systems to provide improved oversight of staff training are required to ensure all staff have received all required training and associated updates, and that required professional development is in place for clinical staff.

Regulation 17(1)