Eccleshall Dental Clinic

Eccleshall Dental Clinic

Inspection Report

Eccleshall Dental Clinic
6 Castle Street
Eccleshall
Staffordshire
ST21 6DF
Tel: 01785850199
Website: www.eccleshalldentalclinic.co.uk

Date of inspection visit: 4 August 2015
Date of publication: 24/12/2015

Overall summary

We carried out an announced comprehensive inspection on 4 August 2015 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 not providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Eccleshall Dental Practice was registered in January 2015 to provide dental services to patients

located in the town of Eccleshall and surrounding areas in the county of Staffordshire. The practice provides mainly private dental treatment and some NHS services. Services provided include preventative advice and treatment, routine restorative dental care and cosmetic dental care. The practice has a combined reception and waiting area on the ground floor and treatment rooms on the ground and first floor. The practice is open Monday to Friday each week between the hours of 9am and 5pm and Saturday by appointment only.

The practice has two dentists, they are supported by four dental nurses (one of the practice nurses also carried out receptionist duties), a trainee dental nurse and a practice manager. A dental hygienist and a dental therapist work at the practice and provide a service to patients registered at the practice and referred to them by the dentists. One of the dentists is the registered manager for the practice. 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'. 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.

Summary of findings

Seven patients provided feedback about the service. They were positive about the care they received and said that staff were helpful, explained their treatment and were respectful towards them.

Our key findings were:

- The practice had appropriate systems in place to investigate, respond and ensure staff learned from the outcome of significant events such as complaints.
- The practice had safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- Staff files were not available to confirm that robust recruitment procedures were followed. The practice supported staff in their continued professional development.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation and staff received training to meet patients' treatment needs. Patients received clear explanations about their proposed treatment,
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available. However, systems were not in place to check all equipment had been serviced regularly. The temperature of the refrigerator used to store medicines was not recorded and medicines and food were stored in the same refrigerator.
- Procedures and guidelines for the safe taking of X-rays were not followed. The quality of X-rays was not being audited and radiation protection records were not maintained.
- Procedures for the cleaning and sterilising of dental instruments were not completely followed in line with the 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health. Infection prevention and control (IPC) audits to test the effectiveness of infection control procedures were not carried out.
- Governance arrangements were not in place to ensure the smooth running of the practice. The practice did not have a structured plan in place to audit quality and safety. This included the mandatory audits for infection control and radiography. Policies and procedures had not been reviewed to ensure staff were appropriately supported. Systems were not in place to gather the views of patients on the services and treatment they received.

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

- Establish an effective system to assess, monitor and mitigate the risks arising from undertaking of the regulated activities.
- 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 audits of various aspects of the service, such as infection control, radiography and dental care records are undertaken at regular intervals to help improve the quality of service. Practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.
- You can see full details of the regulations not being met at the end of this report.

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

- Establish a process to audit various aspects of the service at regular intervals, such as care records and radiography to help improve the quality of service.
- Review the policies and procedures used throughout the practice to ensure they are up to date and reflect current guidance.
- Ensure that only medicines are stored in a designated refrigerator and located in a different area of the practice.
- Have systems in place to obtain the views of patients on the services, the care and treatments they received so that the practice can respond and demonstrate any action taken in response.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had some systems in place to ensure that patients were kept safe. These included systems in place for reporting and learning from incidents and staff were encouraged to raise concerns. There was sufficient equipment to deal with medical emergencies. All staff had received training in emergency resuscitation and basic life support. Cleaning schedules for the premises and surgeries were in place. There was however a lack of effective, health and safety risk assessments related to the premises, emergency equipment was not checked, infection control procedures were not robust. Instruments were cleaned and sterilised effectively but staff were not routinely wearing personal protective equipment in line with recommended department of health guidance. Infection control audits were not completed as recommended in published guidance. Staff files were not available to confirm that robust and safe recruitment practices had been followed. There was no temperature monitor for the refrigerator used to store medicines. Food and medicines were stored in one of the refrigerators. The radiation protection file was incomplete and not up to date.

Are services effective?

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

The practice could demonstrate they followed relevant guidance, for example, issued by the National Institute for Health and Care Excellence (NICE). The practice maintained appropriate dental care records and details were updated appropriately. The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. There were systems in place for recording written consent for treatments. Staff understood the importance of working within relevant legislation when treating patients who may lack capacity to make decisions. The practice worked well with other providers and followed patients up to ensure that they received treatment in good time.

Staff who were registered with the General Dental Council (GDC) told us they had completed continuing professional development (CPD) and were meeting the requirements of their professional registration. Staff files were not available to confirm all staff had kept up to date with training or received annual appraisals to review their professional development.

Are services caring?

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

We received the views of seven patients, all told us that they received excellent care and service. Patients said that they found the dentists and staff friendly and welcoming. Staff described how they ensured there was sufficient time to explain to patients the care and treatment in a way they understood. Staff ensured patients were kept involved in the planning of their care and treatment. Electronic records were password protected and regularly backed up. Paper records were securely stored. Patients told us that they were well informed and were shown by way of their X-rays and drawings the treatment and care that was needed.

Are services responsive to people's needs?

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

Summary of findings

Patients had good access to appointments, including emergency appointments, which were available on the same day. The practice offered both NHS and private treatments. The needs of people with disabilities had been considered in terms of accessing the service. There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area. The practice website provided information about opening times, appointment arrangements and emergency treatment when the practice was closed.

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 at the end of this report). During the inspection we identified areas where improvements were needed. The practice had been registered in January 2015 and was aware that work was needed to implement and establish effective governance arrangements. The practice had a number of policies, systems and processes in place, however some of these had not been reviewed for up to five years to ensure that they were up to date. The practice was not completing six monthly audits of infection prevention and control arrangements to ensure these were maintained in accordance with guidance from the Department of Health. Risk assessments had not been reviewed to ensure that appropriate systems were in place to monitor and decrease any risks related to patients, staff and visitors. The practice did not have arrangements in place to obtain the views of patients who used the service so that they could use these to make improvements.

The staff we spoke with described good leadership. They reported they felt listened to and supported. We found that staff received appropriate professional development. There were systems in place to share learning about complaints or incidents and the practice used these to make improvements to patients care.

Eccleshall Dental Clinic

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 4 August 2015 by a CQC inspector and a dentist specialist advisor. Before the inspection we reviewed information we held about the provider and information that we asked them to send us in advance of the inspection. During our inspection visit, we reviewed a range of policies and procedures and other documents including dental care records. We spoke with five members of staff, including the management team.

We looked around the premises including the treatment rooms. We looked at the storage arrangements for emergency medicines and equipment. We observed the dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area and during treatment with patients consent.

We reviewed the CQC comment cards completed by patients and reviews posted on the NHS Choices website. Patients gave positive views about the care and experience of the practice.

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

There was a system in place for reporting and learning from incidents. There were two incidents recorded since the new registration of this service on 12 January 2015. We noted an incident which had involved a breach of confidentiality in the reception area of the practice. This was appropriately investigated and all staff reminded of the importance of confidentiality and data protection. A shredder was also purchased for use in the reception area for the destruction of confidential paperwork that did not need to be maintained. Patients involved were given an apology and informed of the action that had been taken as a result. Staff understood the process for accident and incident reporting including the Reporting of injuries and Dangerous Occurrences regulations 2013 (RIDDOR).

Reliable safety systems and processes (including safeguarding)

During our visit we found that the care and treatment of patients was planned and delivered in a way that ensured patients safety and welfare. A written medical history was obtained before the commencement of dental treatment in all cases and this was reviewed at each visit. The clinical records we reviewed were well-structured and contained sufficient detail. This enabled another dentist if required to tell what the treatment plan was, what had been done so far, what were the next steps and details of any possible alternative treatment.

Staff we spoke with were able to describe their responsibilities in respect of safeguarding patients in their care and they had an understanding of the different types of abuse. Staff were able to tell us who they would report a safeguarding concern to. However contact details for the local authority safeguarding team were not displayed in the practice to ensure they were quickly accessible to staff. We also looked at the practice policies and procedures for child protection and safeguarding vulnerable adults. These were dated for the year 2010, information was not available to confirm that these had been reviewed to ensure that they reflected current guidance, for example contact details for the safeguarding team.

The practice had some safety systems in place to help ensure the safety of staff and patients when undergoing treatment. These included clear guidelines about responding to a sharps injury (for example from handling needles or sharp instruments). The practice used a re-sheathing device to support staff to dispose of needles safely. However when we observed one of the dental nurses undertaking the decontamination process we noted that they did not use personal protective equipment such as face visors and heavy duty rubber gloves when manually cleaning instruments. The dental nurse told us that this personal protective equipment was not used when carrying out these procedures. The management team assured us that these issues would be addressed.

There was also a lack of safety systems in place to limit risks to patients and staff in relation to the premises. For example the door to the cleaning cupboard which contained cleaning products was unlocked, which made the cupboard easily accessible to patients including children. A further door on the first floor of the premises which led to an outside unprotected veranda with no railings was also open and the door key was left by the door. The management staff assured us that these would be addressed and risk assessments completed to action and decrease any risk identified.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice followed guidelines about how to manage emergency medicines in general practice in accordance

with the BNF. The BNF is a pharmaceutical reference book that contains a wide spectrum of information and advice on medicines.

The practice had suitable equipment including an Automated External Defibrillator (AED), emergency medicines and oxygen available for dealing with medical emergencies. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. We found that staff had not checked the AED to ensure that it was working and readily available. The practice had a second oxygen cylinder. This was being stored in a cupboard above the sink in the staff room. This was not easily accessible and not checked by staff. There were no records or systems in place to ensure that this equipment was checked.

Are services safe?

Medicines and emergency oxygen were stored securely in a central location. The emergency medicines were all in date. The expiry dates of medicines and equipment was monitored using a check sheet which enabled staff to replace out of date medicines and equipment in a timely manner. Staff had completed recent training (2014/15) in emergency resuscitation and basic life support. Staff we spoke with knew the location of all the emergency equipment in the practice and how to use it.

Staff recruitment

The management team shared two staff training files with us. These showed that the provider checked the professional registration for qualified clinical staff to ensure professional registrations were up to date. The practice manager told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all staff. The practice had a policy and documentation in place for the recruitment of staff which included seeking references, checking qualifications and professional registration. We were unable to confirm the recruitment process carried out with staff files as all files and records related to staff were maintained at the owners other dental practice.

Health & safety and responding to risks

The practice had a health and safety policy in place. This was dated 2010 and we found that risk assessments were not comprehensive and did not cover all aspects of health and safety. The practice manager showed us a file of risk assessments. The file included risk assessments for the autoclave, biological agents (the risk of infection from blood, saliva, bacteria etc.) and waste disposal.

Fire safety records were not available to confirm that weekly checks of the fire alarm system had been carried out. We saw that fire extinguishers were serviced annually. We did not see records to confirm that fire drills were held at regularly intervals and recorded and that a fire risk assessment had been reviewed annually.

The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) Regulations, including substances such as disinfectants. Hazardous substances were stored in a restricted area and staff were aware of this. We saw that the door to the room where cleaning equipment and products were stored did not have a lock. Therefore hazardous substances were not stored safely and in line with COSHH Regulations.

Infection control

The practice had a policy for infection control. This was dated 2010, the management team could not confirm that this had been reviewed to ensure that it was current and up to date. We saw that dental treatment areas, decontamination room, reception and waiting area were visibly clean, tidy and clutter free. We were told that the dental nurses did all of the cleaning at the practice.

A senior dental nurse was the lead for infection prevention and control (IPC) at the practice. We saw records that demonstrated some staff had received training in infection prevention and control. We were unable to confirm that all staff had received this training due to the absence of staff files and training records at the practice.

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices'

(HTM01-05) 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 the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures.

The practice had not completed six monthly audits of its overall infection prevention and control arrangements to ensure these were maintained in accordance with guidance from the Department of Health.

Decontamination of dental instruments was carried out in a separate decontamination room on the first floor. The room was of a suitable size to accommodate the equipment. There was a protocol in place for the manual cleaning of dental instruments. One of the dental nurses explained that the system used at the practice was manual scrubbing and rinsing followed by inspection of each item under a magnifying lamp before sterilisation. The dental nurse demonstrated the decontamination process. We observed that the process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments did not follow a well-defined system of decontamination from dirty through to clean as described in HTM01-05. We saw that a dirty to clean flow was not followed. Cleaned instruments were stacked in between the dirty and clean sinks and the dental nurse did not inspect the items before putting them into the steriliser

The practice had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available

Are services safe?

for staff and patient use. However, we found that appropriate personal protective equipment was not used in the decontamination room. For example there was no protective face visor and the practice of double gloving with the additional protection of heavy duty gloves to minimise the risk of injury from sharp instruments was not used. This creates the potential for cross infection. The treatment rooms all had designated hand wash basins for hand hygiene and a range of liquid soaps and hand gels.

We saw that when instruments had been sterilised they were pouched and stored until required. However upon checking the drawers in the treatment room on the first floor we found that a number of pouches were not dated with an expiry date in accordance with current HTM01-05 guidelines and not all pouches were sealed.

The dental nurse showed us how the practice checked that the autoclave (equipment used to sterilise dental instruments), was working effectively. We noted that data sheets were used to record the daily and weekly checks of the sterilisation cycles. Records available did not demonstrate that six monthly maintenance schedules were carried out to ensure that equipment was maintained to the standards set out in HTM01-05. We saw that this paperwork was loose sheets kept in the decontamination room and historical records were not available.

Legionella is a bacterium which can contaminate water systems. We saw evidence that the practice had arranged for an appropriate contractor to carry out a legionella risk assessment. To prevent a build-up of legionella the practice used a disinfectant to clean dental waterlines. The

dental nurse described how they carried out regular flushing of the water lines in accordance with current guidelines.

The segregation, storage and treatment of dental and sharps waste was in line with current guidelines issued by the Department of Health. We saw sharps containers were correctly labelled. The practice sharps injury protocol was clearly understood when talking with practice staff. This demonstrated staff were protected against contamination by blood borne viruses. The practice used an appropriate contractor to remove dental waste from the practice. Waste consignment notices were available for inspection; we reviewed these and found them to be in order.

The practice told us that they maintained a record of staff immunisation status in respect of Hepatitis B, a serious illness that is transmitted by bodily fluids including blood. The staff we spoke with understood what to do if they injured themselves with a needle or other sharp dental instrument. This included contacting the local occupational health department and recording in the practice's accident book. The practice had an inoculation injury policy. The date on the document was 2010 and there was no record to show that this had been reviewed and contained current and up to date guidance. The management team were aware that the practice's policies and procedures needed to be updated and told us this was work they had planned to address as the next stage of the development and updating of the practice.

Equipment and medicines

We found that robust systems were not in place to check and record that all equipment was in working order. Maintenance schedules for the equipment used at the practice was not available to confirm that equipment was maintained in accordance with the manufacturers' instructions. This included the equipment used to sterilise instruments, and an oxygen cylinder stored in a cupboard.

We saw from a sample of clinical records that the dentist recorded the name of the medicines they prescribed together with the dose and timing. The batch numbers and expiry dates for local anaesthetics were recorded in the clinical notes. Medicines stored at the practice were reviewed regularly to ensure they were not kept or used beyond their expiry date. The practice had procedures regarding the prescribing, recording, dispensing and use of the medicines used in clinical practice. Prescription pads were being stored securely. We saw that food and medicines were stored in the same refrigerator. There were no systems in place to ensure staff checked the temperature of the refrigerator used to store temperature sensitive medicines to confirm that medicines stored were kept at a constant temperature to ensure their stability and effectiveness.

Radiography (X-rays)

The practice could not demonstrate a well maintained radiation protection file relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).There were no records of the local rules along with the necessary documentation

Are services safe?

relating to the maintenance of the X-ray equipment. However the names of the Radiation Protection Advisor and the Radiation Protection Supervisor were identified for staff.

Both dentists told us that they had undergone training in relation to dental radiography; we saw the certificate for one of the dentists. We looked at this dentist's continuous professional development (CPD) training records in relation to IRMER requirements; these were within the recommended five year renewal period.

Although the dentists had told us that they had carried out an increased number of X-rays since their registration in January 2015 they had not completed radiological audits within the last eight months. We saw that the dentist had recorded their justification for taking dental X-rays as part of patients' treatment.

Due to the absence of radiology audits and records we could not confirm that the practice was acting in accordance with national radiological guidelines to protect patients and staff from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. Patients' needs were assessed and care and treatment was planned and delivered in line with their individual dental treatment plan. We looked at a sample of treatment records. The records contained details of the condition of the teeth, gums and soft tissues lining the mouth which can help to detect early signs of cancer. These were carried out at each dental health assessment and records indicated the patient was made aware of changes in the condition of their oral health. We saw details of the condition of patients' gums were recorded using the basic periodontal examination (BPE) scores The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums.

Care records confirmed that each dental X-ray taken was justified, reported on and quality assured and contained treatment plans and details of the costs involved. The dentist determined the recall interval by using a risk based approach based on current National Institute for Health and Care Excellence (NICE) guidelines. The recall interval was set following discussion of these risks with the patient.

Health promotion & prevention

The waiting room at the practice contained literature in leaflet form that explained the services offered at the practice. This included information about effective dental hygiene and how to reduce the risk of poor dental health.

The dentists advised adults and children of steps to take to maintain healthy teeth. They explained tooth brushing techniques and gave advice on diet, smoking, and alcohol consumption. A dental hygienist and therapist worked at the practice and provided care and treatment to patients who needed more extensive treatment for their gums.

Staffing

The practice had sufficient staff employed in different roles to meet the needs of patients. Clinical leadership was provided by the two dentists. The clinical team consisted of dentists, dental nurses, a trainee dental nurse and a practice manager. A hygienist and a therapist also worked at the practice. They provided a service to patients registered at the practice and referred to them by the dentists.

The dentists and dental nurses working at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Staff told us that they had received training and were encouraged to attend training to maintain the continued professional development required for their registration with the General Dental Council. Two staff training files (One dentist and one dental nurse) showed that training completed by staff included medical emergencies in dental practices, infection control, child and adult safeguarding, dental radiography (X-rays). However due to the absence of staff personnel records at the practice (These were maintained at the owners other dental practice) we were unable to confirm that all members of the clinical team had also completed appropriate training.

Working with other services

The practice worked proactively with other dental providers to co-ordinate care and meet patient's needs when required. The practice involved other professionals and dental therapists in the care of their patients where this was in the best interest of the patient. Patients were referred to hospital services appropriately. There was a patient referral process for NHS referrals, which included urgent two week referrals for mouth cancer.

Consent to care and treatment

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. Where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements to ensure decisions about treatment were made in the best interest of the patient.

The practice had a consent policy. One of the dentists we spoke with explained how they would support a patient who lacked the capacity to consent to dental treatment. They understood that consent was an ongoing process and

Are services effective?

(for example, treatment is effective)

a patient could withdraw consent at any time. The dentist explained that they gave patients a detailed verbal explanation of the type of treatment required, including the risks, benefits and options.

A policy was not available to guide staff in assessing a patient's mental capacity to consent to treatment. However staff explained how they would involve the patient and carers to ensure that the best interests of the patient were met. The dentist assured us that if there was any doubt about their ability to understand or consent to the treatment, that they would postpone treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at five Care Quality Commission (CQC) comment cards patients had completed before the inspection and observed patients with their consent. Patients were positive about the care they received from the practice. They told us that they had a good experience with no problems. They commented they were treated with respect and dignity. We saw privacy and confidentiality were maintained for patients using the service by ensuring discussions about care and treatment was always done in the surgery.

Staff were sensitive to the needs of their patients and there was a strong focus on reducing anxiety and supporting people to feel comfortable in the surroundings. For example, staff were clear about the importance of the emotional support needed for patients who were very nervous or phobic of dental treatment. Staff and patients told us all consultations and treatments were carried out in the privacy of a surgery and we observed this to be the case. We observed the treatment room door was closed during consultations and that conversations taking place in these rooms could not be overheard.

Involvement in decisions about care and treatment

The dentists and practice nurses told us they involved relatives and carers to support patients when required.

There was information on the practice website about the range of treatments available. The practice used posters displayed in the waiting area and surgery to give details of NHS dental charges. There was also information and contact details displayed regarding how patients could access urgent dental care if required.

Patients said the service was excellent and they were given the treatment options available and time to consider these if required. They also told us that they received advice about oral care. This was confirmed when we observed patients with their consent undergoing treatment during the inspection.

The dentist and dental nursing staff we spoke with confirmed treatment options, risks and benefits were discussed with patients to ensure the patient understood what treatment was available so they were able to make an informed choice. During appointments the dentist asked questions about each patient's current oral hygiene practice and gave suggestions how this could be improved to prevent oral health problems. Patients who had received treatment were given explanations about what to do to minimise discomfort and prevent problems.

We saw evidence in the patient care records that patients were always given a copy of their treatment plan, associated costs and allowed time to consider their options before returning to have their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The majority of patients seen by the practice were people of working age and older people who lived in the local community and surrounding area. Each patient contact with a dentist was recorded in the patient's record card. Patients who were new to the practice were asked to complete a comprehensive medical and dental health questionnaire. This enabled the practice to gather important information about their previous dental and medical history. The needs and expectations of patients were also obtained through discussion with them. This helped the dentists to provide the most effective and appropriate care and treatment to meet the individual needs of patients who choose to register with them.

The practice provided patients with information about the services they offered on their website and we saw patient information leaflets were available in the waiting room. We found the practice had an appointment system in place to respond to patients' who required urgent treatment. For example, patients in pain were offered an emergency appointment during normal working hours. The length of appointments and the frequency of visits for each patient was based on their individual needs and treatment plans. Longer appointments were available for patients who needed more time.

Tackling inequity and promoting equality

The practice provided mainly private dental treatment and some NHS dental treatment. The practice was situated in a small town in the county of Staffordshire. The majority of patients who used the practice spoke and understood English. Staff told us they had access to interpreters if needed.

The practice building had undergone renovation and refurbishment following the registration of the service in January 2015. The management team were aware of the Equality Act 2010. Patients with pushchairs or wheelchair users had level access into the practice. The layout allowed access to the reception area and the treatment room on the ground floor. There were also adapted toilet facilities that were easily accessible to patients with mobility problems. The reception/waiting room, one treatment room and toilet were on the ground floor. The other treatment room which was mainly used by the dental hygienist and therapist was on the first floor as was the decontamination room.

Access to the service

The practice was open Monday to Friday each week from 9am and 5pm and Saturday by appointment only. Patients could book appointments in person, via the phone and online.

Information was available to patients about appointments in the practice and on the practice website. This included how to arrange urgent appointments. There were also arrangements to ensure patients received urgent dental assistance when the practice was closed. A message on the answer phone directed patients either to the out of hours emergency service or the clinic answering service.

Patients were generally satisfied with the appointments system and said that appointments were easy to arrange. Comments received from patients showed that those in need of emergency treatment had been able to make appointments on the same day of contacting the practice.

Concerns & complaints

The practice had a complaints policy and procedure in place which provided staff with guidance on how to support patients who may have wanted to complain. The procedure included 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 complain was on the practice website, in the practice leaflet and displayed in the waiting area.

Verbal complaints were handled in the practice by the dentist or practice manager. Comments received from patients said that they had never had the need to complain. Patients felt that if they had to raise a concern or make a complaint that they would be listened to.

The practice had received two complaints since they were registered in January 2015. They had been responded to in line with the practice's complaints policy with a full explanation and apology given. Records showed that the practice discussed complaints with staff at appropriate meetings and was able to demonstrate learning and changes made in response to investigations and feedback.

Are services well-led?

Our findings

Governance arrangements

The practice did not have structured arrangements for regularly reviewing and improving the quality of the service or to monitor and decrease the risks relating to the health, safety and welfare of patients, staff and visitors. One of the dentists told us that following the renovation and refurbishment of the building this was to be the next stage of the improvement they planned to undertake.

During the inspection we identified and discussed with the dentists a number of areas where improvements were needed. These included safety of the premises and some aspects of infection control. We also found that the practice had a number of policies and procedures, which had not been reviewed for up to five years. The staff could not be sure that these provided current and up to date guidance and therefore an appropriate working document for staff to follow in their daily practice.

The practice had a number of risk assessments, which they had inherited from the previous owners of the practice these had not been reviewed or updated since 2010.

We saw that the practice had started a system for recording accidents, incidents or complaints. The practice had received two complaints and had recorded these as significant events. Records showed that appropriate action had been taken and learning shared with staff.

We were told that staff meetings had taken place however minutes of these meetings were not available to confirm this. There was an absence of records to demonstrate that discussions had taken place in relation to improving and developing the service. The dentists and practice manager were aware that work was needed to establish effective governance processes.

Leadership, openness and transparency

We saw the practice had a statement of purpose which gave the aims and objectives of the service, types of service provided, details of the registered manager, contact details and details of the location where services were provided. The practice aimed to provide a full range of treatments to secure and maintain patient's oral health.

The staff described the practice culture as supportive, open and transparent. Staff demonstrated an awareness of the practice's purpose and were proud of their work and staff team. Staff said they felt valued and were committed to the practice's progress and development. The culture of the practice encouraged openness and honesty. Staff told us they felt confident about raising concerns or making suggestions.

Staff were aware of their rights in respect of raising concerns about their place of work under whistleblowing legislation. We saw that the practice had a whistleblowing policy but this needed to be reviewed and updated to reflect the changes made at the practice.

Learning and improvement

Staff told us the practice supported them to maintain and develop through training and mentoring. We saw that new staff were supervised and had a mentor. Records were not available to confirm that staff had received an appraisal. The management team told us that they planned to review the arrangements for appraisals to ensure robust systems were in place for staff development that supported delivering safe practice and a quality service.

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff we spoke with told us the practice was very supportive of training and provided them with eLearning. Records we looked at showed that staff had completed online training in infection control. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the GDC.

We found that the practice had not carried out any clinical audits and formal audits to demonstrate safe and appropriate practice in areas such as clinical record keeping and X-ray quality were not completed. The implementation of regular audits would provide evidence of current practice against national guidelines and standards.

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

The practice ensured that patients were involved in making decisions about their care and treatment and this information was recorded in their records. However the practice had not introduced a system to formally determine the views of patients registered at the practice. We saw that

Are services well-led?

the practice noted and responded to patient comments made on the NHS Choices website. Patients comments on this site included that they received professional and courteous treatment from all staff.

The comments in the five CQC comment cards we received and patients we observed showed that they were satisfied with the standard of care provided. They described how helpful and approachable the practice staff were, and were satisfied with the access to the practice and the cleanliness of the practice.

Staff told us that information and feedback for improvements at the practice was gathered through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Recommended infection control procedures for the decontamination of instruments were not being followed. Infection control audits were not taking place at recommended intervals. Procedures and guidelines for the safe taking of X-rays were not followed. The quality of X-rays was not being audited and radiation protection records were not maintained.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The practice did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided by undertaking clinical and non-clinical audits, risks to patients and staff were not reviewed, assessed or mitigated, policies and procedures had not been reviewed, patient feedback about the service they received was not obtained, staff feedback and records of meetings were not recorded.