

Hurst Park Dental Practice Limited

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 02 February 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 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

Hurst Park Dental Practice provides mostly private dental treatment to children and adults. In addition to general dentistry, the practice also provides a range of cosmetic dental procedures, dental implants, minor oral surgery and endodontics.

The practice employs 5 dentists and a dental hygienist. They are supported by a practice manager, seven dental nurses, and a receptionist. The practice is based in a converted GP surgery and has five treatment rooms, a decontamination room and a large staff room. Its opening hours are from 9am to 5pm on Mondays, Wednesdays and Thursdays; from 8am to 5pm on a Tuesday; and from 8am to 2pm on a Friday. There are some appointments available on a Saturday by arrangement with the individual dentist.

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

We received feedback from 14 patients about the service. They told us that appointments were easy to book, that treatment options were explained well to them, and that staff treated them respectfully.

Summary of findings

Our key findings were:

- The practice had some systems in place to help ensure patient safety. These included responding to medical emergencies and maintaining equipment.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation
- Staff had the skills, knowledge and experience to deliver effective care and treatment
- Patients received clear explanations about their proposed treatment and were actively involved in making decisions about it. They were treated in a way that they liked by staff.
- Appointments were easy to book and emergency slots were available each day for patients requiring urgent treatment.
- The practice sought feedback from patients and used it to improve the service provided.
- Staff had a good understanding of the Mental Capacity Act and the importance of gaining patients' consent to their treatment.
- The practice did not have a structured plan in place to audit quality and safety beyond the mandatory audit for radiography.
- The practice did not undertake appropriate pre-employment checks for staff.
- Staff did not receive regular support and appraisal of their working practices.

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

- Ensure there are robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure that all practice risk assessments are updated and accurately reflect potential hazards to both patients and staff.
- Ensure that all staff receive regular appraisal and supervision of their performance
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.

- Ensure that regular professional registration checks for dentist are undertaken to check they are still suitable to practice.

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

- Review safeguarding training to ensure all staff receive it an appropriate level.
- Review and update procedures, guidance and risk assessments regularly.
- Monitor water temperatures as recommended in the practice's Legionella risk assessment.
- Review signage in the practice to ensure it identifies the location of emergency medical equipment, fire exits and the X-ray machines.
- Review infection control procedures in all areas of the premises.
- Review decontamination procedures 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 Provide practice information in appropriate languages and formats.
- Implement a system to ensure that all patient referrals are monitored.
- Undertake audits of various aspects of the service, such as dental care records at regular intervals to help improve the quality of service. All audits should have documented learning points and the resulting improvements can be demonstrated.
- Display dentists' GDC registration numbers in accordance with current guidance so that patients are aware of them.
- Display NHS fee prices in accordance with current guidance so that patients are aware of them.

Summary of findings

- Display out of hours information on the practice's front door so that patients are aware of them.
- Advertise the practice's complaints procedure more widely so that patients know how to raise a concern.

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).

There were some systems in place to help ensure the safety of staff and patients. These included maintaining equipment and responding to medical emergencies. The sterilisation of instruments met national guidance and X-rays were taken appropriately and safely. The practice completed risk assessments to identify and manage risk; however some of these assessments had not been reviewed and updated in many years. Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff from them. Recruitment procedures were not robust, and DBS checks had not been undertaken for dental nurses. Regular professional registration checks were not undertaken for dentists to ensure they were still fit to practice.

Are services effective?

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

Staff assessed patients' needs and delivered care in line with current evidence based guidance. The practice kept detailed dental care records of the treatment carried out and monitored any changes in the patient's oral health. Patients were referred to other services appropriately.

Staff had a good understanding of the Mental Capacity Act 2005, and its relevance in obtaining full and valid consent for a patient who was unable to make decisions for themselves.

Are services caring?

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

Patients spoke highly of the dental treatment they received, and of the caring and empathetic nature of the practice's staff. Patients told us they were involved in decisions about their treatment, and didn't feel rushed in their appointments.

Are services responsive to people's needs?

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

Appointments were easy to book and appointment slots for urgent appointments were available each day for patients experiencing dental pain. The practice opened early two days a week to accommodate the needs of patients who found it difficult to attend during normal opening hours.

The practice had made some adjustments to accommodate patients with a disability, although did not have a disabled toilet facility.

The practice had systems in place to obtain and learn from patients' experiences, in order to improve the quality of care. However information about how to complain was not advertised widely to patients and not all staff were aware of the practice's formal complaints procedure

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).

Summary of findings

We found a number of shortfalls in the practice's governance and leadership. Policies and procedures to govern the practice's activities had not been regularly reviewed or updated. Staff did not receive regular appraisal of their performance and did not have personal development plans in place. There were no staff meetings to discuss the running of the practice, significant events, and complaints or to share learning. Staff training was not actively monitored. The practice had failed to implement recommendations from its Legionella risk assessment and was not monitoring water temperatures. Other than radiography audits, no other regular audits were undertaken ensure standards were maintained.

Hurst Park Dental Practice Limited

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 02 February 2016 and was conducted by a CQC inspector and a dental specialist advisor.

During the inspection we spoke with three dentists, the practice manager, two dental nurses and the receptionist. We received feedback from surveys completed by 10 patients about the quality of the service, and spoke with

another four patients during our inspection. We observed one patient consultation, reviewed policies, procedures and other documents relating to the management of the service.

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

Staff we spoke with had a limited understanding of what might constitute a significant incident and how they should record and share learning from any. The practice manager told us that there had not been any incidents since she had begun employment at the practice some six years previously. However we were told of one serious incident involving a chemical that had leaked during a patient's endodontic treatment. This incident had only been recorded in the patient's notes and not in the practice's accident book. There was no evidence of any reflective or shared learning with relevant staff from this event.

We asked to view the practice's current accident book, but this could not be located by staff. However, we were shown an out of date accident book which only contained the basic details of an incident that had occurred in 2012, some four years prior to our visit.

The practice received communication from the Medicines and Healthcare products Regulatory Agency (MHRA). These were disseminated to the relevant staff by the practice manager and also a copy placed on the staff meeting room board.

Reliable safety systems and processes (including safeguarding)

Information about how to raise safeguarding concerns for both adults and children was available on the staff room notice board, and the practice had appointed a lead and deputy member of staff for safeguarding concerns. However staff, including dental clinicians, had only received basic level one training, and not level two as recommended by guidance. The practice manager had not undertaken any safeguarding training and had a limited knowledge of procedures. Staff also had a limited knowledge of the external agencies they could report to if they wanted to raise concerns out with the practice.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect

patients from inhaling or swallowing debris or small instruments used during root canal work. The dentist we spoke with confirmed that they used rubber dams as far as practically possible.

Medical emergencies

The practice had arrangements in place to manage emergencies and records showed that all staff had received training in basic life support within the last year. Emergency equipment, including oxygen and an automated external defibrillator (AED) (this is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm), was available. Records confirmed that it was checked regularly by staff.

Emergency medicines were available to deal with a range of emergencies including angina, asthma, chest pain and epilepsy, and all medicines were within date for safe use. However the midazolam medicine was for intravenous, rather than oral use and had to be kept locked, thereby delaying access to the drug in an emergency. Emergency medical simulations were not regularly rehearsed by staff so that they could be clear about what to do in the event of an incident at the practice.

Staff recruitment

We reviewed personnel files and found that some recruitment checks had not been undertaken for staff prior to their employment. For example, the practice had not obtained disclosure and barring checks (DBS) for any of the dental nurses to ensure they were suitable to work with children and vulnerable adults. There was no evidence of references, an interview record or a job description for one of the dentists. Although the practice's recruitment policy had been updated just prior to our inspection, it made no reference for the need to obtain DBS check for any staff working with children and vulnerable adults.

Monitoring health & safety and responding to risks

Fire detection and firefighting equipment such as fire alarms and fire extinguishers were regularly tested, and we saw records to demonstrate this. There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for products used within the practice. Electrical equipment was checked each year and hazardous waste was managed

Are services safe?

well. A risk assessment of the practice identifying a range of potential hazards had been completed in 2010. However this had not been updated since, so it was not clear how relevant and current it was. A legionella risk assessment had been carried out however staff did not carry out regular checks of water temperatures in the building as a precaution against the development of legionella, despite this being recommended by the risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Signage around the practice was limited. There were no signs indicating where emergency medicines and equipment were stored, no hazard warning signs on treatment room doors where X-rays were taken, and only one sign indicating where the practice's fire exit was.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The practice had a named lead for infection control staff had received appropriate training in infection prevention and control.

The practice had scored 98% in its most recent infection control audit. However, this audit had only just been completed prior to our inspection and according to the practice manager, no audits had been undertaken for a period of two to three years prior to this. National guidance recommends that these audits are completed every six months.

We observed that all areas of the practice were visibly clean and hygienic, including the waiting area, corridors and treatment rooms. The patient toilet was clean and contained liquid soap and electronic hand dryers so that people could wash their hands hygienically. We checked three treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed flooring and sealed work surfaces so they could be cleaned easily. There were posters providing prompts above sinks reminding staff of the correct way to wash their hands. Personal protective equipment was available to reduce the risk of cross infection. However, we noted a number of shortfalls that compromised good infection control in the practice's environment:

- Two treatment rooms had carpeted areas within the splatter zone which compromised infection control.

- We found a broken sensor operated bin in one treatment room. The bin had not been removed meaning that staff had been manually operating it to dispose of waste, thereby compromising their hand hygiene.
- There was no suitable bin in the patients' toilet to dispose of sanitary items
- Sharps' boxes were hung loosely from a hook on the wall in treatment rooms, which meant they could be knocked down easily.
- We found cleaning equipment that had not been stored correctly, thereby increasing the risk of contamination
- There was no signage indicating where dirty and clean zones were within the treatment rooms and decontamination area.

During our inspection we noted that uniforms were clean, long hair was tied back and staff's arms were bare below the elbows to reduce the risk of cross infection. Dentists and dental nurses wore appropriate personal protective equipment and patients were given eye protection to wear during their treatment.

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01-05), decontamination in primary care dental practices. Dental instruments were cleaned and sterilised in line with published guidance (HTM 01-05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us and mostly used the correct procedures. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. However instruments were transported from treatment rooms to the decontamination room in dry boxes, meaning they could not be kept moist during their transportation as recommended by the guidance. Staff did not check the water temperature before manually cleaning instruments to ensure it was kept below 45 degrees Celsius.

Regular flushing of the water lines was carried out in accordance with current guidelines. The practice used an appropriate contractor to remove dental waste from the practice, and we saw the necessary waste consignment notices.

All dental clinicians had been immunised against Hepatitis B.

Are services safe?

Equipment and medicines

The practice had equipment to enable them to carry out the full range of dental procedures that they offered and staff told us they had the equipment they needed to enable them to carry out their work. The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. All equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this.

We saw from a sample of dental care records that the batch numbers and expiry dates for local anaesthetics given to patients were always recorded in the clinical notes.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested and serviced.

A Radiation Protection Advisor and Supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in the radiation protection folder. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. This protected patients who required X-rays as part of their treatment.

Dental care records demonstrated that clinicians were reporting the justification for taking X-rays as well as logging the quality of the X-ray taken. There were regular audits of the quality of the dentists' X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare.

We saw that dental care records contained a written patient medical history which was updated regularly. Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to them. Our discussions with the dentists showed that they were aware of, and worked to, guidelines from National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice about good practice in care and treatment. Dental care records evidenced clearly that NICE guidance was followed for patients' recall frequency and that that routine dental examinations for gum disease and oral cancer had taken place. Dental decay risk assessments had been completed for patients. During our observation we noted that the dentist completed a full and comprehensive assessment of the patient that followed recommended guidance.

Apart from an audit of the quality of its radiographs, the practice did not undertake any other regular audits (such as the quality of dental care records, its prescribing, patient waiting times etc.) to help them monitor the effectiveness of the service for patients.

Health promotion & prevention

The practice sold a range of dental hygiene products to maintain healthy teeth and gums including mouth washes, inter dental brushes and toothpaste. These were available in the reception area.

We found a good application of guidance issued in the Department of Health's publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is a toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. Patients were asked about their smoking habits as part of their medical history and during our observation we noted that the dentist asked the patient about their smoking, drinking and sugar in-take. The dentist reminded the patient about the new guidelines for

alcohol intake and the fact that the weekly amount of recommended units had reduced for men. However the practice did not have oral health care leaflets available for patients to support any advice that staff had given them.

Staffing

There was a stable and established staff team at the practice, many of whom had worked there a number of years. Staff told us there were enough of them to maintain the smooth running of the practice and the dentists never undertook any work without the presence of a dental nurse. The practice manager told us that five treatment rooms operated each day and that there was always a minimum of six dental nurses on duty. In addition to this, the practice employed a full-time receptionist. Staffing levels were monitored by the practice manager and no more than two nurses were allowed to take annual leave at the same time to ensure adequate cover.

We looked at three staff recruitment files, training records and revalidation logs. We saw evidence that all staff were appropriately qualified, trained and where appropriate, had current professional validation. Some of the dentists had undertaken additional training in implantology, restorative dentistry and minor oral surgery. However, there was no system for providing staff in all roles with regular appraisals of their work and for planning their training needs. The practice manager had not received any formal supervision or appraisal for her role. Staff told us that they received regular training in infection control, and resuscitation, however one staff member told us they would greatly value further training on implantology, radiography and children's oral health. The practice did not keep a record of staff's training so it could be monitored, relying on staff to keep their own portfolios of training and professional development.

Professional registration checks took place each year for the dental nurses, however no such checks were undertaken for any of the dentists to ensure they were still fit to practice.

The practice had an up to date employer's liability insurance in place.

Working with other services

Are services effective?

(for example, treatment is effective)

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves. However patients did not get a copy of the referral letter and there was no formal system in place to check that referrals had been received, once sent.

Consent to care and treatment

Patients we spoke with told us that they were provided with sufficient information during their consultation and that they always had the opportunity to ask questions to ensure they understood before agreeing to a particular treatment. Staff told us that patients were given a treatment plan, which they then signed to show that they were happy for the treatment to be given. Dental care records we viewed

demonstrated that patients' consent to their treatment had been obtained and was recorded. There were additional written consent forms for patients to complete for implants and tooth whitening procedures

The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. We spoke with staff and found they had a good understanding of the MCA and its relevance in obtaining patients' consent. One dentist reported that there was a specific capacity assessment form on the practice's computer system that could be completed if needed. One of the dental nurses gave us an example of the additional measures they had implemented when they suspected a patient had dementia and couldn't understand what was being said to them.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 14 patients during our inspection, who told us that staff were friendly, professional and treated them in a way that they liked. We spent time in the reception area and observed a number of interactions between the reception staff and patients coming into the practice. We saw that staff were courteous, friendly and helpful to patients both on the phone and face to face.

Staff talked knowledgeably about the way tried to ensure patients' confidentiality by ensuring that paperwork was not left unattended and that it was always placed face down on the reception desk so that it could not be overlooked. Patients could be taken to a separate area if they wanted to speak privately with a member of staff. Computers were password protected and the computer screen was not overlooked which ensured patients' information could not be viewed at reception. Most patients' dental care records were computerised and any paper records were stored in lockable filing cabinets behind reception. All consultations were carried out in the privacy of the treatment rooms. However, the practice's

reception area was not particularly private and conversations could be overheard by those in the waiting room. Three patients had commented on this in the practice's own survey, stating that personal conversations both in front of, and behind the desk area, could be easily overheard.

Involvement in decisions about care and treatment

Patients we spoke with told us that their dental health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they had sufficient time during consultations. The practice provided treatment plans to patients that detailed possible treatment options and indicative costs. Results from the practice's own patient survey completed in January 2015 by 199 patients, showed that 98% of patients felt that treatments were explained to them and 95% stated that were given the opportunity to ask questions and discuss treatment.

Dental care records we reviewed demonstrated that clinicians recorded the information they had provided to patients about their treatment and the options open to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice offered a range of services in addition to general dentistry including dental cosmetic surgery, implants, endodontics and minor oral surgery. A dental hygienist was also employed by the practice. It also provided some NHS work, although this was not advertised on its website, and information about its NHS fees was not on display to patients. There was no practice information leaflet available to patients. However, information was available on the practice's website, including its opening hours, the services provided, details of the dentists (but not their GDC registration number) and the practice's private fees scale.

The practice's opening hours were from 9am to 5pm on Mondays, Wednesday and Thursdays; from 8am to 5pm on a Tuesday; and from 8am to 2pm on a Friday. There were some appointments available on a Saturday by arrangement with the individual dentist. Details of the out of hours services were available on the practice's answer phone message. However they were not available on the front door should a patient visit the practice and find it closed.

Appointments could be booked in person, by telephone or via email and texts were sent automatically to remind patients of their appointment time and date. Staff told us that each dentist held 20 to 40 minutes aside every day to accommodate patients who needed an urgent appointment. One patient we spoke with told us she had rung the practice that morning at 8.30 am and had been pleased to get an urgent appointment the same day at 1.50pm

Patients we spoke with told us it was easy to get an appointment with the practice. The practice's own comprehensive patient survey showed that of 199 patients who responded, 95% were happy with the ease of booking with a specific dentist and 91% stated they were able to book at a convenient time.

Tackling inequity and promoting equality

The practice's equality and diversity policy stated that it would provide information in a variety of languages, that it would have translation services available and it would provide services accessible to patients with disabilities. The practice was located on the ground floor and there was a dedicated disabled parking space for patients just outside the main door. However front and internal doors were not automated and the practice did not have an adapted toilet for wheelchair users. There was no wide seating or chairs of different height in the waiting room to accommodate those with mobility problems. This was something several patients had commented on in the practice's own patient survey. There was no portable hearing loop available to assist patients with hearing impairments. There was no information available to patients in different languages, or large print, or information informing them of the availability of translation services. Staff had not received any training in equalities and diversity.

Concerns & complaints

There was no information on the practice's web site informing patients how they could raise their concerns, and no practice information leaflet. There was a poster in the waiting area for patients, however this was right by the main doorway and easily missed. It was also in small print making it very difficult to read and it did not give patients the timescales within which their concerns would be responded to. According to its records the practice had only received one official complaint in the last year. However we were told of a number of concerns raised by patients in relation to fees and also waiting times to see clinicians. Staff told us they usually just sorted these out on the phone. No record was made of them so they could be monitored to identify any common themes or concerns. We found that some staff were not aware of the practice's complaints policy.

Are services well-led?

Our findings

Governance arrangements

The principal dentist was the registered manager but the practice manager had responsibility for the day to day running of the practice including its finances and personnel functions. In addition to this, there was a lead receptionist, a lead dental nurse for infection control and a lead dentist for safeguarding patients.

We found a significant number of shortfalls in the practice's governance arrangements. For example:

- Staff were not reporting and recording significant events and the practice's current accident book could not be found on the day of our inspection.
- Although there were basic policies and procedures in place to support the management of the service, some of these policies had not been reviewed in many years, and others had just been reviewed before our inspection visit. There was no system in place to show that staff had read, understood and agreed to abide by the policies.
- The practice had failed to implement some of the recommendations from its Legionella risk assessment and was not monitoring water temperatures.
- Some of the practice's risk assessments were very out of date and had not been reviewed to ensure they were still relevant and accurate.
- The practice did not have any team meetings to discuss the running of the practice, significant events, complaints and share learning. The main form of communication with staff was via bulletins pinned to the staff room notice board. Not all staff had signed to say they had read the bulletins so it was not clear how the practice could assure itself that staff had received or understood the information.
- Recruitment procedures were not robust, and DBS checks had not been undertaken for dental nurses. Professional registration checks were not undertaken for dentists to ensure they were still fit to practice.
- Staff did not receive regular performance reviews and did not have clear objectives.
- The practice did not keep a record of training undertaken by staff.

- Audit of the effectiveness of the service was limited, other than the quality of radiographs and infection control.
- The practice did not complete the information governance tool kit to assure itself it was managing patients' information in accordance with the law.

Leadership, openness and transparency

Not all staff we spoke with felt confident about raising concerns, or that they would be listened to by senior staff. Some staff told us they would welcome regular staff meetings as a good way of communicating important information, and as a forum to acknowledge good work done by staff.

Learning and improvement

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council and the practice provided yearly training for staff in radiology, medical emergencies and infection control. However the practice did not actively monitor staff training or keep records of it to ensure it was completed each year.

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

The practice had undertaken an in-depth survey of its patients in January 2015. This was comprehensive and the main areas surveyed were the general appearance of the practice, perceptions of the reception team, ease of booking and the quality of dental care. As a result of the survey the practice had implemented a number of improvements. For example, they had employed a dedicated receptionist to improve customer care to patients, and now opened during lunchtime to give patients better access to the practice. However a number of respondents had raised concerns about the seats in the waiting area, and in particular their inadequacy for older patients or those with mobility problems. The practice had not yet responded to these concerns or provided more appropriate seating.

Patients could also complete a patient satisfaction survey on line via the practice's web site. However when we tried it, the link didn't work and we received a message stating

Are services well-led?

the survey was closed. The practice was contracted to provide 2900 units of dental activity for NHS patients, however it did not participate in the Friends and Family Test to receive feedback from these patients.

Some staff told us their suggestions for improvement were listened to. For example one staff member told us that their

suggestion to implement a system whereby the dentist would inform patients if they were running late had been implemented. However it was not clear how the practice collected formal feedback from staff given there were no staff meetings, no staff appraisal or staff survey.

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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 Safe Care and treatment which states that:</p> <ul style="list-style-type: none">Incidents that affect the health, safety and welfare of people using the service must be reported internally and to external authorities. <p>We found that significant events had not been investigated appropriately and that staff did not have a good understanding of what constituted a significant event.</p> <ul style="list-style-type: none">Providers must ensure the safety of the premises. They should have systems and processes that assure compliance with statutory requirements and national guidance. <p>We found that water temperatures were not checked, despite this being a recommendation of the practice's Legionella risk assessment</p> <p>We found a number of shortfalls that compromised good infection control in the practice's premises.</p> <p>Regulation 12 (1)(2)(a)(b)(d)</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2)(b) states that providers must 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> <ul style="list-style-type: none">We found that risk assessments had not been updated for many years.

Requirement notices

Regulation 17(1) (2)(a) states that providers must have systems and processes such as regular audits of the service provided and must assess, monitor and improve the quality and safety of the service.

- Apart from audits in relation to radiographs, the provider did not undertake regular audits in other areas to ensure it was providing an effective service to people.
- We found that staff did not receive regular supervision and appraisal of their working practices and did not have professional development plans in place.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19- Fit and proper persons employed which states:

- Recruitment procedures must be established and operated effectively. Information specified in schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 must be available in relation to each such person employed

We found that appropriate pre-employment checks had not been obtained for dental nurses to ensure they were suitable to work with children and vulnerable adults.

Regular professional registration checks were not undertaken for dentists to ensure they were still fit to practice.

Regulation 19 (3)(a)