

Hilsea Dental Care Limited

Hilsea Dental Care

Inspection Report

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Date of inspection visit: 8 July 2015
Date of publication: 15/10/2015

Overall summary

We carried out an announced comprehensive inspection on 8 July 2015 as part of our national programme of comprehensive inspections.

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

We carried out an announced comprehensive inspection on 8 July 2015 as part of our national programme of comprehensive inspections.

Hilsea Dental Care provides both private and NHS treatment to patients of all ages. The practice is part of the corporate provider brand Southern Dental Limited. The practice provides general dental services and refers patients to other locations for specialist services such as implants. The practice team consists of two dentists, a dental hygienist, a practice manager, four dental nurses and a receptionist.

The practice is on the ground floor of a converted residential property. There are three treatment rooms, a dedicated decontamination area and a central waiting area.

During our inspection we spoke with patients and reviewed comments cards, which patients had completed in the two weeks before our visit. Patients commented positively about the care they received and the pleasant and friendly manner of the staff.

Our key findings were:

- All staff were kind and caring in the way that they treated patients.
- Patients were able to make routine and emergency appointments and patients were seen the same day if they had a dental emergency.

Summary of findings

- The practice had effective systems in place to ensure the decontamination of equipment.

There were areas where the provider must make improvements

- Ensure that dental care records are stored securely in order to protect the confidentiality of patients.
- Ensure there are appropriate risk assessments in place and these are used to inform action plans to minimise (or mitigate) any risks to patients and/or staff.
- Ensure that maintenance checks such as electrical safety tests, fire alarm checks and compressor maintenance checks are completed and ensure that safe systems are in place to manage and monitor the completion of safety checks.
- Ensure that provider governance systems are implemented to manage and monitor the service provision and identify areas where regulations and guidance are not being met.
- Ensure that adequate security is in place at the rear of the building, including security of the hazardous waste bins and dental compressor.
- Ensure the provider's registration with the care quality commission accurately reflects the current arrangements for the day to day management of the regulated activities.
- Provide staff with all relevant information about their role and ensure that all staff receive regular supervisions and appraisals

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

- Ensure there is a member of staff trained in first aid available at all times.
- Introduce regular staff meetings, keeping a record of the discussions that take place at each meeting.
- Consistently monitor and record refrigerator temperatures to ensure that impressions and medicines are stored at the required temperature.
- Consistently monitor and record checks completed as part of the management of legionella.
- Secure yellow bins at the outside of the building so that they cannot be removed.
- Ensure that consumable items remain in packaging to prevent contamination.
- Ensure that cleaning equipment identified in the cleaning schedule is available.
- Ensure all information available for staff such as the standards for dental care professionals is up to date and reflects the current published version.
- Provide policies and procedures are updated to reflect personnel currently employed at the practice.
- Provide policies on equality and diversity.
- Review all complaints at least annually to identify any trends.
- Update patient satisfaction records to ensure that they are comprehensive and collated monthly in accordance with the practice policy.

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

There was a procedure in place to report accidents and incidents and the provider had systems in place to protect vulnerable adults and children from abuse. There were systems in place to ensure the decontamination of equipment.

Appropriate equipment was available for the management of medical emergencies and staff had received training in the management of medical emergencies, however training provided to the nominated first aider had expired.

The practice had systems in place to reduce the risk and spread of infection. Staff were aware of and followed guidance in the Health Technical Memorandum 01-05 Decontamination in primary care dental practices.

The area to the rear of the practice was not secure and this included the building where the dental compressor was housed and the dental compressor had not had routine maintenance checks.

Are services effective?

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

Patients' care and treatment was assessed, planned and delivered according to their individual needs and appropriate records were maintained. Patients were given sufficient information about their proposed treatment to enable them to give informed consent.

Dental care records showed a systematic and structured approach to assessing and planning patient care and treatment. Appropriate diagnostic tests and examinations were regularly updated. Information was available about patients' medical conditions that could affect the planning of their treatment.

Staff had not had received documented appraisals; in addition the practice manager had not received any formal appraisal.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations. The practice was sensitive to the needs of their patients. Patients commented positively on the caring, friendly and professional nature of staff. Patients felt listened to by the dentist and said they were given appropriate information about their care and treatment.

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations. The practice offered same day appointments for any patient in an emergency. The practice advertised flexible opening hours and opened late to meet the needs of patients who could not attend during core opening hours. However the practice did not have a policy on equality and diversity but was accessible to patients in wheelchairs.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. There were no systems in place to maintain clinical governance. The practice did not have a comprehensive system to monitor the quality of the service, identify risks or to identify areas where improvements were required. Many of the policies and procedures and actions that were in place had been completed in the two weeks prior to our visit following the

Summary of findings

announcement of our inspection: others had not been updated for long periods of time. Checks such as electrical safety testing and portable appliance testing had not been completed, but had been scheduled. The practice had completed a risk assessment for the management of legionella but recommended checks had not been consistently completed in line with the practice protocol. The provider's governance systems had not identified and rectified these shortfalls. We found that patient's information was not always stored in a way that protected their confidentiality.

Staff within the practice supported each other to make improvements to the practice and staff were supported to complete training for the benefit of patients and for their continuous professional development. However they were not supported through a system of regular appraisal or the means to provide feedback. They did not receive guidance and support from the provider organisation.

We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Hilsea Dental Care

Detailed findings

Background to this inspection

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

The inspection was carried out on 8 July 2015 by an inspector from the Care Quality Commission who was accompanied by a specialist dental advisor.

Prior to the inspection we reviewed information that we held about the provider. We also viewed information that we asked the provider to send us in advance of the inspection.

During the inspection we spoke with dentists, the practice manager, dental nurses and the dental receptionist. We observed staff interaction with patients and looked at the premises and the treatment rooms.

We spoke with five patients and reviewed seven comments cards which contained the views of patients about the staff and the services provided.

We reviewed a range of policies and procedures and other documents associated with the provision of treatment of patients.

We informed the NHS England area team and the local Healthwatch that we were inspecting the practice and they shared information they held.

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 recording accidents and incidents but we were advised that there had been no reportable incidents at the practice. The practice had a health and safety policy and this was signed and dated by all staff on 7 July 2015. We looked at minutes of a meeting that had been attended by all staff dated 28 April 2014 but meetings were not routinely scheduled or minuted. Staff told us that as a small team they would discuss ways in which things could be improved informally and these discussions were not recorded.

Reliable safety systems and processes (including safeguarding)

The practice had a safeguarding children and vulnerable adults' policy that had been signed by all staff on 7 July 2015. The policy did not include information about the types and signs of abuse but the policy was supported by other publications, including guidance from the Department of Health and the National Institute for Health and Care Excellence (NICE). There was a poster that provided staff with details about who to contact should they need to raise concerns about possible abuse of a child or vulnerable adult.

The practice had a designated safeguarding lead, dentists and the safeguarding lead had completed training in child protection to level three. All other staff had completed on line training in child protection to level two and all staff had completed on line training in safeguarding vulnerable adults and children. Staff were able to describe what they would do if they suspected that a patient was being abused.

Dentists at the practice ensured that clinical practices reflected current guidance in relation to safety. For example, the dentist routinely used a rubber dam for certain procedures to ensure patient safety and increase effectiveness of treatment. (Rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative sight from the rest of the mouth). In this practice non latex rubber dam was used to avoid the possibility of a reaction in a patient with latex allergy.

Medical emergencies

There were arrangements in place to deal with foreseeable emergencies. We saw that the practice had emergency medicines and oxygen; these were checked on a daily basis and were all within their expiry date. A record of checks was retained. We noticed that some emergency medicines such as midazolam, adrenaline and glucose were stored separately in the refrigerator, even though this was not required. These are medicines that are used in the management of medical emergencies such as epilepsy, heart attacks and fainting and the practice agreed this may make them less accessible. Emergency equipment was available in line with the minimum requirements recommended by the Resuscitation Council (UK) and this included an automated external defibrillator (used in cardiac emergencies).

Staff explained what they would do in a medical emergency and had completed training in medical emergencies in line with Resuscitation Council guidelines and in line with continuous professional development (CPD) requirements set by the General Dental Council (GDC). (All people registered with the GDC have to carry out a specified number of hours of CPD to maintain their registration).

A member of staff had been nominated as the first aider for the practice, however we were told that their qualification had expired and had not been renewed.

Staff recruitment

Staff files contained evidence of checks that had been carried out to ensure staff working at the practice were suitable for their role. We reviewed three staff files and identified that staff had all received a check by the Disclosure and Barring Service (DBS) in line with the practice policy (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Other checks included checks on registration with the GDC, references and Hepatitis B immunisation status of staff. Proof of all checks was not available for all staff and some records were held at other provider locations, where staff had been employed.

Monitoring health & safety and responding to risks

The practice had carried out a fire risk assessment dated 5 July 2015 and risk assessments for staff using display screen equipment dated 5 July 2015. There were insufficient risk assessments to identify and manage

Are services safe?

hazards at the location and some risk assessments had not been fully completed; for example risk assessments that identified hazards relating to equipment and radiation did not include any action plans to minimise risk.

The practice was not secure. The gate at the back of the practice did not lock and was not closed and the surgery door was open directly onto the rear garden. This meant that people could potentially enter the practice without being seen. The practice compressor was located in a shed at the bottom of the garden and we saw the shed was not locked and the lock was broken. There was no record of routine checks or maintenance for the compressor and the compressor was open to trespassers.

Staff were aware of their responsibilities in relation to the Control of Substances Hazardous to Health (COSHH) and there was a COSHH file that had been updated on 3 July 2015. All staff had signed to indicate they had read the file after it had been updated.

We were advised by the practice manager that staff received alerts from the Medicines and Healthcare Products Regulatory Agency and these were disseminated by the provider organisation to each practice. Alerts were placed in the staff room so that they could be seen by all staff.

The practice had minimised risks in relation to sharps (needles and other sharp objects that may be contaminated) by using the safer sharps system, this ensured that any contaminated needle was not exposed during the disposal process.

Infection control

In November 2009 the Department of Health published the Health Technical Memorandum 01-05 Decontamination in primary care dental practices (HTM 01-05) which was updated in March 2013. This document describes in detail the processes and practices essential to prevent the transmission of infections and promote clean safe care. It is used by dental practices to guide them to deliver an expected standard of decontamination.

The practice had systems in place to reduce the risk and spread of infection. The practice had a dedicated lead for infection prevention and control and they had completed additional training in the testing of equipment that was used as part of the decontamination process. They were aware of the safe practices required to meet the essential

standards of HTM 01-05. We observed the decontamination process and saw that staff used appropriate personal protective equipment, including heavy duty gloves. The infection control lead described the process for the decontamination of instruments and equipment that occurred in between patients.

The dedicated decontamination room had been set up to separate the decontamination of instruments from the patient treatment areas. The room could only be accessed by staff using a keypad. Equipment in the room had been installed in a way which enabled staff to follow a dirty to clean workflow so that when instruments had been cleaned they would not be recontaminated.

The decontamination room had separate sinks for the washing and rinsing of instruments and a third sink for hand washing. There was a written protocol outlining the decontamination process for staff to follow. Instruments were transported to the decontamination room in sealed containers and instruments were decontaminated using a washer disinfectant and sterilised using non-vacuum sterilisers. On completion of the decontamination process, all instruments were stored in sealed packages that were stamped with the expiry date. We found some items of consumable stock were stored in the cupboards in the decontamination area. Whilst the cupboards were closed, items were not stored in sealed packaging and therefore could be exposed to contamination when the cupboard doors were open.

Equipment used as part of the decontamination process was tested in accordance with the manufacturer's instructions and records of tests were maintained. Dental appliances and impressions that were sent to the dental laboratory were disinfected prior to being despatched and disinfected when they were received back into the practice. However, we found one dental impression stored in the refrigerator with the emergency medicines.

The practice had procedures in place for the management of hazardous waste. A mercury spillage kit and body fluid spillage kit were available. There were separate bins in place for general waste, and healthcare waste and appropriate containers for the disposal of amalgam (filling material). Healthcare waste was disposed of in orange bags by a specialist company, who collected the waste every two

Are services safe?

weeks. Prior to collection, waste was stored in locked yellow bins that were at the back of the practice. The bins were not secured and could be removed as the back of the practice was open to the public.

The practice had an infection control policy that had been read and signed by all staff. The policy covered key areas of infection control, including the decontamination of instruments. There was an infection control audit that had been completed on 2 July 2015 but there were no records to indicate that previous audits of the infection control process had taken place. It is a recommendation of HTM 01-05 that these audits take place every six months.

The practice had a daily cleaning schedule in place and we reviewed cleaning records for June and July. The cleaning schedule was provided in both English and Polish as the current cleaning staff spoke Polish as a first language. There was an induction process that had been completed and signed by cleaning staff.

Equipment and medicines

Equipment that was used in the treatment rooms, emergency equipment and equipment that was used as part of the decontamination process was regularly maintained and serviced. This included equipment such as autoclaves (used in the sterilising of instruments). Equipment records showed that servicing, maintenance and testing had taken place.

Emergency medicines were stored in the practice refrigerator but there was no consistent record to indicate that daily checks had been completed to ensure that the refrigerator was maintaining acceptable temperatures. The last temperature recording was completed on 26 May 2015. The refrigerator was being used to store emergency medicines and dental impressions. There are no recommendations to refrigerate emergency medicines.

The practice ensured that prescription pads were locked when not in use and signed out daily to each clinician. The

patients' treatment records that we reviewed showed that the prescribing of medicines was recorded. Quantities, batch numbers and expiry dates of local anaesthetic were recorded in each patient's records.

The use and range of dental equipment and materials available to clinicians were restricted by the provider organisation. For example, there was no rotary endodontic equipment available for staff to use, even if this was the dentist's preferred option. (Rotary endodontic equipment uses an engine to rotate the endodontic file during root canal treatment. The advantages of rotary endodontics includes reduced treatment times).

Radiography (X-rays)

The practice had a radiation protection file that contained all of the information required to meet the requirements of the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME(R)) 2000 and the Ionising Radiation Regulations 1999 (IRR99). This file contained details of the radiation protection advisor, the radiation protection supervisor and evidence of maintenance and critical testing of the x-ray set. The local rules for the safe use of ionising regulations were displayed in each surgery to provide staff with guidance on the safe use of radiography within the practice.

The dentists continually assessed the quality of x-ray images and graded the radiographs (x-rays) to monitor their quality and to ensure that they did not have to be repeated. The practice used digital x-rays and aiming devices (these are devices used to ensure the x-ray film and machines are correctly placed.) which improved the quality of images and meant the number that had to be retaken was minimal. The quality of radiographs were within recommended range so there were no recorded actions required to improve quality. We observed radiographs being taken and safe procedures were used by suitably qualified staff that operated from within the safe zone.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' care and treatment was assessed, planned and delivered according to their individual needs. We looked at patient records which showed that dentists used a systematic and structured approach to assessing and planning treatment.

All patients had an up to date medical history completed when they attended for examination and these were updated at subsequent visits. We saw the computer system automatically flagged up an individual patient alert if there was a condition recorded on the medical history. Patients told us that the dentist always asked if there had been any changes to medical conditions or any medicines they were taking. This information was recorded in the patient's dental care record.

We reviewed patient dental care records and saw that the dentist kept a record of their examinations of soft tissues, teeth and other relevant observations. We saw that the dentist assessed the patient's gums and provided a more detailed assessment when required. This was followed by a prescription for treatment by a dental hygienist if required and this was recorded in the patient's dental care record. The prescription contained sufficient information and direction for the dental hygienist to carry out treatment. Patients were given options for treatment and we saw that dentists completed endodontic treatment on molars (back teeth) as a routine NHS practice. This is good practise because although the procedure is time consuming, it means that the tooth does not have to be extracted.

We saw that dentists used guidance from the National Institute for Care and Health Excellence (NICE) to assess patients. NICE has provided dentists guidance in management of wisdom teeth, patient dental recall and antibiotic prophylaxis prescribing.

Health promotion & prevention

A dental hygienist worked at the practice for 1.5 days per week. The dentist and the dental hygienist both used the Delivering Better Oral Health toolkit to provide guidance to patients on diet, oral health, caries, smoking cessation and the use of fluoride toothpastes and mouth rinses.

The dental hygienist provided treatment for gum disease and provided advice on the prevention of decay and gum disease including tooth brushing techniques and oral hygiene products. There was some information available to patients about oral health.

The dentist completed checks of the soft tissues in the mouth for signs of oral cancer on all patients as part of the examination process but these were not routinely recorded. If a more detailed record of the soft tissues was required then a soft tissue chart would be completed. This could then be used to identify any changes to the soft tissues or as the basis for a referral to a specialist for further investigations.

Staffing

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. Records showed that staff completed continuous professional development in line with General Dental Council requirements. We noted that a dental nurse had been trained appropriately to take radiographs and saw records of their training in the radiation protection file. This means the practice was making best use of its staff using Dental Care Professionals (DCP's) with extended duties. The practice had learning sessions during lunch times where companies visited the practice and provided training in how to use their products.

We saw staff records that indicated that one member of staff had attended a documented supervision meeting with the practice manager on 28 April 2014 and other staff had received supervisions on 7 July 2015. There were no other records to indicate that staff had received regular supervision and appraisals to monitor their performance during their employment. We reviewed records for staff members who had changed their role within the practice; these records did not contain an updated job description. Staff told us that they had practice meetings every two or three months but these were not routinely minuted. We saw minutes of a meeting dated 28 April 2014 but there were no records available after this date.

Staffing levels were monitored and staff absences were planned to ensure that the service was uninterrupted. Each dentist always had access to appropriate support from a dental nurse and the dental hygienist was appropriately supported whilst carrying out patients' treatments.

Working with other services

Are services effective?

(for example, treatment is effective)

The practice referred patients to secondary (hospital) care when necessary, and referred patients for specialist advice from other dentists who worked within the provider organisation. For example, patients were referred to orthodontists, oral surgeons and implant specialists. Referrals to specialists were tracked to ensure that patients received appointments; the practice used an NHS template to write the referral letter.

Consent to care and treatment

The practice ensured that patients were given sufficient information about their proposed treatment to enable them to give informed consent. The dentist explained treatment options to the patient and recorded these discussions in the patient's dental care records. Patients were then provided with a written treatment plan which included the costs associated with each treatment option. The patients we spoke with confirmed that they had been fully informed about their treatment options and were aware that they were being treated on the national health service (NHS) or receiving private treatment.

Information about the costs associated with NHS treatment was displayed in reception but there was no private fee list available. NHS patients paid their treatment costs in advance of the treatment and private patients paid 50% of their treatment costs prior to receiving treatment.

The practice had a copy of the easy read summary on mental capacity published by the Department of Health in 2013 and the department of health published code of practice: Mental Health Act 1983. We did not see records to indicate that staff had attended training in relation to the Mental Capacity Act 2005, however staff were clear about how they would deal with a situation if they had reason to believe that a person lacked the capacity to consent to treatment. The Gillick competency test (used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions) was discussed and staff indicated that they understood how this test was applied.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During our visit we spoke with patients about their care and treatment and we reviewed CQC comments cards. Patients commented positively about the caring staff and described them as friendly and professional. Patients told us that they were treated with dignity and respect.

Patient consultations were completed with the door to the surgery closed. We were advised by one patient that sometimes consultations could be heard in the waiting room but we did not hear any on the day of our visit.

Involvement in decisions about care and treatment

Patients who used the service were given appropriate information and support regarding their care and treatment. All patients we spoke with, except one, told us they had discussed the treatment options that were available to them. They felt they understood the treatment options that had been explained to them. Patients were given written information which documented any proposed treatment and related costs.

We saw from dental care records that dentists had recorded information about patients' treatment options

and the decisions that they had made. Records showed that patients had been given sufficient information, including the risks and benefits of treatment, to make informed decisions about their care. We saw that sometimes more difficult treatments were carried out on the NHS such as endodontic treatment on the back teeth.

Patients completed the Friends and Family test and we were advised that patient satisfaction was reviewed on a monthly basis. We were provided with a summary of patient satisfaction dated September to November 2014. We were also shown summaries dated January and March, but the year that the survey had been completed was not recorded but we were told that these were completed in 2015. Some of the responses of the patient satisfaction questionnaire were difficult to understand; for example patients were asked to rate the overall quality of the service as either very probable, probable, not very probable or not probable. Data from the patient satisfaction responses received from eight patients in March 2015 indicated that 100% would probably recommend the practice to others. All patients indicated that staff were courteous and they had confidence in the dentist they saw. The survey indicated that 87.5% of patients felt that the dentist included them in decision making about their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided general dentistry and referred patients to dentists with the appropriate qualifications and experience that worked within the provider organisation Southern Dental for specialist treatments such as implants. The practice did not have a website but there was a link to information about the practice from the Southern Dental website. Appointment times varied in length according to the proposed treatment and to ensure that patients and staff were not rushed. The dentist was supported by a dental hygienist and could refer patients to the dental hygienist if they needed treatment and support to maintain good oral health.

The practice did not provide treatment under sedation on site but patients who were anxious could be referred to another practice for treatment under conscious sedation. The practice provided treatment on both a private and NHS basis. There was a list of treatment costs for those patients receiving treatment on the NHS but there was no list of treatment costs for those patients who were paying for treatment privately, there were no options advertised for patients who wished to spread the cost of their treatment.

Tackling inequity and promoting equality

The practice did not have a policy for the management of equality and diversity. The practice was fully accessible to patients who had mobility difficulties. The practice facilities were on the ground floor of the building. Access to the building was via a flat pathway and hand rails were in place to assist patients along the pathway. The practice had a toilet that was accessible to patients in wheelchairs with a nurse call system fitted. The practice did not have a hearing

loop fitted and dental chairs did not allow easy transfer for patients who used a wheelchair. However the design of the surgery did allow patients to be treated whilst sitting in a wheelchair.

Access to the service

The practice leaflet advertised surgery opening hours, including extended hours to meet the needs of patients who were at work or school during the day. Opening hours were also advertised on a plaque outside the practice. Opening hours varied each day. The practice was open between 9am and 5pm on Tuesday, Thursday and Friday, between 8am and 8pm on Monday and Wednesday and between 9am and 1pm on a Saturday. The practice information leaflet referred patients to the 111 service for urgent treatment out of working hours and also gave an e-mail address to find information on local services. The e-mail addresses provided a link to other websites but did not provide clear guidance on who to contact in a dental emergency

Concerns & complaints

The practice had a complaints policy in place that was clear and prominently displayed for patients to see. Information about how to complain was also available in the practice information leaflet. The practice had a comments and suggestions box.

We looked at the practice procedures, for acknowledging, recording and investigating complaints, concerns and suggestions should they be made by patients. The summary of complaints showed that the practice had received four complaints in the last seven months. There was no record of complaints received prior to this time. The practice had responded to patients and resolved the complaints; however there were no records to indicate that complaints had been discussed with staff and no records to identify learning from complaints or incidents.

Are services well-led?

Our findings

Governance arrangement

The registered manager was no longer employed at the location and worked at another location owned by the provider. We were told that the manager had left the practice in January but the Care Quality Commission had not been notified of this change. The practice manager was responsible for the day to day management at the location. The practice manager had put systems in place to monitor the quality of the service. However many of the systems had been put in place in the two weeks prior to our visit or had been reinstated in the two weeks prior to our visit and therefore there were gaps in the records held. For example, staff records indicated that dental nurses and receptionists had received supervisions with the practice manager on 7 July 2015 and had signed confidentiality agreements on 6 July 2015. The practice manager and dentists had not received appraisals.

Fire safety equipment was available and in date for testing. However the practice had not completed checks in line with their own schedule for testing. For example, we saw that weekly fire alarm checks had only been carried out on four occasions since 11 July 2014 and weekly smoke detector tests had not been completed since 12 December 2014. The last fire alarm inspection by an external company was completed on 6 June 2014 but this had been scheduled for retesting. Electrical safety checks expired in February 2015 but these had been scheduled for the end of July 2015. Other checks that were required but had not been scheduled included checks of the dental compressor and water heater.

The practice had completed a risk assessment regarding the management of legionella (a bacterium which can contaminate the water systems in buildings and especially the dental unit water lines) and had completed a testing and monitoring protocol. However there were no records to indicate that weekly testing had been carried out consistently and in line with the practice protocol. We saw that tests had been carried out on a weekly basis until 7 July 2014 and then were carried out on 27 January 2015, 24 March 2015, 26 May 2015 and 6 July 2015.

There was a filing cabinet in reception that had a broken lock. We were advised that a replacement cabinet had been requested. There were patients' treatment notes in

the cabinet that had not been filed into patients' dental care records. We were advised that these were records that needed to be filed but saw on the practice system that these patients had not been seen at the practice recently. We saw that a shed to the back of the premises that was not secure. The shed contained boxes of records that included patient information. We raised this as an immediate concern and the records were moved to a secure location during the inspection.

Audits of x-rays had been completed by dentists and records for the management of infection control, and the validation of equipment, had been completed by the infection control lead. There was one audit of infection control which had been completed on 2 July 2015 but there were no consistent records of infection control audits in line with the requirements of HTM01-05 (recommended every six months) and the provider's governance system had not identified this.

The practice had a data protection folder that had been signed by all staff in the week prior to our inspection. There was also a separate information governance folder. The folders contained copies of key publications such as the Information Commissioners Office guide to data protection and standards for dental professionals 2006. The standards for dental professionals publication has now been superseded so this information was not current. There was a list of key holders at the front of the information governance file but this did not reflect staff that were currently working at the practice. Staff had completed information governance training.

Leadership, openness and transparency

There was a leadership structure within the practice and the practice manager had been delegated responsibility for the day to day running of the practice. She was supported by staff within the practice to achieve this. Practice policies were in place to support the safe running of the practice and these had been reviewed, however many of these had been reviewed prior to our visit and had not been consistently updated or reflected in current practice. The practice manager had delegated responsibility for infection control to an identified lead and this person had received additional training to support this role.

Staff within the practice supported each other to carry out their roles. Discussions were held informally at lunch times

Are services well-led?

or break times. Practice meetings, we were told, were held every three months but these were not minuted and there was no record of discussions or action taken as a result of meetings.

Management lead through learning and improvement

Staff told us that they had access to training and training records were available as part of staff files. Staff were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). It is a requirement that of the GDC that people who are registered with them complete a specified number of CPD hours, including training in medical emergencies, to maintain their registration. However, there was no single system in place to identify when staff completed essential training each year and highlight when training was due for renewal.

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

Patients who used the service were able to provide feedback about the service and patient feedback forms were available in the waiting room. The three summaries of patient satisfaction that we received were difficult to understand and some questions did not give patients the opportunity to choose a logical response. Data from the patient satisfaction responses received from eight patients in March indicated that 100% would probably recommend the practice to others. Although the survey summary indicated that it was available monthly, the most recent data available was from March and did not identify which year it had been completed.

Staff told us that they were involved in discussions about changes to the practice within the location and information about deficiencies such as a lockable filing cabinet had been passed to the provider organisation in the two weeks prior to our visit but some equipment and materials of the dentists choice were not provided by the organisation. Staff identified that they did not feel supported by the organisation.

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>Regulation: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation</p> <p>17: Good governance</p> <p>1.Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>2.Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—</p> <p>a. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>b. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>c. maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;</p> <p>d. maintain securely such other records as are necessary to be kept in relation to—</p> <p>i. persons employed in the carrying on of the regulated activity, and</p> <p>ii. the management of the regulated activity;</p> <p>f. evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).</p>

Requirement notices

Systems were not in place to manage and monitor the service provision and identify areas where guidance and regulation were not being met. Risks assessments had not been completed and used to minimise (or mitigate) the risks to patients and/ or staff. Electrical safety checks and maintenance had not been completed. Dental care records were not stored securely to protect the confidentiality of patients.

How the regulation was not being met: Most policies and procedures, actions and checks had been completed in the two weeks prior to our visit. The provider did not have systems in place to identify and rectify areas where regulations and guidance are not being met. Risks assessments did not identify all hazards, for example hazard relating to equipment and radiation and did not include any action plans. Checks such as electrical safety tests, fire checks and compressor maintenance checks had not been completed in a timely manner and safe systems were not in place to manage and monitor the completion of safety checks. The dental compressor had not been tested and was accessible to the public.

Patients' records were not secure. Records were stored in a shed at the rear of the building which did not lock and could be accessed by the public. A filing cabinet containing patient records in the waiting room did not have a working lock.

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

17(1)(2)(a)(b)(c)(d)(f).

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18: Staffing:

2. Persons employed by the service provider in the provision of a regulated activity must—

a. receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Requirement notices

Staff were not provided with relevant information about their role and had not received regular supervisions.

How the regulation was not being met: Dental Nurses had received supervisions by the practice manager immediately prior to our inspection but staff had not received appraisals. The practice manager had not received any supervisions or an appraisal.

Regulation: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18(2).

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 15 CQC (Registration) Regulations 2009
Notifications – notice of changes

Care Quality Commission (Registration) Regulations 2009: Regulation 15:

1. Subject to paragraph (2), the registered person must give notice in writing to the Commission, as soon as it is reasonably practicable to do so, if any of the following events takes place or is proposed to take place—

- a. a person other than the registered person carries on or manages the regulated activity;
- b. a registered person ceases to carry on or manage the regulated activity;

How the regulations were not being met: There was a registered manager identified on our records who was no longer in day to day charge of the regulated activities at the location

Care Quality Commission (Registration) Regulations 2009: Regulation 15(1)(b)