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# Corra Linn House Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 30 May 2018 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 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**

Corra Linn House Dental Practice is in Stockport and provides NHS and private treatment to adults and children.

A portable ramp is available for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

# Summary of findings

The dental team includes seven dentists, five trainee dental nurses, two dental hygienists, and a receptionist. The team is supported by a practice manager and deputy practice manager. The practice has six treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 28 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, three trainee dental nurses, the receptionist, the practice manager (who is also the registered manager) and the deputy practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8:30am to 1pm and 2pm to 5pm.

## **Our key findings were:**

- The practice appeared clean and well maintained.
- Improvements were needed to infection control procedures.
- Emergency medicines and life-saving equipment were not in line with guidance.
- The practice had limited systems to help them manage risk.
- The practice staff had safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.

- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

## **We identified regulations the provider was not meeting. They must:**

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

## **Full details of the regulations the provider was not meeting are at the end of this report.**

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

- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Review the fire safety risk assessment and ensure that any actions required are complete and ongoing fire safety management is effective.
- Review the practice's protocols for domiciliary visits taking into account the 2009 guidelines published by British Society for Disability and Oral Health in the document "Guidelines for the Delivery of a Domiciliary Oral Healthcare Service".

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

### Are services safe?

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

We identified concerns which the practice took immediate action to risk assess and take the appropriate action. They consulted with external companies to prioritise areas to address. The likelihood of them occurring in the future is low. We will be following up on our concerns to ensure they have been put right by the provider.

The practice had some systems and processes to provide safe care and treatment. Learning from incidents was not used to help them improve.

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

Staff were qualified for their roles and the practice completed essential recruitment checks, with the exception of obtaining references.

Premises and equipment were clean and properly maintained.

The practice broadly followed national guidance for cleaning, sterilising and storing dental instruments. Improvements could be made to the processes used by staff for infection prevention and control, and to carry out regular checks of equipment.

Improvements were needed to the arrangements for dealing with medical and other emergencies.

Improvements were needed to the systems to reduce risk. In particular, to receive and act on patient safety alerts, risk assess sharps, consult their RPA in relation to radiographic safety and risk assess staff immunity.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as thorough and comfortable. 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 practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



# Summary of findings

## Are services caring?

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

We received feedback about the practice from 38 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, friendly and polite.

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

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

No action



## Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to, and regularly used face to face 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.

No action



## Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

During the inspection the registered manager and staff were open to discussion and responsive to feedback. The practice took immediate action to prioritise and act on the concerns identified during the inspection.

Systems were not in place to effectively identify and manage risks, issues and performance.

The governance systems required improvement. Policies and processes were not consistently updated or made available to staff. Processes were not effectively followed. For example, to ensure staff accessed appropriate care and occupational health advice in the event of a sharps injury.

Requirements notice



## Summary of findings

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The systems to monitor clinical and non-clinical areas of their work to help them improve and learn were inconsistent. Staff did not carry out radiographic audits.

The practice obtained and listened to the views of patients and staff.

# Are services safe?

## Our findings

### **Safety systems and processes including staff recruitment, equipment & premises and Radiography (X-rays)**

The practice had systems to keep patients safe.

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 highlighted that local safeguarding contacts and services could be made more readily available to staff. The majority of staff had received safeguarding training, four members of staff needed to complete up to date training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notifications to the CQC.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at staff recruitment records. These showed the practice followed their recruitment procedures, with the exception of obtaining references for new staff members. Agency staff were used on occasion; the agency had provided an information sheet relating to essential checks for locum dental nurses. The practice did

not confirm these before they were permitted to commence work in the practice. The practice manager told us these staff received an induction to ensure that they were familiar with the practice's procedures but this was not documented.

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

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

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. A recent fire risk assessment had recommended the practice carry out periodic fixed electrical testing due to the age of the fixtures in the premises; this advice had not been acted on. The practice had acted on advice to fit additional smoke detectors in the premises, improve exit signage and review a fire door. Staff did not carry out evacuation drills but plans were in place to action this and provide fire safety training.

The provider had arrangements to ensure the safety of the X-ray equipment. They had a radiation protection file, which included access to a Radiation Protection Advisor service (RPA).

They had registered their practice's use of dental X-ray equipment with the Health and Safety Executive in line with the Ionising Radiation Regulations 2017 (IRR17).

The provider had acted on some, but not all, of the recommendations in the acceptance testing report from the most recently installed X-ray equipment, and routine tests of other equipment. These included recommendations to consult their RPA in relation to the direction of the X-ray beam, dosage and collimation. There was no evidence that the provider had acted on these recommendations. One of the X-ray machines was not suitable for use on children. This was clearly indicated on the equipment. There were recommendations not to direct the beam of one X-ray set towards the unprotected door of the treatment room. The dentist who usually worked in this room used an alternative chair to take radiographs away

# Are services safe?

from the door but this was not reflected in the local rules and it was unclear if other clinicians were aware of this. The provider took immediate action to contact their RPA service for advice.

We saw evidence that the dentists justified and reported on the radiographs they took. The clinicians did not consistently grade radiographs and radiography audits were not completed every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

## Risks to patients

There were some systems to assess, monitor and manage risks to patient safety.

Health and safety policies could not be located and staff were unsure if these were in place. The practice engaged the service of an external company to carry out risk assessments and provide advice to manage potential risk.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. It was unclear whether staff followed relevant safety regulations when using needles and other sharp dental items. We saw that staff had experienced a number of sharps injuries in the previous 12 months. There was no evidence that the provider had learned from, or implemented change as a result of these incidents. The practice were not aware of the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, a sharps risk assessment was not in place and staff were not clear who was responsible for dismantling and disposing of needles. Protocols were in place to ensure staff accessed appropriate care and occupational health advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries. We saw evidence that staff had attended occupational health for testing for the two most recent incidents but a sharps incident in April 2017 was not acted on appropriately. We discussed this with the practice manager who gave assurance this would be risk assessed and discussed with staff.

The registered provider told us they ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Evidence of this could not be provided for five members of staff. One staff member was a non-responder and they had brought this to the attention of the practice when they were appointed in February 2018. No risk assessment had been carried out.

Emergency equipment and medicines were not as described in recognised guidance and the registered manager was not aware of the guidance to ensure the kit was appropriate.

- Only one single adult dose of adrenaline was available
- There was no child-sized self-inflating bag and mask
- Only two oropharyngeal airways were found, these were not bagged and the sizes were unknown
- Dispersible aspirin was not at the correct dosage
- Glucagon was stored unrefrigerated and the expiry date had not been changed in line with the manufacturer's instructions
- There were no child-sized oxygen masks with reservoirs, some of the oxygen masks available had expired

The registered manager checked the kit on a weekly basis. This process had failed to identify the issues we found on the inspection day.

Staff completed training in emergency resuscitation and basic life support (BLS) with airway management every year. Evidence of up to date training was not available for five clinical members of staff. We noted that staff were not familiar with the medicines in the kit or how to operate the medical oxygen cylinder. We raised these issues with the registered manager, they took immediate action to review the kit and order the missing and expired items. They gave assurance they would discuss the emergency arrangements with the team and ensure training was provided.

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

The provider was in the process of completing risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We noted that emergency medicines and hazardous substances were stored in the decontamination room which was very warm. We highlighted that this should be considered as part of the risk assessment process.



# Are services safe?

The practice had an infection prevention and control policy; this was not up to date or relevant to the equipment or processes in use at the practice. Decontamination procedures were displayed in the decontamination room and senior staff carried out and documented regular observations of the trainee dental nurses to ensure procedures were followed. They broadly followed guidance in The Health Technical Memorandum 01-05:

Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. We reviewed the processes used by staff for transporting, cleaning, checking, sterilising and storing instruments and facilities in the premises:

- We noted that instruments were banded and not all pouches were stamped with the date of expiry.
- There was evidence in two surgeries that single use stainless steel burs had been reprocessed
- The water purifier reservoir tanks were visibly dirty and staff did not know these should be cleaned and left dry after use
- There were no records of daily process for the ultrasonic baths and staff did not perform quarterly foil tests

A member of staff had started to audit standards in infection prevention and control audit before leaving their post, this had not been completed after they left by another staff member.

We could not see evidence that staff completed relevant infection prevention and control training and received updates as required.

The equipment used by staff for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. We noted that of the three sterilisers in use, the system to identify which device was in use or up to date with validation was confusing for staff. We discussed this with the practice manager who gave assurance they would review and discuss this with decontamination staff. The sterilisers were serviced and pressure vessel tested on an annual basis.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water

systems, in line with a risk assessment. Most of the 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 clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Gypsum waste was not segregated and disposed of appropriately, we raised this with the registered manager who confirmed this would be addressed

## Information to deliver safe care and treatment

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

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

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 practice had systems for appropriate and safe handling of medicines. This had not included the identification and removal of expired products. For example, expired local anaesthetic was found in one of the treatment rooms, this was removed immediately.

The practice stored and kept records of NHS prescriptions as described in current guidance.

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

## Track record on safety

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. Opportunities had been missed to implement



# Are services safe?

safety improvements. For example, the most recently reported six incidents had all been related to sharps. The practice had not consistently followed the process to ensure that these were followed up appropriately.

## **Lessons learned and improvements**

We did not see evidence that the practice learned and made improvements when things went wrong.

The staff were not aware of the Serious Incident Framework, staff were aware of the need to report incidents to the practice manager, and record these in the accident book. The practice manager told us that sharps

had been discussed, including consideration of the use of a safer sharps system, this was not documented and a sharps risk assessment was not in place to review the processes used by staff.

The system for receiving and acting on safety alerts was ineffective. For example, recent relevant alerts relating to the correct use of emergency oxygen cylinders and glucagon had not been received by the practice. We checked the glucagon which was found to have been affected by a drug safety alert in September 2016 which required action within 48 hours. This had not been received and acted upon.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The provider carried out annual domiciliary visits at a local care home. They were not aware of the guidelines as set out by the British Society for Disability and Oral Health when providing dental care in domiciliary settings such as care homes or in people's residence. Risk assessments were not carried out before domiciliary care was provided. We discussed this with the practice manager who confirmed this would be addressed.

### 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 told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists told us that where applicable they 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 available 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 outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance 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 told us they 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 dentists did not understand their responsibilities under the act when treating adults who may not be able to make informed decisions. For example, they thought that carers who attended appointments with patients could always consent to treatment. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can 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. We saw evidence that the practice regularly engaged the use of face to face translation services to facilitate this process.

### 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 that the practice manager audited patients' dental care records to check that the dentists recorded the necessary information; it was not clear whether the findings of these audits were discussed with the dentists.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

We were told that staff new to the practice had a period of induction. Information about this was sent to the employee, we did not see evidence of completed

# Are services effective?

(for example, treatment is effective)

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

Staff told us they discussed training needs at annual appraisals, one to one meetings and during clinical supervision. At the time of the inspection, the dental nurses were all trainees. The practice monitored the progress of trainee dental nurses who were in the process of changing over to a new education company after the collapse of the previous provider. The practice manager was liaising with assessors from the education provider to continue their training and support their learning. The trainees told us that the practice manager had been helpful and supportive throughout the process.

We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. For example, through direct observation and individual feedback.

## **Co-ordinating care and treatment**

Staff worked together and with other health care professionals to deliver effective care and treatment.

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

The practice also had systems and processes 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 helpful, friendly and polite. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding, they 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.

Practice Information, magazines and patient survey results 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 the ground floor waiting area provided limited privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they 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 and staff were aware not to discuss confidential information on the telephone in front of others.

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 be involved in decisions about their care. They were not aware of the

Accessible Information Standards. The Accessible Information Standard is a requirement to make sure that patients and their carers are asked about their communication needs and preferences, and can access and understand the information they are given:

- Interpretation services were available for patients who did not have English as a first language. We saw that these services were regularly used. 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, for example, communication aids and easy read materials were available.

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

The practice's information leaflet 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 models and X-ray images taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

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

The practice met the needs of more vulnerable members of society such as residents in care homes, by providing a domiciliary service.

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

A Disability Access audit had been completed and an action plan formulated to continually improve access for patients. The practice had made some reasonable adjustments for patients with disabilities. These included providing a portable ramp for wheelchair users and identifying patients who could not access the first floor treatment rooms. We discussed other reasonable adjustments that could be made. For example, providing handrails and an emergency call bell in the patient toilet.

Patients could choose to receive text message reminders for forthcoming appointments. Staff told us that they telephoned patients after receiving complex treatment to check on their wellbeing.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. Several patients commented that they had found it easy to make routine and urgent appointments. There was a system to identify patients who could attend appointments at short notice. The system enabled the practice to quickly notify them if an appointment became available.

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they 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.

They took part in an emergency on-call arrangement with other practices for patients on a private treatment plan.

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

### Listening and learning from concerns and complaints

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

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

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

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

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

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

# Are services well-led?

## Our findings

### Leadership capacity and capability

Clinical leadership and oversight had been lacking in the practice. Staff changes and high numbers of trainee staff had impacted on the capacity and skills to deliver high-quality, sustainable care and address risks.

Immediately after the inspection, the registered individual and practice manager acted to review our concerns and prioritise areas to address. They consulted with external companies to implement a system to improve their capacity and skills to deliver the practice strategy, and plan for the future leadership of the practice.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

### Vision and strategy

The practice delivered care in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. They were aware and compassionate of the needs of the local population.

### Culture

Staff stated they felt respected, supported and valued, particularly during the change of training provider for the trainee nurses.

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist 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. Policies and processes could be made more available to staff. In particular, safeguarding, whistleblowing and in relation to the Mental Capacity Act. Not all policies were up to date or available. For example, the infection control policy was not up to date or appropriate to the practice. Staff were unsure if there were policies relating to recruitment or health and safety.

The governance systems required improvement. For example, protocols were in place to ensure staff accessed appropriate care and occupational health advice in the event of a sharps injury. The practice could not provide evidence that their processes had been followed.

Systems were not in place to effectively identify and manage risks, issues and performance. For example:

- The practice was not aware of the immunity status of clinical staff, or taken action to risk assess low responders. They had not followed up anyone with an unknown status, obtained appropriate occupational health advice or ensured staff accessed follow up testing or booster vaccinations where appropriate.
- Systems to receive and act on relevant safety alerts were ineffective. We found a medicine that had been affected by an alert and the practice staff were unaware of this.
- The practice did not have processes to identify and remove expired medicines.
- The provider did not ensure that emergency arrangements were as described in national guidance or that staff were competent to act in the event of a medical emergency
- Systems were not in place to effectively segregate waste in line with guidance
- The provider did not ensure staff consistently carried out validation of the decontamination equipment.
- The provider did not always act on recommendations to improve safety in the practice. For example, in relation to electrical fixed wiring testing, maintenance of hot water storage vessels and to consult their own RPA in relation to risk assessment, use and quality assurance of the X-ray equipment

# Are services well-led?

- The practice had not ensured that staff were aware of their responsibility under the Mental Capacity Act to gain consent for treatment.
- Processes were not in place to risk assess domiciliary care.

We saw evidence that the practice manager had implemented some governance systems as far as their capacity had allowed. For example, engaging with external companies to carry out risk assessments and servicing of equipment, carrying out assessments of hazardous substances, reviewing information governance arrangements and supporting the dental team through change.

During the inspection the registered manager and staff were open to discussion and responsive to feedback. The practice took immediate action to prioritise and act on the concerns identified during the inspection.

Immediately after the inspection, the management team discussed the findings and liaised with staff and external providers to prioritise actions and provide evidence. They gave assurance that all areas would be acted on as soon as practicable and that systems would be implemented to prevent re-occurrence.

## **Appropriate and accurate information**

The practice acted on appropriate and accurate information.

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

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice manager was aware of the European General Data Protection Regulations. They were reviewing their processes for obtaining, storing and using information in line with this.

## **Engagement with patients, the public, staff and external partners**

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

The practice used regular patient surveys and verbal comments to obtain patients' views about the service.

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. The latest results showed that 100% of respondents would recommend the practice.

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

## **Continuous improvement and innovation**

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of urgent referrals and dental care records. It was not clear whether the results of these had been shared or discussed with clinicians to drive improvement. The practice did not complete audits of radiographic quality.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The trainee dental nurses received three monthly reviews and there were plans to carry out annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. We did not see evidence of up to date training for five clinical staff members. In addition, staff were unfamiliar with the emergency kit, or how to operate the emergency oxygen cylinder. We could not see evidence that staff completed relevant infection prevention and control training and received updates as required.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.



## 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>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 improve the quality and safety of the services being provided. In particular:</b></p> <ul style="list-style-type: none"><li>• The provider had not ensured that clinical staff had appropriate immunity, taken action to risk assess low responders, or follow up anyone with an unknown status.</li><li>• The provider did not ensure staff consistently carried out automatic control tests or ensure there was consistent evidence of satisfactory sterilisation cycles.</li><li>• The provider did not always act on recommendations to improve safety in the practice. For example, in relation to electrical fixed wiring testing, maintenance of hot water storage vessels and to consult their own RPA in relation to risk assessment, use and quality assurance of the X-ray equipment</li><li>• The practice had not ensured that staff were aware of their responsibility under the Mental Capacity Act to gain consent for treatment.</li><li>• Systems to receive and act on relevant safety alerts were ineffective; an affected substance had not been identified.</li><li>• Systems were not in place to effectively segregate gypsum waste in line with guidance</li><li>• The practice did not have processes to identify and remove expired medicines.</li><li>• The provider did not ensure that emergency arrangements were as described in national guidance or that staff were competent to act in the event of a medical emergency</li></ul> <p><b>There was additional evidence of poor governance. In particular:</b></p>

## Requirement notices

- The provider had not ensured that policies and procedures to risk assess and obtain appropriate advice and testing after contaminated sharps injuries were followed.
- The provider did not carry out audits of radiographic quality. The processes to audit infection prevention and control, and act on the findings were not effective.
- The provider did not ensure that all relevant policies and processes were available to staff. In particular, safeguarding, whistleblowing and the Mental Capacity Act. Not all policies were up to date or available. For example, the infection control policy was not up to date or appropriate to the practice.
- The provider did not ensure that staff understood their responsibilities under the Mental Capacity Act 2005.
- There was a lack of evidence of staff training in safeguarding, fire safety, life support and infection prevention and control.

### Regulation 17