

Mr. Redvers Daborn

# Avon House Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 9 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

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

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

#### **Background**

The practice provides routine dental care for patients of all ages and sees both NHS and private patients. There are two dentists and two dental therapist/hygienists, supported by three dental nurses, a receptionist and practice manager.

The practice has been located on the High Street in Keynsham, Bristol since the 1960s. It is located on the first floor above retail premises and consists of three surgeries, a reception/waiting room, staff room, a decontamination room and separate staff and patient toilets. There is ample on street parking in the area. Opening hours are 9am to 1pm and 2pm to 5.30pm Monday to Friday. The practice is closed at the weekend and patients can access dental care out of hours via a telephone helpline. Access to the practice is via a staircase with twin hand rails and a door bell to alert the reception staff to any patients requiring assistance. Arrangements are in place for those patients who are unable to access the first floor to be seen by other local dental practices. The most recent data (June 2012 to June 2014) indicated the practice saw around 2300 adults and around 800 children as patients.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered provider. 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

Forty two patients provided feedback about the service, including those who completed CQC comment cards. All the feedback was positive about the practice and the dental care provided. Patients described staff as professional, cheerful, helpful and caring. Patients indicated they were listened to, treatments were explained to them and they received aftercare.

## Our key findings were:

- Governance arrangements were in place for the smooth running of the practice; however, the practice did not have a structured plan in place to audit quality and safety. During the inspection the provider identified opportunities to improve governance, such as arranging regular staff meetings where information and learning could be documented and shared more formally.
- The mandatory audit for infection control was incomplete; and the quality of radiographs (X-rays) had not been audited.
- We received consistently positive feedback from patients about the quality of the practice staff, the care received and the effectiveness of their treatment.
- The practice was seen to be clean and tidy; and appeared well organised with instruments correctly stored. There were systems and procedures in place for infection prevention and control. Decontamination procedures in place met the essential requirements as described in the Health Technical Memorandum 01-05.
- Staff had a good understanding of the Mental Capacity Act (2005) and the importance of gaining patients informed consent.
- Patients care and treatment was planned and delivered in line with evidence-based guidelines and current legislation. Patients dental care records provided an accurate and contemporaneous record of patient treatments, however, they did not always contain an up to date medical history and there was little evidence of preventative measures to maintain and improve patients oral health.
- There was an effective system in place for reporting and recording significant events, however, it did not ensure learning from them was shared widely with staff.
- Safeguarding patients was given priority within the practice, and staff responded appropriately and professionally to concerns raised.
- Patients received their care and treatment from well-trained and supported staff, who told us they enjoyed their work. They described good team work and an open and positive culture.

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

Ensure audits of various aspects of the service are undertaken at regular intervals to identify shortfalls, mitigate risks and improve the quality of service. This includes ensuring the recording the quality grade of radiographs (X-rays) taken and systems, such as regular audits, to evaluate and improve practice.

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:

- Review the practice arrangements for further assessment and referral where high scores for gum disease are found.
- Review the practice protocols and procedures for promoting the maintenance of good oral health to check that they are suitable and adhered to, giving due regard to guidance issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.
- Review dental care records to check they are maintained appropriately, including patient's medical history, giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review recording of the justification for taking an X-ray and the quality of the X-ray, giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review the training, learning and development needs of staff members at appropriate intervals and establish an effective process for the on-going assessment and supervision of all staff employed.
- Review the systems and procedures to check all staff have completed mandatory training and appropriate continuing professional development; including checking all staff undertake relevant training, to an appropriate level, in the safeguarding of children and vulnerable adults.

# Summary of findings

- Review the practice recruitment policy and procedures to check they are suitable and recruitment arrangements are in line with Regulation 19.3 and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, including the necessary employment checks and the required specified information is held for all staff.
- Review their responsibilities to meet the needs of patients with a disability and the requirements of the Equality Act 2010 through a Disability Discrimination Act audit.
- Review how learning from accidents and incident is shared with practice staff to mitigate risks and improve safety and quality of service.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

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

The practice took safety seriously and had organised systems to help them manage this. These included policies and procedures for infection prevention and control, clinical waste management, dealing with medical emergencies, maintenance and testing of equipment and dental radiographs (X-ray).

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not ensure that all patients had an up to date medical history included in their dental care record.

Staff were aware of their responsibilities relating to child protection and adult safeguarding and staff we spoke with identified the practice safeguarding lead professional. The practice had detailed contact information for local safeguarding professionals and relevant policies and procedures were in place. However, improvements should be made to ensure all staff undertake updated safeguarding training.

### **Are services effective?**

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

The practice provided dental care and treatment which took individual patient's needs into account. The dental care records we saw provided information about patients care and treatment.

Clinical staff were registered with the General Dental Council and completed continuing professional development to meet the requirements of their professional registration. Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who may lack capacity to make decisions.

The practice was not proactive in providing patients with advice about preventative care and treatment to ensure better oral health.

### **Are services caring?**

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

We gathered patients views by speaking with patients and from 41 completed Care Quality Commission comment cards. These all described very positive views about the service and staff.

All cards contained detailed comments describing high quality care delivered by a knowledgeable, caring and professional team. Patients also commented about being treated with respect and kindness, being put at ease and having all aspects of their treatment fully explained to them.

We also reviewed the positive feedback on the NHS Choices website. During the inspection we saw staff showed a caring and respectful attitude towards patients.

### **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

The practice offered routine and emergency appointments each day. All patients we received feedback from told us they had always been pleased with their care and treatment at the practice. The practice was not accessible for patients with mobility difficulties. Staff ensured patients unable to use stairs were directed to other local dental practices that had disabled access and facilities. Patients could access treatment, urgent and emergency care when required.

There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was available to patients in the waiting room and via the practice leaflet. We saw a response to a complaint that included a full explanation and an apology.

## Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report) and were assured during the inspection that the provider would address the areas identified that should be improved.

The practice management team comprised of the principal dentist supported by the practice manager who both understood their responsibilities for the day to day running of the practice. Staff told us the provider was always approachable and the culture within the practice was open and transparent.

All the staff we spoke with told us they enjoyed working at the practice, and felt supported by the management team. They felt they could raise any concerns with the provider. The practice had a welcoming and friendly atmosphere and we saw the staff worked well together as a team.

The provider and staff were positive about on going learning and development to help them maintain and improve the quality of the service provided to patients. However, there was no effective system in place to provide an overview and assurance that all required training was up to date for all staff.

Staff did not receive regular appraisal of their performance in their role from an appropriately skilled and experienced person. Records relating to people employed did not include all the required information relevant to their employment.

The provider did not have robust arrangements in place for managing and monitoring the quality of the service. For example, arrangements were not in place to record the quality grade of radiographs (X-rays) taken; and there was no system to evaluate and improve practice, such as through regular audits.

Daily staff meetings took place but these discussions were not recorded. There was no robust arrangement in place to share learning and development with practice staff to mitigate risks and improve the safety and quality of service.

The provider had policies and procedures in place to support the safe running of the service. However, key policies relating to equality and diversity and whistleblowing were not available.

The dental practice had basic clinical governance and risk management structures in place. There was not a pro-active approach to identifying safety issues and making improvements in procedures.

The practice sought the views of staff through daily informal meetings and patients via the website Friends and Family Test and a suggestion box. The practice reviewed and responded to comments on the NHS Choices website.

# Avon House Dental Practice

## Detailed findings

### Background to this inspection

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

The inspection took place on 9 March 2016 and was led by a CQC inspector, supported by a specialist dental advisor. Before the inspection we reviewed information we held about the provider and information we asked them to send us in advance of the inspection. We informed the local NHS England area team and Healthwatch that we were inspecting the practice and we did not receive any information of concern from them.

During the inspection we spoke with members of the practice team including the principal dentist, the practice manager, dental nurses and the receptionist. We looked around the premises including the treatment rooms and

decontamination room. We reviewed a range of policies, procedures and other documents relating to the management of the service. We received feedback from comment cards, completed by 41 patients, about the quality of the service. We also looked at the practice NHS Friends and Family Test survey results for January 2016; and recent feedback from patients on NHS Choices website.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The provider had a good understanding of their Duty of Candour. We saw an example where patients who used services had been told when they had been affected by something that had gone wrong, had been given an apology and informed of actions taken as a result. The provider knew when and how to notify CQC of incidents which cause harm.

The practice staff knew how to report and record significant events or incidents and these would be discussed at the daily lunchtime meeting. The practice did not have a log of significant events; the practice manager assured us this was due to no significant problems or incidents having occurred. Incidents and complaints were recorded and the practice had systems in place for handling these. However, there was no clear system in place to share the learning from complaints and incidents.

The practice manager had a process for checking and sharing national safety alerts about medicines and equipment such as those issued by the Medical and Healthcare Products Regulatory Agency.

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

We discussed safety systems and processes with dentists and practice staff, and in some cases were shown the relevant entry in specific dental care records. The principal dentist confirmed they used a rubber dam during root canal treatment in accordance with guidelines issued by the British Endodontic Society. (A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment).

Staff we spoke with had a good knowledge of the Mental Capacity Act 2005 and described examples of how they would support patients with a cognitive impairment e.g. dementia or a learning disability and their carers in accordance with the principles of the Act.

Staff members were aware of how to recognise potential concerns relating to the safety and well-being of children, young people and vulnerable adults. However, not all members of the practice team had completed safeguarding training within the last year. Staff we spoke with were able to identify the practice safeguarding lead professional. The

practice had an up to date safeguarding policy based on local and national safeguarding guidelines and the contact details for the relevant safeguarding professionals in the local area. Staff described an example where an appropriate response had been made to concerns identified in relation to a child.

We did not see a whistleblowing policy in place to provide staff with guidance and contact details regarding reporting any concerns about the care and treatment of patients. The principal dentist demonstrated they were working in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013.

### Medical emergencies

The practice had arrangements to deal with medical emergencies should they occur. The practice had an automated external defibrillator (AED), 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. The practice had available all the required emergency medicines as set out in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines.

We saw records which demonstrated the emergency medicines and equipment were checked monthly to monitor they were available and within their expiry date. Staff had completed annual basic life support training and training in how to use the automated external defibrillator.

### Staff recruitment

All staff had been in post for several years and arrangements were in place for staff to provide cover for absent colleagues. The practice did not have a documented recruitment policy or procedure in place. We looked at the recruitment records for three staff members and found there were gaps in the information required to be held under Regulation 19, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulation requires proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references.



# Are services safe?

Two of three records reviewed did not include references or job descriptions, one had no contract of employment and there was no record of an induction plan for the most recent person recruited.

We saw evidence the practice undertook Disclosure and Barring Service (DBS) checks for all staff. The DBS carries out checks to 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. The practice manager showed us clinical staff had maintained their registration with the General Dental Council (GDC) and their professional indemnity cover was up to date.

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

The practice had carried out a fire risk assessment and external specialist companies were contracted to service and maintain the fire alarm, smoke detectors and fire extinguishers. We saw annual servicing records for these which were all within the last year. Fire procedures were displayed throughout the building which detailed the fire evacuation plan. Staff had not completed practical fire extinguisher training within the last year and there were no records fire drills had taken place. Portable electrical appliances had been tested and we saw items labelled to show this had been done within the last year.

The practice had detailed information about the control of substances hazardous to health (COSHH). We did not see a business continuity plan covering a range of situations and emergencies that may affect the daily operation of the practice.

## **Infection control**

We observed all areas of the premises were visibly clean and tidy. Equipment was well organised and stored correctly. We saw written processes for decontamination, hand hygiene and sterilisation and observed staff adhered to them. The practice had an infection prevention and control (IPC) policy and two infection control lead professionals who were responsible for ensuring staff adhered to the essential standards of decontamination as outline in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). This document is published by the Department of Health sets out in detail the processes and

practices essential to prevent the transmission of infections. The lead professionals were also responsible for completing the IPC audits. We saw evidence the last IPC audit had been commenced but not completed.

We observed the processes for cleaning, sterilising and storage of dental instruments and reviewed the policies and procedures. There was a dedicated decontamination room which served all three treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination room with signage to reinforce this. The decontamination room and all three treatment rooms each had two separate sinks. These arrangements met the HTM01-05 essential requirements for decontamination in dental practices.

We observed the decontamination process and noted suitable lidded containers were used to transport dirty and clean colour coded instruments between the treatment rooms and decontamination room. The practice used a system of manual scrubbing and an ultrasonic cleaning bath for the initial cleaning process. Following inspection with an illuminated magnifier to ensure no debris was visible the instruments were then placed into an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines.

We were shown the systems in place to ensure the autoclaves used in the decontamination process were working effectively. It was observed the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always completed and up to date. All recommended tests utilised as part of the validation of the ultrasonic cleaning bath were carried out in accordance with current guidelines, the results of which were recorded in an appropriate log book and demonstrated the efficacy of the equipment.

The practice had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available for staff and patient use. The treatment rooms had designated hand wash basins for hand hygiene and wall mounted dispensers for liquid soaps and paper towels.

Legionella is a bacterium which can contaminate water systems. The practice had a protocol in place to reduce build-up of Legionella biofilm in dental water lines. We saw



# Are services safe?

a Legionella risk assessment had been carried out in October 2015 and there was a written scheme of prevention, including a water line testing procedure. We saw staff carried out routine water temperature checks and kept records of these.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. Waste was securely stored before it was collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. The practice manager had evidence of immunisation status against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) for all staff and there were adequate supplies of personal protective equipment to ensure the safety of patients and staff.

All treatment rooms had separate hand washing facilities available and we observed staff who demonstrated appropriate handwashing techniques. We saw an audit of handwashing which included action plans that had been addressed. We saw documented protocols for hand hygiene and for the cleaning of the practice premises. Patients we spoke with and who completed CQC comment cards were positive about the cleanliness of the practice.

## Equipment and medicines

We saw maintenance records which showed equipment was maintained in accordance with the manufacturers' instructions using appropriate specialist engineers. This

included equipment used to sterilise instruments, the emergency oxygen supply, laboratory equipment, the compressor and the practice boiler. Portable electrical appliances had been tested in March 2016 to make sure they were safe to use.

We saw the dentists recorded the type of local anaesthetic used, the batch number and expiry date in patients dental care records as expected. We saw robust arrangements for the dispensing of antibiotics and storage was secure.

## Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The records were well maintained and included the expected information such as the local rules and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The records showed the required maintenance of the X-ray equipment had been carried out. We saw training records which confirmed the dentists and, nurses who had been additionally trained, had received appropriate training for core radiological knowledge under IRMER 2000 Regulations. These findings showed the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Dental records seen did not show all X-rays were justified, graded and reported upon to help inform decisions about treatment. There had been no audit of the technical quality grading of the X-rays taken.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example the practice referred to National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP) guidelines.

The practice kept paper records of care given to patients and we were told they planned to adopt electronic records in the near future. We reviewed the information recorded in dental care records for seven patients. We found the records contained comprehensive information about patients oral health assessments, medical history and treatment and advice given, except for the records completed by one of the dentists. Here we found gaps in the records. For example, for three patients there was no up to date medical history included; no evidence that consent or explanations of the risks and benefits of each treatment option had been provided; and no evidence of a dental health risk assessment.

We saw evidence that demonstrated at each visit the dentist, hygienist and therapists asked patients whether there had been any changes to their medical history. However, for one dentist, this was not documented in the patient's records. We brought this to the attention of the dentist who assured us that records would be complete in future.

### Health promotion & prevention

We found limited application of guidance issued in the DH publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. The practice did employ a hygienist and therapist to support patients to improve their oral health. We did not see evidence that children at high risk of tooth decay were identified and offered fluoride varnish applications or the prescription of high concentrated fluoride tooth paste to keep their teeth healthy and prevent decay.

The principal dentist we spoke with confirmed they checked patients smoking and alcohol use at check-up

appointments and discussed this with patients when necessary. There were leaflets and posters at the practice about various topics such as obtaining help to stop smoking.

### Staffing

The practice encouraged staff members to maintain the skills and training needed to perform their roles competently and with confidence. However, the practice had not undertaken annual appraisal of staff for over three years. We looked at training files for three clinicians. We found there was not an effective system to monitor staff training to ensure they maintained their continuing professional development (CPD) required for their registration with the General Dental Council (GDC). When we spoke with the practice manager they stated that one of the files had been submitted for revalidation in December 2015. The records seen were incomplete because in two of the three files we did not see a record of the current total of CPD hours or copies of current training certificates.

The practice had a structured induction process but this had not been completed for the most recently recruited employee to demonstrate they had been informed of the key actions to maintain patient safety.

### Working with other services

The principal dentist told us they were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. A written protocol was in place and they used referral criteria such as visual examination and radiographs. Referral forms developed by other primary and secondary care providers such as oral surgery, special care dentistry and orthodontic providers were used.

The dentists referred patients to the dental hygienist and dental therapists employed at the practice and to external professionals. For example, when patients were anxious and required appointments where conscious sedation could be provided to allow treatment and minimise distress to the patient. However, we did not see evidence that all patients were referred as needed. For example, there was no record of further assessment or referral of some patients where high scores for gum disease were found.

# Are services effective?

(for example, treatment is effective)

The practice referred patients for investigation of suspected cancer in line with NHS guidelines. The practice did not routinely ask patients if they wanted a copy of their referral letter.

# Are services caring?

## Our findings

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

We gathered feedback from 42 patients to whom we had spoken or who had completed Care Quality Commission comment cards. These all described positive views about the service. All comment cards contained detailed comments describing high quality care delivered by a knowledgeable, caring and professional team.

Patients also commented about being treated with respect and kindness, being put at ease and having all aspects of their treatment fully explained to them. We also saw positive feedback received via the NHS Choices website and positive testimonial comments on the practice website. A suggestion box was available in the waiting area and staff described an example of improvement resulting from a suggestion to remind patients of appointments by text message or telephone call.

During the inspection we saw staff showed a caring and respectful attitude towards patients.

Treatment rooms were situated away from the main waiting area and we observed doors were closed at all times when patients were with clinicians. Conversations between patients and clinicians could not be heard from outside the treatment rooms which protected patient's privacy.

Practice staff told us how they maintained patient confidentiality and there was an information governance policy in place.

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

All patients we received information from confirmed their dentist listened to them and made sure they understood the care and treatment they needed. We saw seven dental care records. Three of these did not record evidence that consent, explanations of the risks and benefits of each treatment option or estimates of price had been discussed with the patient. We brought this to the attention of the provider and were assured gaps in the information in dental care records would be addressed in future.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

During our inspection we looked at examples of information available to patients. We saw the practice waiting room displayed a range of information including information about NHS and private treatment fees, maintaining oral hygiene and leaflets about the services the practice offered. We looked at the patient information leaflet that was available to patients this included information about the practice, the staff, services offered, appointments, access (including out of hours contact details), rights and responsibilities of patients at the practice and how to make a complaint.

Patients could access treatment and urgent and emergency care when required and there was a spacious waiting room available. We observed the appointment diaries were not overbooked and this provided capacity each day for patients with dental pain to be fitted into urgent slots as required. The clinicians decided how long a patient's appointment needed to be and took into account any special circumstances such as whether a patient was very nervous and the level of complexity of treatment.

### Tackling inequity and promoting equality

Access to the first floor practice was via a staircase with twin hand rails and a door bell to alert the reception staff to any patients requiring assistance. There were arrangements in place for patients with impaired mobility to be seen by other local dental practices with disabled

access and facilities. Staff told us they had very few patients who were not able to converse confidently in English. The practice did not have an equality and diversity policy and demonstrated limited understanding of how these needs were to be met in according with legislation.

### Access to the service

Opening hours are 9am to 1pm and 2pm to 5.30pm Monday to Friday. The practice is closed at the weekend and patients can access dental care out of hours via a telephone helpline or via NHS 111 service. Telephone, text message and email contact details for the practice and out of hours contact numbers were available in the practice leaflet and on the practice website.

### Concerns & complaints

The practice had a complaint procedure and there was information about how to complain in the patient leaflet. The leaflet explained who to contact if a patient had concerns and gave details of how they could complain to NHS England or the Dental Complaints Service (for private patients).

The practice had received two complaints during 2015/16 both of which had received an appropriate response and were managed in accordance with the practice policy. Complaints were explored, lessons were learnt to prevent future recurrence and we saw an example of how this learning had been shared with staff. The minimal level of complaints reflected the caring and professional ethos of the whole practice.

# Are services well-led?

## Our findings

### Governance arrangements

The practice manager supported the principal dentist in the day to day running of the practice. The practice Statement of Purpose outlined their aims which included to promote good oral health; provide high quality dental care; understand and meet the needs of patients, involve them in their care; participate in local initiatives to promote oral health; ensure all staff have the right skills and training; and to ensure awareness of current and national guidelines affecting patient care. We found there were some gaps in the implementation of these aims. For example, there was no evidence of the use of the Better Oral Health Toolkit; and no staff appraisals, including personal development plans, had been carried out for over three years.

The practice manager had organised policies and procedures to support the management of the practice. These included safeguarding, information governance, infection control, fire risk assessment and legionella risk assessment. All of the staff we spoke with were aware of the policies and how to access them. We saw a calendar stating the month each policy was due for annual review but there was no evidence that all policies had been reviewed in the last year.

The practice carried out limited audits to assist them to assess, monitor and manage risks and the quality of service provided. Audits that had been undertaken included an audit of sharps containers and hand hygiene practices. An audit of infection control had not been completed; and there was no evidence dental X-rays had been graded or audited.

The practice had designated lead professionals for safeguarding, infection control, radiation protection, information governance and complaint handling. Practice staff were aware of who the practice lead professionals were should they need to refer to them for specific advice and guidance.

### Leadership, openness and transparency

We found the practice had an open, transparent and professional working culture. Leadership was provided by the principal dentist and an empowered practice manager. Staff members told us the team got on well together and they enjoyed working at the practice. Many staff had

worked there a long time. The staff we spoke with described a positive culture with effective, informal daily communication which encouraged candour, openness and honesty. Staff understood the duty of candour and we saw an example of this demonstrated in a letter of response to a complaint.

Staff said they felt comfortable about raising concerns with the practice manager or the principal dentist. However, there were no regular formal meetings in which risks and issues of quality and safety were discussed and recorded. There was no system of communication for ensuring staff not present received this information for the safe and effective running of the practice.

### Learning and improvement

The practice did not have structured arrangements in place, with a rolling programme of audits of quality and safety, as required by General Dental Council Standards. The mandatory audit for infection control had been commenced but not completed. There was no evidence to demonstrate the dentists and nursing staff who took X-rays were working to the standard of national guidance in that they had not recorded the justification for the X-ray, quality graded it or reported upon it for the well-being of patients.

Staff confirmed the principal dentist and practice manager encouraged appropriate training and development however we were told that some staff had not received an annual appraisal for over three years and annual training for staff about safeguarding was not up to date. The practice manager did not have a training matrix in order to monitor and ensure all staff undertook regular mandatory training in cardiopulmonary resuscitation (CPR), infection control, safeguarding and dental radiography (X-rays).

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

We looked at the feedback results which showed high levels of patient satisfaction. We saw an example of the practice responding positively to a suggestion made by a patient to introduce appointment reminders via text message or phone call. Forty two people provided feedback about the service, including those who we spoke with during the inspection and those who had completed CQC comment cards. All the feedback was positive about

## Are services well-led?

the practice and the dental care provided. Patients described staff as professional, cheerful, helpful and caring. Patients indicated they were listened to, treatments were explained to them and they received good aftercare.

There was only very limited data from the NHS Friends and Family Test available for the previous three months. We looked at feedback submitted by patients via the NHS Choices website over the last 12 months. This showed

seven of the nine respondents were very positive about the practice and the care received. Two responses raised concerns about appointments and we saw the practice had responded appropriately to these and taken action to address each issue.

Staff we spoke with felt they were listened to and confident about speaking to the practice manager or principal dentist to raise any concerns.



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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 HCSA 2008 (Regulated Activities) Regulations 2014. Assessing, monitoring and improving the quality and safety of the service.</b></p> <p>How the regulation was not being met:</p> <p>Regulation 17 (2) (a)</p> <p>The provider had not taken action to mitigate risks by recording the quality grade of radiographs (X-rays) taken; and they had not maintained systems, such as regular audits, to evaluate and improve their practice.</p>