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# Kilburn Corner Dental

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 02 May 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this practice was 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**

Kilburn Corner Dental is located in the London Borough of Brent and provides mainly NHS dental treatment to both adults and children. The premises are on the first and second floor and consist of three treatment rooms, a reception area and a dedicated decontamination room. The practice is open Monday to Friday 9:00am – 5:30pm.

The staff consists of one principal dentist, two associate dentists and four dental nurses, two of whom are also receptionist.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We reviewed 42 CQC comment cards and the NHS Friends and Family test comment cards. Patients were positive about the service. They were complimentary about the friendly and caring attitude of the staff.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor

#### **Our key findings were:**

- There were appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies. Staff knew where equipment was stored.

# Summary of findings

- Patients had good access to appointments including emergency appointments.
- We observed staff to be caring, friendly, reassuring and welcoming to patients.
- Patients indicated that they found the team to be efficient, professional, caring and reassuring.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and child protection.
- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- There was a lack of effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) Regulations.
- The practice infection control procedures required improvement in line with current national guidance.
- Staff did not receive appropriate support and appraisal as is necessary to enable them to carry out their duties.
- There was a lack of an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.
- Governance arrangements in place were not effective to facilitate the smooth running of the service and there was no evidence of audits being used for continuous improvements.

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

- Ensure the practice's infection control procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Ensure that the practice implements robust procedures and processes that make sure that people are protected.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.

- Ensure the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Ensure that the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.
- Ensure the training, learning and development needs of individual staff members are reviewed at appropriate intervals and an effective process is established for the on-going assessment and supervision of all staff.
- Ensure audits of various aspects of the service, such as radiography, infection control and dental care records are undertaken at regular intervals to help improve the quality of service. The practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure the practice establishes an effective system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure the practice establishes a system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result.
- Ensure the practice undertakes a Legionella risk assessment and implements the required actions giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

## **There were areas where the provider could make improvements and should:**

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and

# Summary of findings

Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.
- Review the storage of dental care records to ensure they are stored securely.
- Review its complaint handling procedures and establish an accessible system for identifying, receiving, recording, handling and responding to complaints by patients.
- Review the storage of records related to people employed and the management of regulated activities giving due regard to current legislation and guidance.
- Review the practice protocol for a Legionella risk assessment and implement the required actions giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

# 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 providing safe care in accordance with the relevant regulations.

The practice had policies and procedures in place for safeguarding adults and child protection. The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. There were appropriate service arrangements in place for equipment.

The practice did not have an incidents and accident reporting procedure. Staff we spoke with were not aware of reporting procedures including recording them on the accident book. The practice did not have adequate systems in place for the management of substances hazardous to health. The practice did not have a recruitment policy or procedure. The practice infection control procedures required improvement in line with guidance issued by the Department of Health, 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05).

### **Are services effective?**

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

The practice assessed patients' needs and delivering care and treatment; in line with relevant guidance. The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP) and the General Dental Council (GDC). Staff explained treatment options to patients to ensure they could make informed decisions about any treatment.

The practice had arrangements in place for working with other health professionals to ensure quality of care for their patients. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers. We saw examples of effective collaborative team working.

### **Are services caring?**

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

We reviewed 42 CQC comment cards, the NHS Friends and Family Test comment cards. Patients were positive about the care they received from the practice. Patients commented they felt fully involved in making decisions about their treatment, they were listened to, were made comfortable and reassured. Patients told us they were treated in a professional manner and staff were very helpful.

We noted that patients were treated with respect and dignity during interactions at the reception desk and over the telephone. We observed that patient confidentiality was maintained.

### **Are services responsive to people's needs?**

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

There were systems in place for patients to make a complaint about the service if required. The practice reviewed patient's comments and acted on them where necessary. Patient's comments from the practice patient satisfaction survey were reviewed on a regular basis. Information about how to make a complaint was readily available to patients. Patients had access to information about the service.

# Summary of findings

The practice provided friendly and personalised dental care. Patients had good access to appointments, including emergency appointments, which were available on the same day. In the event of a dental emergency outside of normal opening hours patients were directed to the '111' out of hours service and the contact details were available for patients' reference.

## **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 Enforcement Action at the end of this report).

Policies and procedures were not effective to ensure the smooth running of the service. There were limited policies and procedures in place. We noted that the practice did not have robust systems in place to identify and manage risks. Risk assessments such as Legionella, health and safety and COSHH had not been carried out. Practice meetings were not being used to update staff or support staff. There were no processes in place for staff development, no appraisals and no evidence of how staff were supported.

Audits such as those on the suitability of X-rays and dental care records had not been undertaken in the last 12 months. There were no mechanisms in place for obtaining and monitoring feedback for continuous improvements.

# Kilburn Corner Dental

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 02 June 2016. The inspection was carried out by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider.

During our inspection visit, we reviewed policy documents and staff records. We spoke with seven members of staff, which included the principal dentist, two associate dentists

and four dental nurses, two of whom are receptionist. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We reviewed the practice's decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

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

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

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice did not have an incidents and accident reporting procedure. Staff we spoke with were not aware of reporting procedures including recording them in the accident book. When asked some staff did not know where the accident book was kept. The principal dentist told us there was one incident in the last 12 months. There was no record of the incident in the accident book or on the patient's dental care records. Staff told us the incident was discussed and learning shared with staff.

The practice did not have a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff we spoke with did not understand the requirements of RIDDOR. The practice had not undertaken risk assessments around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). Staff we spoke with did not understand the requirements of COSHH. When asked staff could not provide a RIDDOR policy or a COSHH folder.

### Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for safeguarding adults and child protection. The principal dentist was the safeguarding lead. The policy contained details of the local authority safeguarding teams, whom to contact in the event of any concerns and the team's contact details.

All members of staff we spoke with were able to give us examples of the type of safeguarding incidents and concerns that would be reported. However, not all staff were aware of the procedure to be followed. There had been no reported safeguarding incidents in the last 12 months.

We reviewed the training records for seven members of staff. The practice did not have evidence of training in child protection for seven members of staff. We saw records of training in safeguarding adults for four members of staff. The practice did not have up to date records for other members of staff. When asked staff told us this training had not been undertaken.

The practice did not have a health and safety policy. The practice did not follow guidelines issued by the British

Endodontic Society in the use of rubber dams and did not have a rubber dam kit (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

### Medical emergencies

The practice had emergency resuscitation equipment such as oxygen and manual breathing aids. The practice did not have an automated external defibrillator (AED) in line with the Resuscitation Council UK guidelines. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). Medicines such as oral glucose had expired in June 2012 and Aspirin in October 2014. Equipment such as three different sizes of oropharyngeal airways and single use sterile needles and syringes was also past its use by date.

We discussed this with the principal dentist who showed us confirmation that these items had been ordered.

All staff were aware of where medical equipment was kept and knew how to respond if a person suddenly became unwell. We saw evidence that all members of staff had completed training in emergency resuscitation and basic life support as a team.

### Staff recruitment

The practice did not have a recruitment policy. We reviewed the recruitment records for all members of staff. The records did not contain all evidence required to satisfy the requirements of relevant legislation. There was evidence of necessary immunisation for six staff members. The practice did not have records of immunisation for a clinical member of staff. Staff told us the necessary immunisation had been carried out. When asked staff could not provide records of this.

The practice had not obtained references, identity checks and eligibility to work in the United Kingdom, where required. We did not see proof of Disclosure and Barring Service (DBS) checks for any relevant members of staff. [The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an



# Are services safe?

official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. When asked the practice was not able to provide evidence that these checks had been carried out.

## **Monitoring health & safety and responding to risks**

The practice did not have a health and safety policy that outlined staff responsibilities towards health and safety and accidents. The practice had not undertaken a premises risk assessments. The practice did not have arrangements in place to deal with foreseeable emergencies. The practice had undertaken a fire risk assessment in October 2010 and an action plan was in place. Staff told us fire drills were carried out. When asked staff could not provide records of this.

The practice did not have a policy or procedure for safety alerts which list the agencies that provide alerts and how they should be dealt with. The principal dentist told us they received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. However, this information was not disseminated to staff. At the time of our inspection we did not see records which showed that the practice received and responded to patient safety alerts, recalls and rapid response reports issued from the MHRA and other relevant external agencies. When asked the practice did not provide evidence of this.

## **Infection control**

The practice did not have effective systems in place to reduce the risk and spread of infection.

There was a written infection control policy which included minimising the risk of blood-borne virus transmission, environmental cleaning, clinical waste, managing spillages and hand hygiene. The practice had not followed all of the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. For example, the practice did not follow a documented procedure for the manual decontamination of dental instruments including checking water temperatures and inspecting instruments before sterilisation.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a dedicated decontamination room. A dental nurse showed us how instruments were decontaminated. They wore

appropriate personal protective equipment including heavy duty gloves while instruments were decontaminated. Instruments were cleaned prior to being placed in an autoclave (sterilising machine). Staff told us instruments were placed in pouches following sterilisation. However, we observed some instruments were not pouched and stored appropriately.

We noted that although the practice had a dedicated decontamination room instruments were being cleaned in one of the treatment rooms and not in line with HTM 01-05 guidance. We observed a handwashing poster and handwash were at the sink where decontamination took place.

We found daily, weekly and monthly tests were performed for one autoclave, which was purchased in April 2016, to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked for the new autoclave to ensure equipment was working efficiently in between service checks. The practice did not carry out daily checks on the autoclave in the decontamination room. The practice had an ultrasonic bath and validation checks such as the foil test and protein residue test had not been carried out. When asked staff told us these checks had not been carried out.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps.

Hand washing posters were displayed to ensure effective decontamination of hands. Patients were given a protective bib and safety glasses to wear when they were receiving treatment. There were good supplies of protective equipment for patients and staff members. The practice had not undertaken a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The practice had not undertaken a Legionella risk assessment. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). When asked staff were not aware of these requirements. The practice did not monitor water



# Are services safe?

temperatures, use a disinfectant or flush the waterlines. We noted that cupboards in one of the treatment rooms were visibly unclean. The practice did not have a cleaning schedule.

## Equipment and medicines

The practice had service arrangements in place some of the equipment to ensure it was well maintained. The autoclave had been serviced in March 2016 and a pressure vessel check had been carried out in March 2016. The practice had portable appliances. A portable appliance tests (PAT) had not been undertaken. When asked staff were not aware of these requirements.

## Radiography (X-rays)

The practice had radiation protection file. We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray

equipment and talked with staff about its use. The radiation protection file contained the local rules. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

The principal dentist told us arrangements were in place to ensure the safety of the equipment. A new X-ray unit was installed in May 2016 and the practice was awaiting the results of the critical examination report. The practice had two other X-ray units which were serviced in October 2012.

The principal dentist told us the X-ray units had been serviced after this date. When asked the staff could not provide these servicing records. We noted the practice did not record the quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. When asked staff were not aware of these requirements.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) and Faculty of General Dental Practice (FGDP) guidance and Delivering Better Oral Health toolkit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. The dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals.

During the course of our inspection we checked dental care records to confirm our findings. We saw evidence of assessments to establish individual patient needs. The assessments included completing a medical history, outlining medical conditions and allergies and a social history. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums].

The dentists also recorded when oral health advice was given.

### Health promotion & prevention

Appropriate information was given to patients for health promotion. Staff showed us the practice information relating to health promotion such as gum disease and sensitivity. This information was shown to patients in the treatment rooms.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as dietary advice and smoking cessation. Dental care records we checked confirmed this; for example we saw that the dentists had discussions with patients about gum disease and smoking.

### Staffing

All new staff was required to complete the induction programme which included training on health and safety, disposal of clinical waste and medical emergencies.

We reviewed the training records for all members of staff. The practice did not have protocols and procedures to ensure staff were up to date with their mandatory training

and their CPD. There was limited evidence of relevant CPD records for staff members. There was limited evidence to demonstrate that staff members were up to date with CPD and registration requirements issued by the General Dental Council such as infection control, safeguarding, legal and ethical issues and complaints handling.

We noted there was no structure in place to assess the training, learning and development needs of individual staff members and have an effective process established for the on-going assessment and supervision of all staff. There was no evidence that staff appraisals had been undertaken. We discussed this with staff who told us appraisals had not been carried out.

### Working with other services

The practice had a referral procedure and appropriate arrangements were in place for working with other health professionals to ensure quality of care for their patients. Referrals were made to other dental specialists when required. The dentists referred patients to other practices or specialists if the treatment required was not provided by the practice.

Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. We saw examples of the referral letters. All the details in the referral were correct for example the personal details and the details of the issues. Copies of the referrals had been stored in patients' dental care records appropriately.

### Consent to care and treatment

The practice did not have a policy on consent. The principal dentist told us valid consent was obtained for care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed. Staff told us patients received a detailed treatment plan and estimate of costs. Patients would be given time to consider the information given before making a decision. The practice asked patients to sign treatment plans and a copy was kept in the patients dental care records. We checked dental care records. The dental care records showed that options, risks and benefits of the treatment were discussed with patients. We noted that some treatment plan forms were not signed by the patient in line with guidance on consent issued by the General Dental Council.

# Are services effective?

(for example, treatment is effective)

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff did not have formal training on the MCA. Staff we spoke with

demonstrated an understanding of the principles of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We saw records which showed that the practice sought patient's views through the NHS Friends and Family test. We reviewed 42 CQC comment cards completed by patients in the two weeks prior to our inspection. Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. Patients commented that they were listened to and treated with dignity and respect. During the inspection we observed staff in the reception area. They were polite, courteous, welcoming and friendly towards patients.

The practice did not have a formal policy document on patient confidentiality. Staff explained how they ensured information about patients using the service was kept confidential. Staff told us patients were able to have confidential discussions about their care and treatment in a treatment room. Patients' dental care records were completed manually. We observed some dental care records were not stored securely. We discussed this with the principal dentist who provided assurances that lockable filing cabinets would be obtained.

Staff told us that consultations were in private and that staff never interrupted consultations unnecessarily. We observed that this happened with treatment room doors being closed so that the conversations could not be overheard whilst patients were being treated. The environment of the surgeries was conducive to maintaining privacy.

Comment cards completed by patients reflected that the dentists and staff had been very mindful of the patients' anxieties when providing care and treatment. Patients indicated the practice team had been very respectful and responsive to their anxiety which meant they were no longer afraid of attending for dental care and treatment.

### **Involvement in decisions about care and treatment**

The dentist told us they used a number of different methods including tooth models, display charts, pictures, X-rays and leaflets to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was developed following discussion of the options, risk and benefits of the proposed treatment.

Staff told us the dentists took time to explain care and treatment to individual patients clearly and were always happy to answer any questions. Patients told us that treatment was discussed with them in a way that they could understand.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We viewed the appointment book and saw that there was enough time scheduled to assess and undertake patients' care and treatment. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

### Tackling inequity and promoting equality

The demographics of the practice were mixed and we asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions. Staff spoke different languages including Arabic, Croatian, Macedonian, Spanish, Turkish, Nepali, Afrikaans, Dutch, German and Swedish.

The practice had not undertaken a disability risk assessment. The principal dentist told us that it had not been possible to provide disabled access within the practice and patients with these access needs were referred to a neighbouring practice with these facilities.

### Access to the service

We asked staff how patients were able to access care in an emergency. They told us that if patients called the practice in an emergency they were seen on the same day. Emergency appointments were available in the morning for patients who required urgent treatment.

The practice had arrangements for patients to be given an appointment outside of normal working hours. In the event of a dental emergency outside of normal opening hours details of the '111' out of hour's service were available for patients' reference. These contact details were given on the practice answer machine message when the practice was closed.

Feedback received from patients indicated that they were happy with the access arrangements. Patients said that it was easy to make an appointment.

### Concerns & complaints

The practice had a code of practice for patient complaints which described how formal and informal complaints were handled. However, the policy did not include relevant contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. Information about how to make a complaint was readily available to patients.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response.

The practice had received two complaints in the last 12 months. Staff told us the complaints were resolved in line with the practice complaints policy. The principal dentist told us the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided. However, there was no documented proof of this. Staff told us a record of the complaints or discussions was not kept.

# Are services well-led?

## Our findings

### Governance arrangements

There was no evidence that adequate governance arrangements were in place at the practice. The practice did not have arrangements for identifying, recording and managing risks through the use of risk assessments, audits, and monitoring tools. The practice did not have a COSHH folder and had not undertaken risk assessments around the safe use and handling of COSHH products. The practice had not undertaken health and safety, Legionella or a sharps risk assessments.

The practice had not identified various risks such as those arising from employing staff without the necessary pre-employment checks such as undertaking DBS checks and obtaining references.

We found that practice did not have adequate policies and procedures in place. For example, the practice did not have policies on accident reporting, health and safety, consent, confidentiality and recruitment.

The practice did not have records of the staff meeting. There was no evidence to show that staff had the opportunity to discuss clinical governance issues and refer matters regarding the management of the practice. Staff told us there were informal discussions on a regular basis.

### Leadership, openness and transparency

The principal dentist had responsibility for the day to day running of the practice and worked at the practice part time. Leadership in the practice was lacking. Responsibilities to undertake key aspects of service delivery had neither been assumed by the principal dentist nor suitably delegated.

There were no protocols and procedures to ensure staff were up to date with their mandatory training and their CPD.

There was evidence to show that the standard of infection control was not consistent within the practice. Decontamination procedures were being undertaken in the decontamination room as well as one treatment room. The principal dentist had not assessed this risk and provided appropriate guidance and staff development. There was a lack of effective communication within the practice.

### Learning and improvement

We found that the practice did not have a formalised system of learning and improvement. There was no schedule of audits at the practice. The practice had undertaken an infection control audit in May 2016. We noted the previous infection control audit was completed in September 2013.

An X-ray or record keeping audit had not been undertaken at the practice. The principal dentist told us that practice would develop a schedule of audits in future.

We found that there was no centralised monitoring of professional development in the practice. There had been no recent staff appraisals to support staff in carrying out their role. Staff told us they had not completed an appraisal in the last 12 months.

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

The practice had a procedure for monitoring the quality of the service provided to patients. We saw records that showed that the practice collected patient's response to the NHS Friends and Family test. This could be improved by analysing the results from patient's comments.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The provider did not ensure the equipment used for providing care or treatment to a service user was safe for such use and used in a safe way.</li><li>• The provider had not assessed the risk of preventing, detecting and controlling the spread of infections.</li></ul> <p>Regulation 12(1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The practice did not have, and implement, robust procedures and processes to ensure that people were protected from abuse and improper treatment</li><li>• Not all staff had received safeguarding training that was relevant to their role</li><li>• Staff were not aware of their individual responsibilities to prevent, identify and report abuse when providing care and treatment.</li></ul> <p>Regulation 13(1) (2)</p>



This section is primarily information for the provider

## Requirement notices

### Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### How the regulation was not being met:

- The practice did not always ensure all staff members received appropriate support, training and supervision necessary for them to carry out their duties.
- Staff did not receive regular appraisal of their performance in their role from an appropriately skilled and experienced person and any training, learning and development needs should be identified, planned for and supported.

Regulation 18 (2)

## 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p><b>The provider did not have effective systems in place to</b></p> <ul style="list-style-type: none"><li>• Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity</li><li>• Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</li><li>• Ensure that their audit and governance systems remain effective.</li><li>• Maintain securely an accurate and complete record relating to people employed and the management of regulated activities.</li></ul> <p><b>Regulation 17 (1) (2)</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p>

## Enforcement actions

- The provider did not have an appropriate process for assessing whether an applicant is of good character and to assess their qualifications.
- The provider did not have an appropriate process for assessing and checking that people have the competence, skills and experience required to undertake the role. These processes must be followed in all cases and relevant records kept.
- The provider did not have an effective recruitment procedure in place to assess the suitability of staff for their role. Not all the specified information (Schedule 3) relating to persons employed at the practice was obtained.

**Regulation 19 (1), (2), (3)**