

IDH Limited

Mydentist - Moseley Avenue - Coundon

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 23 February 2017 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 providing well-led care in accordance with the relevant regulations.

Background

Mydentist - Moseley Avenue – Coundon is a general dental practice in the Coundon area of Coventry. The practice is part of a large group of practices nationwide.

The practice has eight treatment rooms and offers NHS treatment to adults and children. Certain treatment options are available funded privately. Dental implants are available and treatment is carried out by a visiting implantologist. A dental implant is a metal post which is placed into the jaw bone; one or more of these may be used to support a false tooth or teeth.

The practice has 11 dentists, two dental hygienists, 12 qualified dental nurses and two trainee dental nurses supported by a practice manager and five receptionists.

The practice is open from 8 am to 8 pm on Monday to Friday and 9 am to 1 pm on a Saturday.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience. We received feedback from 47 patients. These provided a positive view of the services the practice provides. Patients commented on the quality of care, the polite and friendly nature of staff and the cleanliness of the practice.

Our key findings were:

- The practice was visibly clean and clutter free.
- Comments from patients indicated that the staff were kind and caring and were skilled at putting nervous patients at ease.
- The practice met the standards set out in national guidance regarding infection control.
- A routine appointment could be secured within a couple of weeks and emergency appointments would be arranged within two days according to the need of the patient.
- The practice had policies in place to assist in the smooth running of the service.
- The practice had medicines and equipment to treat medical emergencies.
- Dentists at the practice used national guidance and standards in the care and treatment of patients.
- There was appropriate equipment for staff to undertake their duties, and most equipment was well maintained. However there was not an effective system to ensure that maintenance was carried out in a timely manner which had resulted in a delay to a piece of equipment.
- Some governance arrangements were in place for the smooth running of the service.
- Management of Legionella risk was not effective. Risks were not fully identified and actions taken to mitigate the risks were not completed in a timely manner.

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

- Review the current legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures, giving due regard to the 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. Review the process for responding to concerns recognised through monitoring.
- Review the practice protocols regarding records of prescription forms with reference to the NHS guidance on security of prescription forms August 2013.
- Review the documentation around placement of dental implants, with reference to the assessment of patients and consent process.

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 medicines and equipment for use in a medical emergency in line with national guidance.

The decontamination process we witnessed met the essential standard outlined in national guidance.

The practice was carrying out appropriate pre-employment checks on staff, including disclosure and barring service checks to ensure they employed fit and proper persons, although references we not always recorded.

X-rays taken on the premises were carried out in line with current regulation.

Prescription pads were kept securely; however the practice were not logging the serial numbers in line with NHS Protect guidance.

No action



Are services effective?

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

The dentists used nationally recognised guidance in the care and treatment of patients.

A comprehensive screening of patients was carried out at check-up appointments including assessing risks associated with gum health, cancer and decay.

Staff demonstrated a good understanding of the Mental Capacity Act and Gillick competence and their relevance in establishing consent.

No action



Are services caring?

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

Comments from patients were overwhelmingly positive about the care and treatment they received.

Patients were involved in the decisions around their treatment and care.

Written treatment plans were given to patients for them to be able to consider their options.

No action



Are services responsive to people's needs?

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

Evening appointments were available on weekday evenings and Saturday morning appointments ensuring flexibility for patients who may have commitments during normal working hours.

No action



Summary of findings

Staff made every effort to assist patients with restricted mobility. The premises were accessible to wheelchair users.

The practice could arrange interpreters if required, and a hearing loop was in place to assist patients that use hearing aids.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had a series of policies to aid in the smooth running of the practice. These were available in hard copy form for staff to access.

Staff felt supported and encouraged to approach the management team with ideas or concerns.

We had concerns over the management of Legionella risk on the premises. Issues that had arisen had not been reported as per company policy, and actions taken to rectify the issues were not undertaken in a timely manner.

Clinical audit was used as a tool to highlight areas where improvements could be made.

The practice did not have a system in place to recognise when required maintenance of equipment was due.

No action



Mydentist - Moseley Avenue - Coundon

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 23 February 2017. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the provider for information to be sent this included the complaints the

practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies. We spoke with members of staff and patients during the inspection.

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 had a system in place for reporting and learning from untoward incidents. A policy was in place which had been reviewed in January 2017. A template was available to record incidents and this prompted staff to reflect on the incident and identify learning to prevent reoccurrence. Staff indicated that significant events were discussed at staff meetings.

We found that not all incidents were recorded and dealt with in this way, for example an incident pertaining to infection control had not been recorded as a significant event.

Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The practice had displayed a poster which described duty of candour to the staff. A clear understanding of this was evident during our discussions with staff.

The practice received communication from the Medicines and Healthcare products Regulatory Agency (MHRA). These were e-mailed to the practice manager who took responsibility for actioning any alerts and disseminating relevant information to staff.

The practice were aware of their responsibilities in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). RIDDOR is managed by the Health and Safety Executive (HSE). The practice had a folder which contained RIDDOR forms and information on how and when to make a report.

Reliable safety systems and processes (including safeguarding)

The practice had policies in place regarding safeguarding vulnerable adults and child protection which indicated the signs of abuse to look for and what actions to take if concerned. A flow chart was also available indicating the actions to take and contact numbers were displayed on the noticeboard in the staff area.

Staff had undertaken training in safeguarding and staff we spoke with were able to describe the actions they would take in response to concerns, including how to respond if they felt a vulnerable adult or child were in immediate danger. The service had appointed a safeguarding lead, who staff could approach with any concerns in this area.

The practice had an up to date Employers' liability insurance certificate which was due for renewal in April 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

We discussed the use of rubber dam with the dentists in the practice. A rubber dam is a thin, rectangular sheet, usually of latex rubber. It is used in dentistry to isolate a tooth from the rest of the mouth during root canal treatment and prevents the patient from inhaling or swallowing debris or small instruments. The British Endodontic Society recommends the use of rubber dam for root canal treatment. We found that a rubber dam was being used routinely by some of the dentists, but seemed to vary between dentists with some describing alternative methods to attempt to isolate the tooth.

A protocol was in place detailing the actions required in the event of a sharps injury. This directed staff to seek medical advice in the event of an injury with a contaminated sharp.

The practice were using a system of 'safer sharps' at the time of the inspection. These are medical sharps that have an in built safety features to reduce the risk of accidental injury. The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 require that practices switch to 'safer sharps' where it is reasonably practicable to do so.

Medical emergencies

The dental practice had medicines and equipment in place to manage medical emergencies. These were stored together and all staff we spoke with were aware how to access them. Emergency medicines were in date, stored appropriately, and in line with those recommended by the British National Formulary.

Equipment for use in a medical emergency was available in line with the recommendations of the Resuscitation Council UK.

Are services safe?

The practice had an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

Staff undertook basic life support training annually with an external trainer, most recently in November 2016.

Staff recruitment

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all recruitment files. This includes: proof of identity; checking the prospective staff members' skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We reviewed the staff recruitment files for ten members of staff. Pre-employment checks were available for most staff, however we found that references were not always being recorded, and we were not shown evidence of DBS check, indemnity or proof of identification for one member of staff, although these were provided following the inspection.

Monitoring health & safety and responding to risks

The practice had systems in place to monitor and manage risks to patients, staff and visitors to the practice. A health and safety policy was available for all staff to reference. This included topics such as accidents, personal protective equipment, radiation and autoclaves.

A full practice risk assessment was completed in February 2016 and assessed risks arising from pressure systems, slip, trips and falls and electrical safety. This had generated a list of actions which had been signed off once completed.

An internal fire risk assessment had been completed most recently in February 2016; in addition to this the practice undertook weekly fire checks and six monthly fire drills most recently in November 2016. We noted that a fault was identified in the emergency lighting during the routine checks, and this was addressed and fixed in a timely manner.

Staff we spoke with were able to describe the actions they would take in the event of a fire and identify the external assembly point.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. A file of information pertaining to the hazardous substances used in the practice and actions described to minimise their risk to patients, staff and visitors was kept for reference by staff. We found that the information was up to date and organised for ease of use.

The practice had a business continuity plan in place which detailed the actions to take should the premises be unusable due to unforeseen circumstances. This include an arrangement for emergency patients to be seen at a neighbouring practice.

Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had an infection control policy in place. This was dated February 2017 and included topics such as storage of instruments and personal protective equipment. In addition an annual statement in infection control had been completed in January 2017.

The practice was visibly clean and clutter free.

The practice had a dedicated decontamination facility. We observed staff undertaking the decontamination process and noted that their technique was in line with that recommended by HTM 01-05 with the exception that they were rinsing the cleaned instruments under running water. This could result in an aerosol of contaminated material.

Appropriate testing of the ultrasonic cleaners and autoclaves took place, in line with the recommendations of HTM 01-05.

The practice had contracts in place for the disposal of contaminated waste and waste consignment notes were seen to confirm this. Clinical waste was stored in a locked and secured bin prior to its removal.

Are services safe?

Environmental cleaning of the practice took place daily. We saw schedules of the cleaning to be carried out and saw that equipment for cleaning conformed to the national standard for colour coding cleaning equipment in a healthcare setting.

The practice had a risk assessment regarding Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The assessment had been carried out by an external company in February 2015.

Monthly water temperatures were checked to ensure that the hot and cold water remained outside the temperature range where Legionella would be more likely to proliferate. The logs we were shown of this indicated that one test point failed to make the minimum temperature recommended by the risk assessment. This had been an ongoing problem for the previous year, but at the time of the inspection this had not been reported to the head office or recorded as a significant incident. As a result of this, the situation had not been addressed and there was an increased risk of bacterial growth.

During the inspection arrangements were made for a contractor to attend the practice on this matter, but we have not received evidence that this situation is resolved.

The practice was also carrying out quarterly dip slides which measure the amount of bacteria in the water. On the 18 December 2016 all eight points of measurement failed this test. The practice did not report this failure as per their documented guidance and did not record it as a significant event. The minutes from a practice meeting on the 10th January 2017 indicated that the water lines were to be treated daily that week, but it was not until the week that we inspected the practice (23 February 2017) that these tests were taken again to ensure that the treatment had been effective. We received evidence following the inspection that all of the eight tests carried out had passed.

We reviewed the Legionella risk assessment and found that some of the recommendations had not been completed, notably pertaining to staff training in Legionella in which the assessment deemed the responsibility of the provider to provide training and identify competence in the area. Following the inspection we received evidence that the practice manager and one other member of staff had completed training in Legionella awareness.

Equipment and medicines

The practice had a full range of equipment to carry out the services they offered and an adequate number to meet the needs of the practice.

Portable appliance testing had been carried out in May 2016. The fire extinguishers and emergency lighting had been serviced in December 2016.

The compressors and autoclaves had all been serviced and tested in line with manufacturers' instructions.

Prescription pads were secured on the premises, but not logged in line with the guidance from NHS Protect. Although the practice was recording the serial numbers when a prescription pad was taken to a treatment room, they were not logging these when they were first delivered to the premises. Following our inspection these details were logged immediately.

A glucagon injection kit is used to treat episodes of severe hypoglycaemia which is defined as having low blood glucose levels that requires assistance from another person to treat. It should be stored at a temperature of 2–8°C (in a refrigerator). If stored in the refrigerator the shelf life from the manufacturer is 36 months. It can be stored outside the refrigerator at a temperature not exceeding 25°C for 18 months provided that the expiry date is not exceeded.

Although the practice kept this medicine out of the refrigerator and had amended the expiry date on the logs to account for this, they had not altered the date on the box itself. This was amended following the inspection.

On the day of the inspection the panoramic X-ray machine was being serviced and tested, we were told that this testing was overdue and had been recognised during the preparation for our inspection. The practice did not have a system in place to identify when routine maintenance of equipment was due.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.

The practice had eight intra-oral X-ray machines that were able to take an X-ray of one or a few teeth at time and a panoramic X-ray machine that can take an X-ray of the whole jaws.

Are services safe?

The required three yearly testing of the equipment was up to date for all the machines, and individualised local rules were present for each machine.

All staff that took X-rays were up to date with training as directed by the General Dental Council and IRMER.

We saw from the dental care plans we were shown that clinicians were routinely noting the justification for taking an X-ray as well as the quality grade and report of the findings.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the dentists and we saw patient care records to illustrate our discussions.

A comprehensive medical history form was completed by patients at each new examination appointment, and updated verbally at each attendance. This ensured that the dentist was kept informed of any changes to the patient's general health which may have impacted on treatment.

Dental care records showed that the dentists regularly checked gum health by use of the basic periodontal examination (BPE). This is a simple screening tool that indicates the level of treatment need in regard to gum health. Scores over a certain amount would trigger further, more detailed testing and treatment.

Screening of the soft tissues inside the mouth, as well as the lips, face and neck was carried out to look for any signs that could indicate serious pathology.

The dentists used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them. They also used NICE guidance to aid their practice regarding antibiotic prophylaxis for patients at risk of infective endocarditis (a serious complication that may arise after invasive dental treatments in patients who are susceptible to it), and removal of lower third molar (wisdom) teeth.

The decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners directive.

We were shown patient care records pertaining to the placement of dental implants (dental implants are metal posts that are placed into the jaw bone. One or more of these can be used to support a tooth or teeth). The dental care records we were shown did not demonstrate a full assessment of the patient, a clear consent process or evidence of explanation or information provided to the patient in respect to this work. Following the inspection we were told that this was being investigated.

Health promotion & prevention

Dental care records we saw indicated that an assessment was made of patient's oral health and risk factors. Medical history forms that patients were asked to fill in included information on nicotine use; this was used by dentists to introduce a discussion on oral health and prevention of disease.

We found a good application of guidance issued in the DH publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is a toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Patients had access to oral care leaflets in the waiting room including; oral hygiene and children's teeth.

The practice visited local schools, and accepted visits from local school groups in order to help promote good oral hygiene in children.

Staffing

The practice was staffed by 11 dentists, two dental hygienists, 12 qualified dental nurses and two trainee dental nurses supported by a practice manager and five receptionists. One of the dentists was a qualified implantologist and visited the practice solely to complete implant work. Clinicians at the practice could refer their patients for an implant assessment.

Prior to our inspection we checked that all appropriate clinical staff were registered with the General Dental Council and did not have any conditions on their registration.

Direct access to the dental hygienist appointments was available at the practice, specific consent forms for this scenario highlighted what a patient could expect from seeing a dental hygienist in the manner and also what the limitations of this course of action were compared to seeing a dentist.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians, dental technicians, and orthodontic therapists.

Are services effective?

(for example, treatment is effective)

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the treatment themselves.

Referrals for suspicious lesions were made by fast track email to the hospital and acknowledged so that the practice could be sure they had been received.

The practice kept a log of referrals made which was checked weekly, any referrals to which an answer had not been received could then be chased up in a timely manner.

Consent to care and treatment

We spoke to clinicians about how they obtained full, educated and valid consent to treatment. Comprehensive discussions took place between clinicians and patients

where the options for treatment were detailed in the patient care record as well as the patient's wishes and consequences to a particular course of action. Clinicians used visual aids to assist in the explanation to the patient.

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 demonstrated a good understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment.

Similarly staff had a good understanding of the situations where a child under the age of 16 would be able to consent for themselves. This is termed Gillick competence and relies on an assessment of the competency of the child to understand the treatment options.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Comments that we received from patients indicated consistently that the care and treatment they received was of a high standard. Staff were described as helpful, friendly and professional, and comments indicated that the dentists took the time to explain fully to the patients their options and treatment.

We witnessed patients being spoken to in a polite and courteous manner, and patients indicated that staff were skilled at putting nervous patients and children at ease.

We discussed and witnessed how patients' information was kept private. The computers at the reception desk were below the level of the counter so that they could not be overlooked by patients stood at the desk.

Reception staff explained how they took care when speaking to patients on the telephone as a potential

situation where care had to be taken not to divulge private information. In addition sensitive discussions with patients in the practice were taken away from the reception desk where they could be overheard by other patients in the waiting room, and would take place in a private office behind the reception desk.

The waiting room was away from the reception desk allowing further privacy to patients at the desk.

Involvement in decisions about care and treatment

Following examination and discussion with the clinician patients were all given a copy of a treatment plan to consider.

Comments received from patients indicated that they felt listened to and dentist took the time to respond to their concerns. Options were explained to patients and advice given.

The NHS and private price lists were displayed in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and found the premises and facilities were appropriate for the services delivered.

At the time of our inspection the practice was accepting new NHS patients and a new patient could expect to receive an appointment within a couple of weeks.

We examined appointments scheduling and found that there was enough time allocated for assessment and discussion of the patients' needs. We were told that extra time would be afforded to nervous patients to accommodate their needs.

Enquiries and appointments could be requested through the website as well as on the telephone or in person at the practice.

During the school holiday the practice ran 'kid's club' to encourage children to visit the dentist, stickers and balloons were given out and competitions arranged.

For the comfort of patients there was a television in the waiting room as well as colouring for children and a range of magazines.

Tackling inequity and promoting equality

The practice had an equality and diversity policy which indicated the practice's intention to welcome patients of all cultures and backgrounds. This was corroborated by staff we spoke to during the inspection who expressed that they welcomed patients from all backgrounds and cultures, and all patients were treated according to their individual needs.

We spoke to staff about ways in which they assisted those with individual needs attending the practice. The practice was accessible to patients using a wheelchair via a temporary ramp to the front door. The practice also had a doorbell to attract attention and elicit assistance.

Language interpreters could be arranged for patients who did not speak English as a first language. In addition to this certain clinicians spoke languages other than English and could be called upon to translate if necessary.

The practice had a hearing loop at the reception desk to assist those patients that use hearing aids.

Access to the service

The practice was open from 8 am to 8 pm on Monday to Friday and 9 am to 1 pm on a Saturday.

The availability of evening appointments and appointments on a Saturday meant that patients who had commitments during normal working hours could be accommodated.

Emergency slots were not set aside daily but patients that contacted the practice were triaged by receptionists to ascertain the level of urgency. If the patients concerns were urgent they would be invited to attend the practice immediately, alternatively they could be offered an appointment within two days. Receptionist would also liaise with the dentists to establish when patients could be seen.

Out of hours arrangements were available for patients to hear on the answerphone and displayed on the front door of the practice. The arrangements in place were to contact the NHS 111 out of hour's service.

The practice had had recent problems with the telephone system which sometimes made it difficult for patients to get through. The practice had a procedure in place for if the telephone system stopped working; this involved the practice switching to back up phones, and a notice being placed on the website to inform patients about possible difficulties they may face trying to get through.

Concerns & complaints

The practice had a complaints handling policy which was displayed in the waiting area. As well as details on how to raise a complaint to the practice this also gave the contact details for agencies to whom a patient could raise a complaint external to the practice, or to escalate a complaint should they remain dissatisfied following a response from the practice.

We were shown examples of complaints made to the practice and saw that they were dealt with in a timely manner and appropriately. The outcomes of complaints were fed back to staff to reduce the chance of reoccurrence.

Are services well-led?

Our findings

Governance arrangements

The practice manager (who was the registered manager) took responsibility for the day to day running of the practice, supported by a head nurse and head receptionist on site. In addition the practice was supported by an area manager, clinical lead, compliance leads and other oversight through their head office. We noted clear lines of responsibility and accountability across the practice team.

Staff meetings were arranged monthly. Set agenda items to be discussed at all staff meetings included complaints and significant incidents. The minutes of staff meetings were available for all staff to reference. In addition the different staff groups at the practice had fortnightly conference calls to discuss any training or work related issues they had. The dentists took part in peer review with a neighbouring practice.

The practice had policies and procedures in place to support the management of the service, and these were readily available in hard copy form. Policies were noted in infection control, health and safety, complaints handling, safeguarding and whistleblowing. Staff had been asked to read and sign certain policies to confirm they understood the contents.

The risk of Legionella had not been adequately mitigated. The practice had not responded to the failure of one outlet to make the minimum temperature and when microbial monitoring indicated a problem the practice did not follow their own documented guidance (which required that it was immediately reported). They failed to respond in a timely manner to the increased risk. It was 23 days following the failed tests before the water lines were treated, and a further 41 days before the tests were re-taken to ensure that the treatment had been successful.

At the time of the inspection these events had not been reported in line with the company policy and had not been recorded as a significant event.

The practice did not have an effective system in place to recognise when maintenance of equipment was due. One piece of equipment was overdue for service and testing and this was being carried out on the day of the inspection.

Leadership, openness and transparency

Staff we spoke with reported an open and honest culture across the practice and they felt fully supported to raise concerns with the practice manager or head nurse.

The practice had in place a whistleblowing policy that directed staff on how to take action against a co-worker whose actions or behaviours were of concern, including the contact details of outside agencies where a staff member could obtain independent advice. The policy was dated October 2016 and was available for staff to reference. Staff we spoke with were clear on how they could raise concerns should the situation arise.

Staff described a friendly place to work, where team building had been undertaken to strengthen the team spirit.

Learning and improvement

The practice sought to continuously improve standards by use of quality assurance tools, and continual staff training.

Clinical audits were used to identify areas of practice which could be improved. Infection control audits had been carried out at six monthly intervals in line with the recommendations of The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health. They had generated action plans for improvement.

Clinical audit on the quality of X-rays taken had been completed annually, but further value could be obtained by involving comprehensive analysis and action plans for improvement.

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We saw evidence that all clinical staff were up to date with the recommended CPD requirements of the GDC.

The practice had an online training facility available to all the group of practices to all staff to assist with training.

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

The practice sought feedback for patients and staff through various sources. They invited comment through the NHS friends and family test and the results of this generated action plans for improvement.

Are services well-led?

Patients were sent surveys by head office following completed courses of treatment. The practice manager also informed us that they regularly check NHS choices for feedback.

Staff were encouraged to give feedback; a recent workplace survey had indicated that some assistance the availability of training course would be appreciated, to that end the practice set up a noticeboard so that staff can see what courses are available for them to attend.

Staff were encouraged to bring ideas to the management team either informally or formally through the staff appraisal process, and felt empowered to do so.