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Skintek Dental, Laser & Aesthetic Clinic

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 12 January 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

We inspected dental services only at the practice.

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 not 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.

Skintek Dental, Laser and Aesthetic Clinic is a general dental practice in Crawley, West Sussex, offering private dental treatment to adults and children.

The practice is situated in the centre of Crawley. The practice has one dental treatment room, a decontamination room for the cleaning, sterilising and packing of dental instruments and a waiting/reception area. The practice is located on the first floor of the building. The practice does not have full disabled access due to the stairs. The patient toilet is located on the second floor of the building.

The practice is open on Tuesdays, Thursdays and Fridays 10.00am to 5.30pm and alternate Saturdays between 10.00am and 4.00pm.

Skintek Dental, Laser and Aesthetic Clinic has one dentist (who is also the registered manager), two dental nurses (one of whom is a trainee) and one receptionist. The registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

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.

Before the inspection we sent Care Quality Commission comments cards to the practice for patients to complete to tell us about their experience of the practice. We collected 15 completed cards. All of the comments cards provided a positive view of the service the practice provides. Patients commented that staff were friendly, professional and understanding. Patients wrote that they were treated with respect and care. Two patients commented that the practice was clean and hygienic.

Our key findings were:

- Patients were satisfied with the treatment and care they received and were complimentary about staff at the practice.
- There were some systems in place to reduce the risk and spread of infection. However, the practice had not carried out a Legionella risk assessment or an Infection Prevention Society (IPS) self-assessment decontamination audit to assess compliance with regulations.
- There were systems in place to check equipment had been serviced regularly, including the steriliser, fire extinguishers and the X-ray equipment. However, we found that electrical items had not been tested for electrical safety.
- The practice did not have effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors in relation to fire safety, COSHH and Legionella.
- The practice did not have a robust system in place to capture and analyse the comments and views of people who used the service.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- We found that dental care records did not include a full description of examinations and patient discussions. Patient X-rays had not been justified or quality checked.
- We observed that staff showed a caring and attentive approach towards patients. All patients were recognised and greeted warmly on arrival at reception.

- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children.

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

- Ensure accurate, complete and contemporaneous records of the care and treatment provided to patients at the practice. This includes reviewing 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.
- Ensure that the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000 by having local rules available to ensure the safe operation of X-ray equipment.
- Establish an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors in relation to fire safety, COSHH and Legionella.
- Ensure an infection prevention and control self-assessment audit is carried out at regular intervals in order to assess compliance with HTM01-05.

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 consider:

- Implementing a robust system of collecting and analysing patient feedback in order to take patient's comments and views into account.
- Implementing the use of a log to record the monthly checking of emergency medicines and equipment.
- Maintaining a system of regular formal staff meetings including the recording of staff meeting minutes to ensure any learning points are documented and monitored.
- Carrying out electrical safety tests (PAT testing) on all relevant equipment in the practice.
- Establishing an effective process for the on-going appraisal and supervision of all staff and review at appropriate intervals the training, learning and development needs of individual staff members.

Summary of findings

- Arranging Mental Capacity Act 2005 training for relevant members of staff.

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 section at the end of this report).

The practice did not have effective systems in place to assess and manage risks to patients. There were no established processes in place to assess, monitor or mitigate the risks associated with Legionella, fire safety or Control of Substances Hazardous to Health (COSHH) at the practice.

The practice had not carried out a Legionella risk assessment or an Infection Prevention Society (IPS) self-assessment decontamination audit to assess compliance with current regulations.

The practice did not always maintain suitable records in their radiation protection file demonstrating the maintenance of the X-ray equipment. The registered manager was unable to locate the local rules relating to the X-ray machine.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were safe for the provision of care and treatment.

Are services effective?

We found that this practice was not providing effective 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).

Some of the dental care records we looked at did not include comprehensive details regarding patient examinations and discussions. There was no evidence of X-ray justification or quality checking of X-rays in patients' dental care records.

Patients told us they were given time to consider their options and make informed decisions about which treatment option they preferred. We saw examples of effective collaborative team working. Staff received professional development appropriate to their role and learning needs.

Are services caring?

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

We reviewed Care Quality Commission comment cards that patients had completed prior to the inspection. Patients were positive about the care they received from the practice. Patients told us they were treated with care and staff were friendly. We observed that privacy and confidentiality was maintained for patients using the service on the day of our inspection. Staff spoke with enthusiasm about their work.

Are services responsive to people's needs?

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

We found the practice had an efficient appointments system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. Patients told us that staff were responsive in helping them to feel calm and reassured.

Summary of findings

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).

We observed good support from the registered manager which promoted openness and transparency amongst staff. Staff told us they enjoyed working at the practice and felt well supported in their role.

The practice had limited clinical governance and risk management structures in place. Formal staff meetings were not taking place and staff meeting minutes were not being recorded. There was no evidence of a staff appraisal system to identify the training and development needs of staff members.

There was no robust system in place to seek and analyse feedback from patients using the service. The practice used online feedback websites to gain comments from patients that used the service. However, there was only a small number of patient comments which were not all related to the dental services provided at the practice.

Skintek Dental, Laser & Aesthetic Clinic

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 was carried out on 12 January 2016 by a lead inspector and a dental specialist advisor.

Before the inspection we reviewed information that we held about the provider and information that we asked them to send us in advance of the inspection. This included their statement of purpose and information about staff working at the practice.

During the inspection we spoke with the dentist (who was also the registered manager), two dental nurses (one of

whom was a trainee) and a receptionist. We looked around the premises and the treatment rooms. We reviewed a range of policies and procedures and other documents including dental care records.

We reviewed 15 CQC comments cards during the inspection and spoke to two patients who were registered at the practice.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had appropriate incident reporting systems in place and standard reporting forms for staff to complete when something went wrong. Staff told us that no accidents or incidents had occurred within the last 12 months. Staff demonstrated good awareness of how to act on incidents that may occur.

The provider understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and confirmed that no reports had been made.

We were told that in the case of a patient being affected by something that went wrong, the patient would be offered an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had policies in place for child protection and safeguarding vulnerable adults. The policies referred to current legislation and national guidance. This included contact details for the local authority safeguarding team.

Staff had attended recent safeguarding training. Staff demonstrated their knowledge of how to recognise the signs and symptoms of abuse and neglect and how to raise a concern.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern if it was necessary.

The British Endodontic Society uses quality guidance from the European Society of Endodontology regarding the use of rubber dams for endodontic (root canal) treatment. The practice had rubber dam kits available for use in line with the current guidance. 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 treatment. We noted that the rubber dams used were latex free to avoid the possibility of an adverse reaction from a patient with a latex allergy.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. These were in line with the

Resuscitation Council UK guidelines and the British National Formulary (BNF). Appropriate emergency equipment and an Automated External Defibrillator (AED) were available. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Oxygen and medicines for use in an emergency were available and were stored securely. We saw that the emergency kit contained appropriate emergency drugs.

The registered manager told us that regular checks were made to ensure that the equipment and emergency medicines were safe to use. They told us that expiry dates of medicines and equipment were monitored regularly. However, monthly visual checks had not been logged. The registered manager told us that this would be addressed immediately.

Records showed that staff had completed annual training in AED use and basic life support. Staff we spoke with knew the location of the emergency equipment. We were told that medical emergency training scenarios were practised when staff attended their annual basic life support training. Staff told us they were familiar with the equipment and knew how to use it. The registered manager told us that more regular emergency scenario sessions would be arranged in the near future.

Staff recruitment

The Disclosure and Barring Service 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 told us that it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all clinical staff and we saw evidence that this had been carried out.

The practice had a system in place for the safe recruitment of new staff which included seeking references, checking qualifications and professional registration. We found that recruitment records contained some of the required recruitment documentation such as proof of identification, indemnity insurance and proof of professional registration. We were sent further recruitment documents following the inspection which included interview notes, references, induction records and job descriptions.

Monitoring health & safety and responding to risks

Are services safe?

The practice had arrangements to deal with foreseeable emergencies. A health and safety policy was in place for the practice. The practice had a log of online risk assessments such as radiation and health and safety. The assessments included the measures which had been put into place to manage the risks and any action required. The practice did not have a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations. The registered manager told us that this was kept online, but was unable to show this to us on the day of inspection. This meant that we could not be sure that the risks to patients, staff and visitors associated with potentially hazardous chemicals or materials had been identified or mitigated.

We found there was an emergency continuity plan in place at the practice. The plan included the procedures to follow in the case of specific situation which might interfere with the day to day running of the practice and treatment of patients, such as loss of electrical supply and fire.

The practice had a fire alarm system in place which was shared with another business on the ground floor. However, there was no fire alarm point on the first floor and no method of alerting others in the case of a fire. There was no fire evacuation procedure or assembly point information within the practice. This document was sent to us following the inspection. The registered manager told us that although fire safety checks were carried out, a full fire risk assessment would be arranged to ensure that risks to patients, staff and visitors could be identified and mitigated.

Staff told us that a full fire drill had not been carried out recently. Staff told us that fire procedures had been discussed verbally and they showed a good understanding of the procedures to follow in the event of a fire. Staff had attended formal fire training. We reviewed documents which showed that the fire alarm system, smoke detector and fire extinguisher testing regularly took place.

Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05) published by the Department of health, sets out in detail the processes and practices which are essential to prevent the transmission of infections. During our inspection, we observed processes at the practice to check that the HTM 01-05 essential requirements for

decontamination had been met. The practice had an infection control policy and a set of procedures which included hand hygiene, managing waste products and decontamination guidance.

We looked around the premises during the inspection and found all areas to be visibly clean. This was confirmed by the patients we spoke with and from the comments cards and feedback we reviewed. Treatment rooms were visibly tidy and free from clutter. The practice had a cleaning schedule for staff to follow. There was a designated hand wash basin in the surgery. Appropriate handwashing liquid was available. Instruments were stored in sterile pouches in surgery drawers.

The practice had a dedicated decontamination room. One of the dental nurses showed us the procedures involved in cleaning, rinsing, inspecting and sterilising dirty instruments along with the storing of sterilised instruments. They wore appropriate personal protective equipment (PPE) during the decontamination process. Dirty instruments were washed and rinsed prior to being placed into an autoclave. An autoclave is a device for sterilising dental and medical instruments. We observed that there was an illuminated magnifier available to check for any debris or damage throughout the cleaning stages.

We saw a clear separation of dirty and clean areas. There were adequate supplies of PPE such as face visors, aprons and gloves. Posters about good hand hygiene and sharps injuries were displayed to support staff in following practice procedures.

There were sufficient instruments available to ensure that services provided to patients were uninterrupted. Staff showed us the paperwork which was used to record validation checks of the sterilisation cycles. We observed maintenance logs of the equipment used to sterilise instruments. The practice had systems in place for the daily quality testing of decontamination equipment. Records confirmed that these had taken place.

The practice had not carried out a risk assessment for Legionella. Therefore, the risks of Legionella bacteria developing in water systems within the premises had not been identified and preventive measures had not been taken to minimise the risk of patients and staff of developing Legionnaires' disease. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Are services safe?

The practice had not carried out an Infection Prevention Society (IPS) self-assessment decontamination audit to assess compliance with HTM01-05. Staff were not aware of this audit when asked. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

The practice had a sharps injury protocol for reporting and handling sharps injuries which informed staff of the process to follow in the case of a sharps injury. This involved a referral to a local Occupational Health department. We were told that dental nurses did not handle sharps. The practice had undertaken a sharps risk assessment in relation to the current Health and Safety (Sharp Instruments in Healthcare) Regulations (2013).

The practice had a record of staff immunisation status with regards to Hepatitis B in staff recruitment records. Hepatitis B is a serious illness that is transmitted by bodily fluids including blood.

We observed that practice waste was stored and segregated into safe containers in line with the Department of Health guidance. Sharps containers were well maintained and correctly labelled. The practice used an appropriate contractor to remove dental waste from the practice including amalgam, extracted teeth and gypsum.

Equipment and medicines

There were systems in place to check and record that equipment was in working order. These included the testing of specific items of equipment such as X-ray machines and pressure vessel systems. Records showed that the practice had contracts in place with external companies to carry out servicing and routine maintenance work in a timely manner. This helped to ensure that there was no disruption in the safe delivery of care and treatment

to patients. However, the practice had not undertaken any safety testing (PAT testing) of other items of electrical equipment at the practice. The registered manager told us that this would be actioned immediately.

Medicines and prescription pads were stored securely and traceable records were kept of each prescription. Medicines stored in the practice were reviewed regularly to ensure they were not kept or used beyond their expiry date.

Radiography (X-rays)

The practice was not working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). The practice did not always maintain suitable records in their radiation protection file demonstrating the maintenance of the X-ray equipment. The registered manager was unable to locate the local rules relating to the X-ray machine. This meant that we could not be sure that the practice was following safe practice when taking X-rays or that they were complying with regulations governing radiation in dentistry.

An external Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed for the practice. The practice had carried out an annual X-ray audit within the last year.

We saw evidence from the dental care records that the registered manager did not routinely justify the reason for taking X-rays or record the quality of X-rays. We discussed this with registered manager. They told us that they do not currently record the justification and quality of X-rays, but that they plan to carry this out in the future.

We were shown the current training certificates for the registered manager which demonstrated that they were up to date with IR(ME)R training requirements.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found that the practice planned and delivered patients' treatment with attention to their individual dental needs. Dental care records showed that BPE (Basic Periodontal Examination) scores were documented to assess periodontal disease. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patients' gums. We found that where appropriate, further six point pocket charting was carried out in the case of a higher BPE score. The registered manager told us that BPE scores were carried out at each patient examination.

However, we found that patient's dental care records were not always consistent and did not always contain comprehensive information about patients' dental treatment. Where a patient had received an examination, the records did not always show that the soft tissues lining the mouth and gums, the condition of the teeth and the jaw area had been assessed. In the case of another patient that attended an appointment requesting a tooth extraction, the discussion of treatment with the patient had not been recorded. This was brought to the attention of the registered manager during the inspection. They told us that they were aware that they did not always record these examinations and discussions but would work to improve this through carrying out an audit.

The practice kept up to date with current guidelines and research in order to develop and improve their system of clinical risk management. We saw evidence that the registered manager was adhering to current National Institute for Health and Care Excellence (NICE) guidelines when deciding how often to recall patients for examination and review. We also saw evidence that the practice had protocols and procedures in place for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.

Health promotion & prevention

Patients completed a medical questionnaire which included questions about smoking and alcohol intake. The waiting area contained some written literature regarding effective dental hygiene and how to reduce the risk of poor dental health.

Staff told us that patients were given advice appropriate to their individual needs, such as smoking cessation and dietary advice. The dental care records we reviewed demonstrated that preventative advice had been given to patients according to their needs.

Staffing

The practice had one dentist (who was also the registered manager), two dental nurses (one of whom was a trainee) and one receptionist.

Staff had attended continued professional development and training which was required for their registration with the General Dental Council (GDC). This included infection control, child and adult safeguarding and basic life support. We looked at the individual training records of various members of staff at the practice which demonstrated that they had attended appropriate training and were up to date. Staff attended internal training and online courses to meet their training needs.

New members of staff received an appropriate induction programme when they joined the practice. However, we did not see evidence of a staff appraisal system to identify training and development needs. Staff told us that they could discuss concerns and issues at any time with the registered manager.

Staff records contained details of current registration with the GDC and the registered manager monitored that staff remained registered.

Staff we spoke with told us they were clear about their roles and responsibilities, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed.

Working with other services

The practice was able to carry out the majority of treatments needed by their patients but referred more complex treatments such as difficult extractions to specialist services and other dental professionals. The

Are services effective?

(for example, treatment is effective)

practice completed detailed proformas or referral letters to ensure the specialist service had all of the relevant information required. Staff were able to describe the referral process in detail.

Consent to care and treatment

The registered manager described the methods they used to ensure that patients had the information they needed to be able to make an informed decision about treatment. They explained to us how valid consent was obtained from patients at the practice. We reviewed a number of patient's dental care records which indicated that valid consent had been obtained for treatment at the practice. There was evidence that discussions regarding consent had taken place.

One patient we spoke with told us that treatment options, risks, benefits and costs were discussed clearly. They told us they were given time to consider their options and make informed decisions about which option they wanted.

In situations where people lack capacity to make decisions through illness or disability, health care providers must work in line with the Mental Capacity Act 2005 (MCA). This is to ensure that decisions about care and treatment are made in patient's best interests. We spoke with staff about their knowledge of the MCA and how they would use the principles of this in their treatment of patients. They had a good basic understanding of the MCA and the importance of assessing each situation individually. We noted that staff had not attended formal MCA training.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent CQC comments cards to the practice for patients to tell us about their experience of the practice. We also spoke with two patients who were registered at the practice. Patients were positive about the care they received from the practice and commented that they were treated with respect and care.

The practice had some systems in place to gain the comments and views of people who used the service. The practice used online patient feedback to capture the comments and views of people who used the service. We reviewed very limited online feedback which was not related to the dental services provided at the practice. The practice had a comments and suggestions box in the waiting area, but no written comments had been completed.

The CQC received positive feedback from 14 patients through Your Experience around the time of the inspection. Patients were satisfied with their care at the practice. Patients commented that staff were professional, kind and caring. One patient commented that they would recommend the practice to others. Another said that they were felt calm and relaxed when attending the practice.

As the practice had received no negative comments and limited patient feedback, the registered manager had not

had an opportunity to act on patient feedback. The registered manager told us that they would be open to any comments from patients and would act on them if necessary.

During our inspection, we observed that staff were friendly and helpful towards patients over the telephone and with patients arriving for appointments. We observed that privacy and confidentiality were maintained. Patients' dental care records were stored in password protected computers. Staff we spoke with were aware of the importance of providing patients with privacy and spoke about patients in a respectful and caring way.

Involvement in decisions about care and treatment

Patients were given a copy of their treatment plan and the associated costs. Patients we spoke with told us that they were allowed time to consider options before returning to have their treatment. Before treatment commenced patients signed their treatment plan to confirm they understood and agreed to the treatment. Staff told us they involved relatives and carers to support patients in decision making where this was relevant.

Patients were informed of the range of treatments available on the practice website. We noted that the practice leaflet only contained information and prices regarding cosmetic dentistry. We saw that prices of treatments had not been displayed in the waiting area. The registered manager told us that this would be addressed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered on their website. The practice leaflet contained information about the practice such as opening times, cosmetic dentistry treatments offered and contact details. We found the practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointment slots each day for the dentist to accommodate urgent or emergency appointments.

Staff told us the appointment system gave them sufficient time to meet patient's needs. The practice had effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment.

Tackling inequity and promoting equality

The practice was contained on the first floor of the building. The practice was not accessible to patients with mobility difficulties. There was parking close to the practice. The patient toilets were located on the second floor of the building. The registered manager told us that patients with mobility difficulties were referred to a nearby practice which was fully accessible.

We asked staff to explain how they communicated with people who had different communication needs, such as those who spoke a language other than English. Staff told us they had access to local interpreter services when needed.

Access to the service

The practice was open on Tuesdays, Thursdays and Fridays 10.00am to 5.30pm and alternate Saturdays between 10.00am and 4.00pm.

Information regarding the opening hours was available in the practice leaflet. The practice answer phone message provided information for patients on how to access out of hours treatment. The registered manager was contactable at all times in an emergency. Answerphone messages from patients were dealt with by on call staff when the practice was closed. Appointment slots were available each day so that the practice could respond to patients in pain. Patients told us that the practice was very accommodating when scheduling both emergency and routine appointments.

Concerns & complaints

The practice had a complaints policy and procedure in place for handling complaints which provided staff with relevant guidance. The practice had received two complaints within the last 12 months. Staff had a good understanding of the complaints process. Staff described the process which would be followed and were confident that all complaints would be dealt with in a timely and respectful manner.

Information for patients about how to raise a concern or complaint was not visible in the waiting area or in the practice leaflet. The registered manager told us that this would be actioned. One patient we spoke with told us they were confident in raising a concern and would speak to the registered manager. The practice had a whistleblowing policy which staff were aware of. Staff we spoke with had a good understanding of the whistleblowing process.

Are services well-led?

Our findings

Governance arrangements

The registered manager was responsible for the day to day running of the service. They led on the individual aspects of governance such as complaints, risk management and audits within the practice. The registered manager also ensured there were systems to monitor the quality of the service such as audits. The practice had carried out recent audits relating to radiographs and record keeping. Details of these were sent to us following the inspection. Action plans had been identified as a result of the audits. However, the practice had not carried out an Infection Prevention Society (IPS) self-assessment audit.

The practice had policies and procedures in place to support the management of the service, such as complaints, recruitment and safeguarding. We looked at how the practice identified, assessed and managed clinical and environmental risks related to the service. We saw that the practice had not carried out fire safety, Legionella and COSHH risk assessments.

The practice undertook regular meetings involving all the staff in the practice. However, the meetings were not formal and minutes were not routinely recorded. The registered manager told us that this would be addressed. Staff told us that during staff meetings, patient-centred actions were discussed and shared learning regularly took place.

Leadership, openness and transparency

Staff told us they were kept informed of any changes and updates. They told us that the registered manager adopted an open and transparent approach at the practice. The practice had a statement of purpose which outlined their aims and objectives in the care and treatment of patients. Staff we spoke with described the practice culture as friendly and open.

Staff demonstrated an awareness of the practice's purpose and were proud of their work. Staff said they felt valued and supported and were committed to the practice's progress and development. The team appeared to work effectively together and there was a supportive and relaxed atmosphere. The registered manager was highly visible within the practice and had a positive approach towards any improvements that were needed at the practice.

Management lead through learning and improvement

The registered manager had a clear understanding of the need to ensure that staff had access to learning and improvement opportunities. Clinical staff who were working at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records were kept to ensure staff were up to date with their professional registration.

Staff told us they had good access to training and the registered manager monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). However, we did not see evidence of a staff appraisal system to identify the training and development needs of staff members.

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

The practice did not have an effective system in place to seek feedback from patients using the service. The practice used online feedback websites to gain comments from patients that used the service. However, there was only a small number of patient comments which were not all related to the dental services provided at the practice. The comments and suggestions box which was kept in the waiting area was empty. Staff told us that issues were discussed with patients and suggestions would always be implemented if possible.

The registered manager told us that they welcomed feedback and suggestions in order that the practice may learn and improve. They discussed some improvements that had been put into place at the practice which were patient centred, including offering Wi-Fi to patients and including additional out of hours contact numbers on the practice answerphone message. Staff members told us that they could discuss ideas and share experiences with the registered manager and the rest of the team and that they were always listened to and acted upon.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The practice did not have systems in place to assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated. Regulation 12(1) and 12(2)(h)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The practice did not have effective systems in place to; <ul style="list-style-type: none">• Assess, monitor and improve the quality and safety of the services provided.• Assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.• Maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17(1) and 17(2)(a)(b)(c)