

Mr. Duncan Feirn

Kingston Road Dental Practice

Inspection Report

134 Kingston Road
Hull
Humberside
HU10 6LN
Tel: 01482 658990

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Overall summary

We carried out an announced comprehensive inspection on 10 May 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 providing well-led care in accordance with the relevant regulations.

Background

Kingston Road Dental practice provides private and NHS dental services to children and adults at the surgery on Kingston Road, Willerby, East Yorkshire. The practice has two treatment rooms on the first floor, a waiting area, a reception area and a decontamination room. Staff facilities were located on the ground floor.

Due to the practice surgeries being located on the first floor, patients with mobility requirements are referred to a local practice which was more accessible.

There is one dentist who is supported by two full time dental nurses and two part time dental nurses.

The practice is open:

Monday –Friday 09:00 – 13:00 14:00 – 17:30

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

During the inspection we received feedback from 19 patients. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved

Summary of findings

in all aspects of their care and found the staff to be kind, polite and considerate. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had very good systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services.

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

- Ensure the practice's infection control procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Ensure the practice implements the required actions from the Legionella risk assessment, 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' the HSE Legionnaires' disease Approved Code of Practice and guidance on regulations L8.

- Ensure COSHH risk assessments are implemented for all materials used within the practice. Review the practice responsibility in regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.

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's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and implement a risk assessment to support this.
- Review the practice protocol for X-ray audits to ensure they are carried out annually and ensure they are carried out in line with the National Radiological Protection Board (NRPB) guidelines.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review dental care records are maintained appropriately giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice protocols for fire drills to ensure they are undertaken at an interval set within the fire risk assessment.
- Review the practice's system for identifying and disposing of out-of-date stock.
- Review the practice protocols and adopt an individual risk based approach to patient recalls giving due regard to National Institute for Health and Care Excellence (NICE) guidelines.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice did not have effective systems and processes in place to ensure all care and treatment was carried out safely. For example, there were areas which required improvement in regards to infection prevention and control.

Oropharyngeal airways from the emergency resuscitation kit were not in date. The practice did not hold any emergency drugs for the treatment of an epileptic seizure.

Staff had received training in safeguarding adults and children. Staff were aware how to recognise the signs of abuse and who to report it to within the practice. The process and protocol for reporting was last reviewed in March 2016.

The practice had no COSHH safety data sheets in place to risk assess materials stored on the premises. No specific risk assessments were in place and the practice specific risk assessments that were in place were due to be reviewed by the registered provider.

There was a decontamination room and guidance for staff to provide effective decontamination of dental instruments was in place, however this was not followed and the decontamination room did not follow a clear dirty to clean flow, as outlined in HTM 01-05.

Patients' medical histories were obtained in writing and verbally before any treatment took place. This provided the dentist with up to date information about any health or medication issues which could affect the planning of treatment.

On the day of the inspection there was evidence a legionella risk assessment had been completed in December 2013. There was no evidence of any water testing being carried out at the practice and staff were unaware this was a necessity. Staff told us the dental unit water lines were purged at the start and end of each session.

A Radiation Protection advisor (RPA) had been appointed although this was not displayed within the local rules in line with the requirements of the Ionising Radiation Regulations (IRR) 99.

Are services effective?

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

The practice did not follow some of the best practice guidelines when delivering dental care. This would include guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused on prevention although the dentist was not fully aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice and risk factors in regards to orthodontic patients.

Patients' dental care records provided information about their current dental needs and past treatment. The dental care records we looked at did not include discussions about treatment options, why an X-ray was justified and no grade or report was in place for each X-ray taken.

The practice monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated in a timely manner.

Summary of findings

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

Are services caring?

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

Staff explained that enough time was allocated in order to ensure the treatment and care was fully explained to patients in a way which patients understood. Time was given to patients with complex treatment needs to decide what treatment options they preferred.

During the inspection we received feedback from 19 patients that included statements saying they were involved in all aspects of their care and found the staff to be kind, polite and considerate. Patients commented they could access emergency care easily and they were treated with dignity and respect.

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed the staff to be welcoming and caring towards the patients

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly. If the practice was closed patients would be directed to the NHS 111 service or patients who had a private plan were directed to an out of hours contact number.

The practice was not accessible for patients in a wheelchair or with limited mobility; they did work closely with a local practice to signpost patients with requirements to their services.

The practice had a complaints process which was accessible to patients who wished to make a complaint. The practice did not have information about how to complain in a practice leaflet and no information about external agency details had been incorporated to the policy. Staff told us they would record complaints and cascade learning to other members of the team.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The registered provider was responsible for the day to day running of the practice.

The practice did not hold formal staff meetings. The staff told us due to the practice being very small daily interaction and discussions took place when they had gaps in the day, although these discussions were not recorded. This gave all staff the opportunity to raise and discuss issues or concerns as and when they arise.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection prevention and control and X-rays. The X-ray audit findings were not within the guidelines of the National Radiological Protection Board (NRPB).

They conducted patient satisfaction surveys and they were currently undertaking the NHS Friends and Family Test (FFT).

Kingston Road 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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 10 May 2016 and was led by a CQC Inspector and a specialist advisor.

We informed the NHS England area team and Healthwatch we were inspecting the practice; however we did not receive any information of concern from them.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with one dentist and two dental nurses. We saw policies, procedures and other records relating to the management of the service. During the inspection we received feedback from 19 patients.

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 practice had policies and procedures in place to investigate, respond to and learn from significant events. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered provider.

Staff had an understanding of the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The staff told us any accident or incidents would be discussed informally whenever they arose. We saw the practice had an accident book which had two entries recorded in the last 12 months; evidence of events had been processed in accordance with the practice policy although on both occasions the staff member had not sought advice from occupational health. The practice also recorded significant events and there was no evidence of any over the past 12 months.

The registered provider told us they had system in place to receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. The registered provider told us when they received an alert this was shared with all the staff although this was not documented and no evidence of any alerts were available on the day of the inspection.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for safeguarding vulnerable adults and children using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies; the policy was due for review to ensure all the contact details were up to date. The registered provider was the lead for safeguarding and this role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

The registered provider demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The registered provider told us they routinely used a latex free rubber dam when providing root canal treatment to patients. Rubber dam is a thin, rectangular sheet, used in dentistry to isolate the operative site from the rest of the mouth in line with guidance from the British Endodontic Society.

The practice had a whistleblowing policy within the practice handbook which all staff were aware of. Staff told us they did feel confident they could raise concerns about colleagues without fear of recriminations with the registered provider.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (an AED 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).

The practice kept medicines and equipment for use in a medical emergency. All staff knew where these items were kept. We found the oropharyngeal airways were out of date and no emergency medicine was available should a patient suffer an epileptic seizure. This was brought to the attention of the registered provider and evidence of an order was seen on the day of the inspection.

We saw the practice kept logs which indicated the medical oxygen cylinder and medical emergency medicines were checked weekly. This ensures the equipment is fit for use and the medicines were within the manufacturer's expiry dates.

Staff recruitment

The practice did not have a recruitment policy in place; however a process had been followed when employing the newest member of staff. This included obtaining proof of their identity, checking their skills and qualifications,

Are services safe?

registration with relevant professional bodies and taking up references. The newest member of staff had a recruitment file with an induction check list included. All recruitment files were kept by the registered provider.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The 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.

We recorded all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

There was limited evidence the practice had undertaken any risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety and manual handling of clinical waste this had been updated in April 2016.

The practice did not have Control of Substances Hazardous to Health (COSHH) risk assessments completed for any materials used on the premises. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We brought this to the attention of the registered provider during the inspection and also discussed that no safety data sheets were in place for any materials used.

There was evidence of a fire risk assessment being completed for the practice in August 2012. We observed the fire extinguishers had been checked in February 2016 to ensure they were suitable for use if required. There was no evidence that a fire drill had been undertaken within the past 12 months. This and other measures should be taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

The practice had a decontamination room that was not set out according to the Department of Health's guidance,

Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination area from the 'dirty' to the 'clean' zones although this was not easy to follow and there were areas that were not defined clean/dirty.

There was no dedicated hand washing sink for staff within the decontamination room, there were separate sinks for decontamination work available but these were on the opposite side of the room. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We observed staff did not wear appropriate personal protective equipment (PPE) when working in the decontamination area and this included an apron, heavy duty gloves and a face mask.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). Instruments were hand scrubbed without the appropriate PPE, examined under illuminated magnification and sterilised in an autoclave (a device for sterilising dental and medical instruments). Sterilised instruments were not correctly packaged, and were not always dated. Instruments were found in both surgeries that were not in sterilisation bags and no evidence was available on the day of the inspection to say when these had last been processed. Instruments were transported between the surgeries and the decontamination room in lockable boxes.

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Some records were kept of the decontamination cycles of the autoclaves to ensure that it was functioning properly. We found no automatic test of the autoclaves were being carried out, only one test strip was being used per session and no use of print outs or data loggers.

We saw from staff records that all staff had received infection control training in at various intervals over the past CPD cycle.

There was adequate supplies of liquid soap, paper hand towels in the decontamination area and surgeries. A poster describing proper hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

Are services safe?

We saw the sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was always stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The recruitment files we reviewed showed all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

On the day of the inspection there was no evidence of any water testing being carried out in line with the Legionella risk assessment. The staff were unaware of their responsibility and no one had been trained as a nominated individual in regards to legionella. Staff told us the dental unit water lines were purged at the start and end of each session.

Equipment and medicines

We saw that Portable Appliance Testing (PAT) – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) had been undertaken in June 2015.

The practice displayed fire exit signage. We saw the fire extinguishers had been checked in February 2016 to ensure they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves, the compressor and X-ray equipment which showed they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured the equipment remained fit for purpose.

During the inspection we noted that local anaesthetic cartridges were stored loose in the drawers. These cartridges should be kept as outlined in HTM 01-05 in their blister packs until ready to use. This was highlighted to the registered provider and this was addressed.

Other than emergency medicines no other medicine were kept at the practice. NHS and private prescriptions were stamped only at the point of issue and were kept locked away we found there was not a log in place to review when the pads had been used; this was brought to the attention of the registered provider.

Radiography (X-rays)

The X-ray equipment was located in each of the surgeries. All X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained an in-house copy of the local rules which did not state how the X-ray machine needed to be operated safely, this was brought to the attention of the registered provider on the day of the inspection. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. Some actions from the last X-ray certificate had not been actioned; this was brought to the attention of the registered provider on the day of the inspection.

The registered provider told us he did not routinely complete annual quality audits of the X-rays taken. The registered provider had completed an audit and we saw the results of the April 2016 audit. There were no learning outcomes or actions plans in place and the method for audit was not in line with the current guidelines; this was brought to the attention of the registered provider that the audit process needed to be more robust to ensure all aspects of why an X-ray may be graded inadequate was recorded and reported upon accordingly.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date electronic dental care records. They contained limited information about the patient's current dental needs and past treatment. The dentist told us they carried out an assessment, although this was not fully recorded, in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each appointment in order to monitor any changes in the patient's oral health. The practice recorded the medical history information within the patients' dental care records for future reference. In addition, the staff told us they discussed patients' lifestyle and behaviour such as a social history including diet advice and daily oral hygiene routines and where appropriate offered them health promotion advice this was not recorded in the patients' dental care records.

During the course of our inspection we discussed patient dental care records with the staff and reviewed dental care records to confirm the findings. We found they were not in accordance with the guidance provided by the Faculty of General Dental Practice. For example, no evidence of consent was recorded; a discussion of treatment needs with the patient was not recorded. Diagnosis and a full assessment of each patient's needs had also not been recorded. X-rays had not been justified, graded or reported upon and no risk factors associated to caries or periodontal disease had been recorded.

At all subsequent appointments patients were asked to review and update a medical history form. This ensured the dentist was aware of the patients' present medical condition before offering or undertaking any treatment.

The dentist told us they always discussed the diagnosis with their patients and parents or guardian and, where appropriate, offered them any options available for treatment and explained the costs if required. By reviewing the dental care records we found these discussions were not recorded, although patients confirmed this discussion was in place.

Patients' oral health was monitored throughout the practice. We saw from the dental care records the dentist was not always following the National Institute for Health and Care Excellence (NICE) guidelines on recalling patients for check-ups.

The practice did not use current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentist had not followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray, a grade of each X-ray and a detailed report was not recorded in the patient's dental care record.

Patients requiring specialist treatments that were not available at the practice, such as conscious sedation or oral surgery, were referred to other dental specialists. Their oral health was then monitored after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

The registered provider had a special interest in orthodontics. They carried out an assessment in line with recognised guidance from the British Orthodontic Society (BOS). This included an assessment of the patient's oral hygiene, diet and an Index of Orthodontic Treatment Need score (IOTN). An IOTN score comprises of two sections, an aesthetic component and a dental health component. For patients to qualify for orthodontics on the NHS they must score above a certain level of IOTN.

Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice and the private and NHS fees for treatment. Staff told us they offered patients information about effective dental hygiene and oral care in the surgeries and the registered provider was looking into collating their own leaflet for patients.

The dentist told us they offered patients oral health advice although they were not fully aware of the Department of Health's policy, the 'Delivering Better Oral Health' toolkit, this would include fluoride applications and ensuring orthodontic patients had a three month recall. The dentist told us they would spend time one to one with children discussing and showing tooth brushing techniques and this was recorded within the patient dental care records.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking although it did not ask about

Are services effective?

(for example, treatment is effective)

alcohol consumption. We were told by the dentist that smoking cessation advice was given to patients where appropriate but not recorded in the dental care records. Patients were made aware of the link between smoking and gum health and oral cancer.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process for dental nurses involved getting the new dental nurse aware of the location of emergency medicines, arrangements for fire evacuation procedures and going through the materials which are used. We saw evidence of completed induction checklists in the recruitment files.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the

Dental environment. Records showed professional registration with the GDC was up to date for all clinical staff and we saw evidence of on-going CPD.

We saw evidence staff had annual appraisals and training requirements were discussed. Staff also felt they could approach the registered provider at any time to discuss continuing training and development as the need arose.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including sedation.

The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then scanned in the patient's dental care records.

The practice also had a process for urgent referrals for suspected malignancies; this included sending a fax to the local hospital where patients could be fast tracked under a two day response.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had completed training annually and had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began although this was not recorded within the dental care records that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given time to consider and make informed decisions about which option they preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from the patients was positive and they commented they were treated with care, respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. We observed staff were helpful, discreet and respectful to patients. Staff said if a patient wished to speak in private, an empty room would be found to speak with them.

Patients' electronic dental care records were password protected and regularly backed up to secure storage.

Music was played in the waiting area for patients; a selection of magazines and children's books and toys were also available

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Patients were also informed of the range of treatments available. However there were only a few information leaflets available within the practice. This was brought to the attention of the registered provider to have leaflets available for patients to support information discussed within the surgery and so they can be taken home to review the information.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book there were dedicated emergency slots available each day for the dentist. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished.

The patients commented they had sufficient time during their appointment and they were not rushed.

Tackling inequity and promoting equality

Reasonable adjustments had been made to the premises including had rails on both side of the stairs; however the practice could not accommodate patients in a wheelchair or with limited mobility. The staff worked closely with a local practice and would refer patients to them.

The practice had equality and diversity policy to support staff had undertaken training to provide an understanding to meet the needs of patients. The practice also had access to translation services for those whose first language was not English.

Access to the service

The practice displayed its opening hours in the premises and in the practice information leaflet. The opening hours are Monday – Friday 09:00- 13:00 & 14:00 -17:30.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent patients would be seen the same day and if not within 24 hours. The patients told us when they had required an emergency appointment this had been organised the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service on the telephone answering machine.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. The registered provider was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the registered provider to ensure responses were made in a timely manner. Staff told us that they aimed to resolve complaints in-house initially.

The practice had received no complaints in the past 12 months. We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found no external agency information was available as part of the policy, this was brought to the attention of the registered provider who told us they would amend the policy.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place including various policies and procedures for monitoring and improving the services provided for patients. Staff were aware of their roles and responsibilities within the practice.

The patient dental care record audit had been completed in April 2016. This audit did not follow the guidance provided by the FGDP as only certain criteria had been reviewed. We discussed our concerns with the registered provider and discussions took place to review the guidance and review the audit process as soon as possible.

We saw the results of the only X-ray audit undertaken in April 2016 where action plans and learning outcomes had not been implemented to continuously improve the procedure and reduce the risk of re-taking of X-rays. The audit was an in house audit that did not follow the guidelines to ensure they were working within the required guidelines in accordance with the National Radiological Protection Board (NRPB).

The Infection Prevention Society (IPS) self- assessment audit had been completed March 2016 and historically completed annually; HTM 01-05 states that an audit of the practice's infection prevention and control processes should be conducted every six months. This was brought to the attention of the registered provider to review the process.

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly where relevant and it was evident that the practice worked as a team. All staff were aware of whom to raise any issues with and told us the registered provider was approachable,

would listen to their concerns and would act appropriately. We were told there was a no blame culture at the practice and the delivery of high quality care was part of the practice ethos.

The registered provider was aware of their responsibility to comply with the duty of candour and told us that the preferred to address any concerns or issues immediately should they arise.

The registered provider would address any issues regarding complaints or concerns from patients about any treatment received.

Learning and improvement

The practice maintained records of staff training which showed that all staff were up to date with their training. We saw staff had personal files and these showed that training was accessed through a variety of sources including formal courses and informal in house training.

Staff told us they were encouraged to complete training, this included medical emergencies and basic life support, infection prevention and control and radiography. Staff were supported to maintain their continuous professional development as required by the General Dental Council.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

We were told the practice held daily informal practice meetings which were not minuted. This gave everybody an opportunity to openly share information and discuss any concerns or issues which had occurred during their day.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12: Safe Care and Treatment</p> <p>The registered provider failed to assess the risks to the health and safety of service users of receiving the care or treatment.</p> <ul style="list-style-type: none">The registered person had not completed COSHH risk assessments for hazardous materials used or stored in the premises. <p>The registered provider failed to do all that is reasonably practicable to mitigate any such risks.</p> <ul style="list-style-type: none">The registered person had not completed actions following an audit of the risk posed from Legionella. <p>The registered provider failed to ensure that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way.</p> <ul style="list-style-type: none">The registered person was not completing infection control measures in accordance with national guidelines. <p>Regulation 12 (1)(2)(a)(b)(e)</p>