Solid Rock Services Limited

Solid Rock Specialist Dental Practice - Doncaster

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 10 November 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

Solid Rock Specialist Dental Practice is situated in Doncaster. The practice offers private routine dentistry, oral surgery and implants.

The practice comprises of two treatment rooms, one X-ray room, a decontamination room, a waiting and reception area, staff facilities and a patient toilet.

There are two dentists (one is the registered manager), two trainee dental nurses and a part time locum dental nurse.

The practice is open between 10:30am – 1:30pm and 5:00pm – 8:00pm Monday to Friday, 9:00am-1:00pm Saturday.

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.

On the day of inspection we received 11 CQC comment cards providing feedback. Patients who provided feedback were positive about the care and attention to treatment they received at the practice. Comments

Summary of findings

included that patients felt they were involved in all aspects of their care and found the staff to be very pleasant and helpful. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment. We were unable to speak to any patients as there were no patients booked in for appointments on the day.

Our key findings were:

- The practice did not have appropriate systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of incident reporting and medical emergencies.
- The practice was visibly clean and uncluttered.
- Staff had received safeguarding training, but could not clearly explain how to recognise signs of abuse and how to report it. They had 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.
- Infection control procedures were not fully embedded in accordance with the published guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- Treatment was well planned and provided in line with current best practice guidelines.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients commented that they were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The practice was not well-led, but staff felt involved and supported and worked well as a team.
- The governance systems were not effective and embedded.
- The practice sought feedback from staff and patients about the services they provided.
- There was a defined leadership role within the practice and staff felt supported.

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

- Introduce a risk assessment and action plan to mitigate the absence of an Automated External Defibrillator (AED).
- Introduce an effective fire risk management and safety check system.
- Introduce an effective process of transporting clean and dirty instrument to and from the decontamination room to bring the process in line with Health Technical Memorandum HTM 01-05, Decontamination in primary care dental practices.
- Introduce a risk assessment for using sharps, paying particular attention to the dental nurses handling and dismantling local anaesthetic syringes.
- Ensure appropriate measures are taken to receive and action Medicines and Healthcare Products Regulatory Authority alerts (MHRA) pertinent to the dental practice environment.
- Introduce policies and procedures to cover Reporting of Incident, Death and Dangerous Occurrences Regulations 2013(RIDDOR) and Significant Event reporting giving due regard to staff awareness and training.
- Introduce appropriate induction processes to protect staff safety during training and for new staff visiting on work placement. Review the current staff's recruitment files and collate all documents required in schedule 3 of the regulations. Schedule 3 is the Information Required in Respect of Persons Employed or Appointed for the Purposes of a Regulated Activity.
- Introduce a Control of Substances Hazardous to Health (COSHH) assessment folder, produce COSHH risk assessments and obtain Safety Data Sheets for all COSHH identified materials to bring in line with COSHH Regulations 2002.
- Introduce a robust process of analysis for learning and improvement when auditing clinical and non-clinical areas of the practice.

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

- Review the practice's protocols on Safeguarding awareness and provide refresher training for all staff.
- Review the practice's Health and Safety policy and source a Health and Safety Law poster, ensure staff are familiar with the policy and reporting procedures.
- Review the process for monitoring levels of appropriate Personal Protective Equipment in the

Summary of findings

decontamination room required by staff whilst handling dirty instruments to bring the process in line with Health Technical Memorandum HTM 01-05, Decontamination in primary care dental practices.

- Review the practice processes for ensuring emergency lifesaving equipment is fit for purpose, paying attention to expiry dates.
- Review the practice answer machine and provide emergency out of hours contact details.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review and complete the practice risk assessments and ensure all staff are aware of the contents.
- Review the current process to ensure qualified staff have appropriate indemnity prior to working in the clinical environment.

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.

The practice did not have effective systems and processes in place to ensure all care and treatment was carried out safely. For example, no Control of Substances Hazardous to Health (COSHH) folder or policy was in place and safety data sheets were not retained. Practice risk assessments were incomplete and staff's awareness of risk and COSHH required improvement.

All emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines, some emergency airway equipment was out of date and required re-ordering.

There was no AED at the practice and no risk assessment or action plan was present to mitigate its absence.

Staff were not aware of the process for reporting incidents and accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). No RIDDOR or Significant Event reporting policy or procedure was in place. An accident book was seen but results and learning outcomes were not documented.

The practice was not registered to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental practice.

Staff had received appropriate training in safeguarding patients but were unclear on the reporting process. Staff had difficulty describing how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

The registered manager told us that dental nurses handled and dismantled used local anaesthetic syringes. A safer sharps system was not in use at the practice and there was no risk assessment to mitigate their absence.

Infection prevention and control procedures did not follow recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices, and needed improvement.

We reviewed the legionella risk assessment from September 2016. Evidence of regular water testing was being carried out in accordance with the assessment.

Patients receiving root canal treatment were not always treated with a rubber dam in place.

Professional indemnity certificates were not available for some registered staff.

Enforcement action

Summary of findings

X-ray audits were not analysed for improvement and the audits were not clinician specific

Are services effective?

No action

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

Patients' dental care records provided information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made in house referrals for specialist treatment or investigations where indicated.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP).

Staff were encouraged and supported to complete training relevant to their roles and this was monitored by the registered manager. The clinical staff were up to date with their continuing professional development (CPD).

Annual staff appraisals had not taken place prior to November 2016.

Are services caring?

No action

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

We were unable to evaluate interactions with staff and patients as no patients visited the practice during the inspection day.

We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 11 responses all of which were positive, with patients stating they felt listened to and received the best treatment at that practice.

Dental care records were kept securely in locked cabinets in the reception/waiting area. The practice did not use an electronic patient diary or record system.

Are services responsive to people's needs?

No action

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

The practice had dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice. The next available routine appointment was the next day.

Patients commented they could access treatment for urgent and emergency care when required. When the practice was closed there was no information available to them regarding access to emergency dental treatment.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

Summary of findings

Are services well-led?

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

The registered manager was responsible for the day to day running of the practice. There was a range of policies in use at the practice but some policies were not in place.

Staff were unclear about policy detail and which policies were held.

We saw they had some systems in place to monitor the quality of the service but most lacked a process for improvement should things go wrong.

Reporting of Injuries Death and Dangerous Occurrences Regulations 2013 (RIDDOR) and Significant Event accident reporting policies and procedures were not held and no written procedure was available to guide an injured person appropriately should there be an incident. Staff knowledge was poor when asked for their understanding.

The practice had an inadequate approach for identifying where quality or safety was being affected and addressing any issues. For example there was no process for responding to MHRA alerts, no Health and Safety policy or Health and Safety Law poster in the practice. COSHH and risk management policies were not in place and we found that staff lacked knowledge of processes recently produced, for example a practice risk assessment was recently written but staff were not aware of it.

Staff told us they felt supported and were clear about their roles and responsibilities.

The practice had conducted an in-house patient satisfaction survey in 2016.

Induction processes were not embedded within the practice.

Staff were encouraged to share ideas and feedback as part of their appraisals and personal development plans. All staff were supported and encouraged to improve their skills through learning and development.

The practice had conducted three practice meetings in 2016, which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues.

Requirements notice 

Solid Rock Specialist Dental Practice - Doncaster

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 led by a CQC inspector who was supported by a specialist dental adviser.

During the inspection we spoke to the principal dentist and two trainee dental nurses. No patients were booked in on the day of inspection. To assess the quality of care provided we looked at practice policies and protocols and other records 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 told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

Reporting processes were not effective or embedded within the practice. For example, no significant event reporting process was in place, staff were unable to describe the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and no significant reporting policy was in place.

The practice did not receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental practice. The registered manager was unaware of MHRA and staff were unable to describe the MHRA reporting process.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The policies were readily available to staff. The registered manager was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw evidence all staff had received safeguarding training in vulnerable adults and children. Staff we spoke to were not clear on the safeguarding processes. Staff had difficulty demonstrating their awareness of the signs and symptoms of abuse and neglect. Staff were also vague describing the procedures they needed to follow to address safeguarding concerns. The registered manager was made aware of the need for refresher training in these areas.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A safer sharps system was not in use at the practice. The registered manager told us that dental nurses dismantled local anaesthetic syringes. The registered manager was made aware of the need to update the sharps policy and produce a risk assessment for dental nurses handling sharps.

The registered manager told us that rubber dam was not routinely used when providing root canal treatment to patients. This is not in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, latex free rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations, and felt they all had an open and transparent relationship.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had completed external training in emergency resuscitation and basic life support within the last 12 months.

The emergency medicines, emergency resuscitation kit and medical oxygen were stored in an easily accessible location. Staff knew where the emergency kits were kept. We found a full set of oropharyngeal airways were out of date from 2013. We informed the registered manager to reorder these items on the day of inspection, we saw an order had been placed on the inspection day.

The practice did not have an Automated External Defibrillator (AED). No risk assessment was in place to mitigate its absence. The Resuscitation Council UK states that an AED should be available immediately (available within the first few minutes of cardiorespiratory arrest). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

Records showed daily checks were carried out on the emergency oxygen cylinder.

Staff recruitment

Are services safe?

The practice had an appropriate recruitment policy and checks in place. The checks included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and seeking references. We reviewed the two most recent staff members' recruitment files which confirmed the processes had been followed. All personal information was stored securely.

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 the two dentists had personal indemnity insurance but could not confirm the indemnity for the locum dental nurse. (insurance professionals are required to have in place to cover their working practice). The registered manager assured us that the locum dental nurse would not work clinically until indemnity was confirmed.

In addition, there was employer's liability insurance which covered employees working at the practice. We have asked the registered manager to provide evidence of GDC registered staffs' indemnity and current GDC certificates.

Monitoring health & safety and responding to risks

The practice had recently produced a number of risk assessments, to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. Staff were unaware of the risk assessments recently produced. The practice did not have a current Health and Safety Law poster displayed.

There was no Control of Substances Hazardous to Health (COSHH) folder in the practice. 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. A recently produced but incomplete COSHH risk assessment was seen but no individual COSHH assessments or safety data sheets were present in the practice.

We noted there had been a fire risk assessment completed in October 2011. The risk assessment recommended a review in 12 months, this was not carried out. We were told that smoke alarms were checked annually and the last fire drill was three years ago, no documentation was seen to support this. The fire extinguishers were last checked December 2014. The fire service recommend these are checked annually.

We highlighted the areas of risk not being fulfilled and the registered manager noted the concerns for future implementation.

We saw the practice business continuity plan had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

Infection control

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice generally followed the guidance about decontamination and infection prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' but there was room for improvement.

We spoke with dental nurses about decontamination and infection prevention and control. We also saw the appropriate daily and weekly tests were being carried out by the dental nurses to ensure the autoclaves were in working order.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). We were told that dirty and clean instruments were transported to and from the decontamination room to the surgery using the same container. We raised a concern with the registered manager that clean instruments were being transported in a potentially contaminated box and were assured that measures would be taken to bring the process in line with HTM01-05.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in November 2016 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of

equipment. The audit did not show action plans or analysis for improvement. There was no history of an IPS audit prior to the one completed in November 2016. HTM 01-05 states that this audit should be carried out bi-annually.

We inspected the decontamination and treatment rooms. The rooms were clean, drawers and cupboards were clutter free with adequate dental materials. We found hand hygiene posters, paper towel dispensers and hand soap was missing in the decontamination room and in some areas of the treatment rooms. Masks and protective eyewear was also missing in the decontamination room. The registered manager was made aware that these processes required improvement.

Records showed the practice had completed a Legionella risk assessment in November 2016. The practice undertook processes to reduce the likelihood of Legionella developing which included running the dental unit water lines in the treatment rooms at the beginning and end of each session and between patients, monitoring hot and cold water temperatures. Staff had received Legionella training to raise their awareness. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

On the day of inspection we noted black bin bags were used for clinical waste. These were then put in yellow bags. This could potentially cause confusion and lead to domestic waste and clinical waste being mixed up. On the day of inspection we saw the practice had a contract for the removal of clinical waste but we did not see any evidence of consignment notices. We advised the registered manager to ensure consignment notices are held in line with HTM 07-01 Safe management of healthcare waste guidance.

We were told the staff cleaned the practice on a daily basis. We observed the staff used different coloured cleaning equipment and mops were stored separately.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of servicing certificates for sterilisation equipment, the X-ray machines and 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).

Prescriptions were stamped at the point of issue and recorded in the patients dental care record but were not stored securely to ensure their safe use. This was brought to the attention of the registered manager and was noted for future implementation.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure 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 all surgeries and within the radiation protection folder for staff to reference if needed. We saw that a justification, a grade and a report was documented in the dental care records for all X-rays which had been taken.

Intra-oral X-ray audits were carried out bi-annually; we saw the most recent X-ray audit, it was graded but not analysed for improvement and was not clinician specific. This was brought to the attention of the registered manager and they assured us that future audits would be adjusted accordingly.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). This was repeated at each examination if required in order to monitor any changes in the patient's oral health.

The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such as smoking and alcohol consumption and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

We saw patient dental care records were audited annually to ensure they complied with the guidance provided by the Faculty of General Dental Practice.

The skill mix within the practice was conducive to improving the overall outcome for patients.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental decay. Staff told us that the dentists would always provide oral hygiene advice to patients where appropriate.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the registered manager and saw in dental care records that smoking cessation advice was given to patients who smoked. Patients would also be made aware if their alcohol consumption was above the national recommended limit. There were health promotion notices and leaflets available in the waiting room to support patients.

Staffing

The registered manager told us that induction was carried out but no formal written process of induction was initiated. The registered manager also told us that the practice offered work experience for potential dental nurses; no formal induction process was set up for this. The need for formal induction processes to be initiated for trainee staff and work experience individuals was brought to the attention of the registered manager and was noted for future implementation.

Staff told us they had access to on-going training to support and advance their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC).

We noted that annual appraisals for support staff had taken place in November 2016; we saw that training requirements were discussed. There was no evidence of appraisals being carried out prior to this. Staff felt they could approach the registered manager at any time to discuss continuing training and development as the need arose.

Working with other services

The registered manager confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were typed up or pro-formas were used to send all the relevant information to the specialist.

Referral details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

Consent to care and treatment

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options,

Are services effective?

(for example, treatment is effective)

risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in the patient's notes. Any treatment option declined would also be recorded. A copy would be retained in the patients' dental care record.

Staff were clear on the principles of the Mental Capacity Act 2005(MCA) and the concept of Gillick competence. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented they were treated with patient centred care, respect and dignity. We were unable to observe interactions with patients as no patients visited the practice during the inspection day.

The waiting room and reception were within close proximity and staff told us that privacy was not always easy to maintain. An alternative area would be offered if a patient wished to speak privately.

The practice operated a paper appointment system and all patients' dental care records were securely stored in a locked cabinet in the reception/waiting area in accordance with the Data Protection Act. Staff were vague in response to their awareness of the Caldicott principles. We asked questions in relation to Caldicott but staff were unable to explain its meaning and were unable to offer any form of understanding. A need for refresher training was identified to the registered manager.

We were told that doors of treatment rooms were closed at all times when patients were being treated. Conversations could not be heard from outside the treatment rooms which protected patient privacy

A selection of magazines was available in the waiting room for patients.

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.

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing private treatment costs were displayed in the waiting area. The practice website provided patients with information about the range of treatments which were available at the practice.

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 that patients who requested an urgent appointment would be seen the same day. We were told the patients were given sufficient time during their appointment so they would not feel rushed.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included level access from the street to a ground floor treatment room and reception area.

Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet and website and on the NHS Choices website.

The practice is open between 10:30am – 1:30pm and 5:00pm – 8:00pm Monday to Friday,

9:00am -1:00pm Saturday.

Where treatment was urgent staff told us they would offer a same day appointment. The practice would always aim to see emergency patients the same day so that no patient was turned away. The practice's answer machine did not offer emergency details for dental care when the practice was closed.

Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and as recommended by the GDC.

Information for patients was available in the waiting areas. This included who was the lead complaints manager, how to make a complaint, how complaints would be dealt with and the time frames for responses.

Staff told us they would raise any formal or informal comments or concerns with the registered manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The practice had received one verbal complaint in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The registered manager was responsible for the day to day running of the practice. There was a range of policies in use at the practice but some were not written, for example, there was no Reporting of Injuries Death and Dangerous Occurrences Regulations 2013 (RIDDOR) and significant event accident reporting policies and procedures. There was no written health and safety procedure available to guide an injured person appropriately should there be an incident. The sharps policy required updating to include the correct process for handling sharps.

There was evidence of staff having read policies and processes in place but staff were unclear about policy detail and which policies were held.

We saw they had some systems in place to monitor the quality of the service but most lacked a process for improvement. For example X-ray audits and the Infection Prevention Society audit were not analysed for improvement.

Fire management checks were inadequate; a more robust process for ensuring fire safety within the practice was required. For example smoke detectors should be checked monthly, fire extinguisher serviced annually and fire drills should be carried out more frequently.

The practice had an inadequate approach for identifying where quality or safety was being affected and addressing any issues. For example there was no process for receiving or responding to MHRA alerts, no Health and Safety policy or Health and Safety Law poster in the practice. COSHH assessments and safety data sheets were not in place and we found that staff lacked knowledge of processes recently written, for example a practice risk assessment was recently implemented but staff were not aware of it.

The registered manager was unable to produce a current indemnity certificate for the locum dental nurse. The registered manager assured us that the locum nurse would not participate in clinical duties until indemnity had been confirmed.

Staff told us they felt supported and were clear about their roles and responsibilities.

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 at staff meetings and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice had held three minuted staff meetings during 2016, involving all staff members.

Staff told us they were aware of whom to raise any issue with and told us the registered manager was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement but could be improved. The practice audited mandated areas of their practice as part of a system of continuous improvement but analysis for improvement was poor. For example, Intra-oral X-ray audits were carried out bi-annually; we saw the most recent X-ray audit, it was assessed but not analysed for improvement and was not clinician specific.

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the GDC. The two trainee dental nurses were enrolled on a local dental nurse course and were mentored by the registered manager.

The registered manager conducted staff appraisal in November 2016 and identified learning needs, general wellbeing and aspirations.

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

The practice had a small team which worked together well and staff told us they were happy in their role.

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out annual patient satisfaction surveys. The satisfaction survey included questions about the patients' overall satisfaction, the cleanliness of the premises, accessibility and length of time waiting. The most recent patient survey showed a high level of satisfaction with the quality of the service provided.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services **Regulation 17 HCSA 2008 Regulations 2014 Good governance** How the regulation was not being met: The registered person does not have effective systems in place to ensure that the regulated activities at Solid Rock Service Ltd are compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met: • The risks associated with handling and dismantling local anaesthetic syringes was not effective. A safe sharps system was not in place. • Appropriate measures to receive and action Medicines and Healthcare Products Regulatory Authority alerts (MHRA) pertinent to the dental practice environment was not implemented. • The process for reporting of Incident, Death and Dangerous Occurrences Regulations 2013(RIDDOR) and Significant Event was not in place. • Appropriate induction processes were not embedded to protect staff during training and for new staff visiting on work placement. • No individual Control of Substances Hazardous to Health (COSHH) risk assessments were in place and related safety data sheets were not sourced. • The system for quality assurance and analysis for learning and improvement when auditing clinical and non-clinical areas of the practice was not robust. **Regulation 17(1)**

This section is primarily information for the provider

Enforcement actions

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 Regulation 12(1) HSCA 2008 Regulations 2014 How the regulation was not being met: • The registered provider failed to provide equipment to ensure the safety of service users and to meet their needs. • The registered provider failed to do all that is reasonably practicable to mitigate risk. • The registered provider failed to assess the risk of preventing and detecting and controlling the spread of infections, including those that are health care associated. **Regulation 12(1)**