

Mr. Sanjiv Manubhai Jagsi

# Hockwell Dental Surgery

## Inspection Report

41 Acworth Crescent  
Luton  
Luton  
LU4 9HY  
Tel: 01582575157  
Website:

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### Overall summary

We carried out an announced comprehensive inspection on 15 October 2015 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**

Hockwell Dental Surgery provides primary dental care to adults and children. The practice provides mainly (95%) NHS treatment, with a small amount of private dentistry to patients in the Leagrave area of Luton in Bedfordshire.

The practice is open from 9am to 1pm and 2pm to 5.30pm on Mondays, Tuesdays, Thursdays and Fridays. They also provide evening appointments until 8pm on Tuesdays. The practice is closed on Wednesdays.

The practice has one dental surgery and is based in the converted ground floor of a house. There is a waiting room, and a separate decontamination room for the cleaning and sterilising of instruments.

The practice is one of three locations owned and run by a principal dentist. The practice is staffed by an associate dentist and dental nurse. The principal dentist spends approximately 5% of their time at the practice. Staff from the other locations provides cover for absence and leave.

The principal dentist is the registered manager and they were not working in the practice on the day of the inspection. They attended the inspection for approximately 15 minutes. 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.

# Summary of findings

We spoke with three patients during our visit, who told us that they were extremely happy with the service provided to them, and that the staff were always welcoming and friendly. They commented that their options regarding treatment were always explained to them including the cost of treatment, and that the practice is always clean and tidy. In addition we received 17 comment cards from patients who had completed these prior to inspection. All of the comments were complimentary about the practice and particularly the staff.

## Our key findings were:

- The practice was visibly clean and tidy, with uncluttered surfaces.
- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- Patients were involved in decision making about their care and treatment.
- We observed the staff were kind and caring and helped to put patients at their ease.
- The practice ensured staff maintained the necessary skills and competencies to support the needs of patients.
- Some risk assessments had been completed to maintain patient safety but others were missing.
- There were procedures and policies in place but they had not been reviewed.
- The practice had appropriate equipment and medicines to respond to a medical emergency in line with British National Formulary guidance.
- Some equipment had not been serviced and maintained regularly.
- The practice sought feedback from their patients.

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

- Ensure care and treatment is provided in a safe way. This includes reviewing the Health Technical Memorandum 01-05 (HTM01-05) with regards to the assessment of residual debris and water temperatures when cleaning equipment. They must carry out weekly protein residue tests on the decontamination

equipment as outlined in HTM01-05. All equipment must be maintained and serviced in accordance with the manufacturers' instructions. They must follow the correct processes for the use of X-ray equipment under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000. The security of the unmanned reception area must be reviewed to ensure the emergency drugs, equipment and patient information are kept in a secure location at all times. They must monitor the medicines fridge temperature to ensure temperature sensitive medication is correctly stored in order to remain viable. The storage and transportation of waste amalgam must be reviewed to reduce the risk of pollution of the environment and harm to human health.

- Ensure that there are good governance systems and processes in place to improve the quality and safety of the services. The provider must carry out appropriate risk assessments for those areas lacking, for example, fire risk assessments, control of substances hazardous to health and an external legionella risk assessment. They must complete clinical audits, for example, of record keeping and X-ray quality to identify if care and treatment is provided in line with recommended standards, if it is effective and where improvements could be made. All policies must be reviewed periodically and the provider must develop policies for the areas that are lacking, in particular safeguarding vulnerable adults.
- Ensure that all clinical staff have criminal records checks through the Disclosure and Barring Service (DBS)

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:

- Develop a business continuity plan to give staff guidance on what to do in the event of an emergency that affects the provision of the service.
- Carry out fire evacuation drills so staff know what to do in the event of a fire.

# Summary of findings

- 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.
- Consider the use of 'safer sharps' as per Health and Safety (sharp Instruments in Healthcare) Regulations 2013.

- Provide evidence of the Hepatitis B immunisation status of all staff.

Have paediatric oxygen masks and portable suction available to use in the event of an emergency.

# 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 the 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).

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents. When things went wrong, reviews and investigations were completed. They demonstrated a good understanding of safeguarding concerns, and how to escalate these.

There were some risk assessments in place to protect patients but there were others lacking for example, fire risk assessments, control of substances hazardous to health and an external legionella risk assessment.

Not all clinical staff had received a Disclosure and Barring Service check (DBS).

Some of the infection control systems needed to be improved to ensure patients were protected from the risk of infection. We found maintenance schedules for certain practice equipment missing.

The registered manager was transporting amalgam, extracted teeth and gypsum to another location for collection and disposal by a waste management company.

The emergency equipment and emergency drugs were not stored securely and could be accessed by patients or others entering the practice.

Systems and processes regarding the safe use of X-rays were not in place.

### **Are services effective?**

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

Patients received a full assessment of their dental needs including taking a medical history at each visit. Dental care records were found to be detailed and accurate, and medical history forms were regularly reviewed.

Consultations and dental recall intervals were carried out according to patient need and in accordance with the National Institute of Clinical Excellence (NICE) guidelines.

Explanations were provided to patients at a level they could understand with details of treatment options and cost of treatments given.

Staff maintained their continuing professional development (CPD) in order to meet the requirements of the General Dental Council (GDC).

The practice was pro-active in offering oral health promotion advice.

### **Are services caring?**

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

Patients we spoke with on the day of our inspection told us how friendly and welcoming the staff were, how often they were put at ease by the staff, and how they were prepared to travel some distance to visit this particular practice.

We received comments about how treatments and costs were always explained to them in detail.

Staff at the practice treated patients with dignity and respect.

# Summary of findings

## **Are services responsive to people's needs?**

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

The appointments system was effective, with patients commenting that they were able to get appointments in a timely manner. Emergency appointments were scheduled on the same day.

Staff had implemented a tracking system to keep track of referrals made to other services, meaning they were able to ensure these referrals were met in a timely manner.

Patients were reminded about appointments or recalls by text message or phone call.

The practice was accessible to patients with restricted mobility.

## **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

Staff members told us they were clear about their roles and responsibilities, they said they enjoyed working at the practice and that communication worked well within their small team.

The practice was lacking certain policies and procedures that should be in place to support the management of the service.

Policies and procedures had not been reviewed to ensure they were relevant, up to date and appropriate.

Some risk assessments and clinical audits had not been completed.

# Hockwell Dental Surgery

## Detailed findings

### Background to this inspection

We carried out an announced, comprehensive inspection on 15 October 2015. Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector and a dental nurse acting as a specialist advisor.

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and to look at the overall quality 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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included any complaints they had received in the last 12 months, of which they had none, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with a dentist and a dental nurse. We reviewed policies, procedures and other documents. We reviewed comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice. We also spoke with three patients.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice worked in an open and transparent way and staff were encouraged to report incidents and significant events.

The practice had an accident book that it used to document incidents, accidents and significant events. We reviewed the records of two incidents and found they had been investigated and apologies given to the patients concerned. Learning from incidents were shared at staff meetings to prevent a reoccurrence.

Staff were aware of their responsibilities in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The dentist informed us how they would make such a report. There had not been any such incidents in the past 12 months.

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

The practice had a policy in place for child protection. This included contact details for the local authority safeguarding team. The practice did not have a policy for safeguarding vulnerable adults but there were contact numbers available on the noticeboard and in the patient information booklet in the reception area for reporting safeguarding concerns for both adults and children.

We spoke with staff about signs that may lead them to believe a child or vulnerable adult was at risk, and what action they would take in such circumstances. Staff we spoke with had a good understanding of what to look out for, and told us of two instances where safeguarding concerns had been raised by themselves to the local authority. We found that there was a clear culture of understanding pertaining to adult and child safeguarding embedded within the practice. All staff had received safeguarding training relevant to their role.

The practice did not have a whistleblowing policy that gave guidance to staff to raise concerns regarding other's performance and behaviours. This was highlighted to the practice and they informed us, after the inspection, that they had now implemented a whistleblowing policy.

The dentist told us they did not use a rubber dam as patients had stated they found it uncomfortable. A rubber

dam is a thin, rectangular sheet, usually of latex rubber. It is used in dentistry to isolate a tooth from the rest of the mouth during root canal treatment; it prevents the patient from inhaling or swallowing debris or small instruments. The dentist used gauze in the mouth during this kind of treatment to protect the airway. The British Endodontic Society recommends the use of rubber dam for root canal treatment.

The practice could not demonstrate any move towards 'safer sharps' as outlined Health and Safety (Sharp Instruments in Healthcare) 2013. The dentist took responsibility for their own sharps and re-sheathed and disposed of them.

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies. All staff had received basic life support training, most recently in September 2015, when they had training in dealing with medical emergencies.

There was emergency equipment available that included oxygen and a new automated external defibrillator (AED) which staff had been trained to use. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

Emergency medicines were easily accessible and all staff knew of their location. All the medicines we checked were in date and fit for use. Records showed staff regularly checked medicines and equipment to monitor stock levels, expiry dates and ensure that all emergency equipment was in working order.

Adult oxygen masks were available but there were no paediatric masks or portable suction as recommended in the guidance issued by the Resuscitation Council UK and the British National Formulary (BNF).

### Staff recruitment

The practice staffing consisted of an associate dentist and a dental nurse. There was a principal dentist who worked across three locations and spent approximately 5% of their time at Hockwell Dental Surgery. We reviewed the staff files and found recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and registration with the appropriate professional body.

# Are services safe?

The practice had not completed a risk assessment to determine the need for Disclosure and Barring Service (DBS) checks prior to employment. (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). Appropriate DBS checks had been carried out for the dental nurse and principal dentist but there was not a DBS check for the associate dentist. The practice informed us they were aware of this but they had not made attempts to complete this check.

## Monitoring health & safety and responding to risk

The practice did not have a written business continuity plan, but as they were one of three locations they informed us that patients would be seen at one of these if they were unable to provide services at their current location.

There was a health and safety policy available with a poster in the reception area. The practice had not completed a fire risk assessment but the fire extinguishers were regularly serviced, and the emergency exits were signposted. The building also had emergency lighting. Fire alarm tests and evacuation drills had not been carried out.

There was no risk assessment available in relation to the Control of Substances Hazardous to Health (COSHH), and there was not a COSHH file available to view. Following our inspection we were informed that the COSHH file is kept centrally for the three practices.

## Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for cleaning, sterilising, and storage of dental instruments and reviewed their policies and procedures.

We saw that the practice reception, treatment room and decontamination room were visibly clean and clutter free. The staff were responsible for environmental cleaning at the practice and we saw that the cleaning equipment was safely stored and the practice followed the guidance of colour coding equipment to be used to clean different areas of the building. The clinical areas and reception all had sealed flooring that was in a good state of repair.

There was adequate personal protective equipment (PPE) available including aprons, face and eye protection and gloves. The treatment room and decontamination room had designated hand wash sinks which were separate from those used for cleaning instruments.

The practice had a decontamination room, which demonstrated a good flow from the dirty to clean areas. The dental nurse demonstrated how they cleaned and sterilised the instruments. Initially the instruments were manually cleaned in a designated sink. The water used for this task should not exceed 45 degrees Celsius to ensure good manual removal of debris; there was not a thermometer available to check the water temperature. The practice used an ultrasonic bath to clean the instruments prior to sterilisation. An ultrasonic bath is a piece of equipment specifically designed to clean dental instruments through the use of ultrasound and water. They were then inspected under a magnifying glass to check for any residual debris prior to placing in the autoclave. HTM01-05 suggests the use of an illuminated, free standing magnifying glass for this procedure; the practice used a hand held magnifier with no light.

The dental nurse showed us how the practice checked that the decontamination system was working effectively. They showed us paperwork they used to record and monitor these checks. These were fully completed and up to date although weekly protein residue tests were not being carried out following ultrasonic cleansing. These tests detect the presence of proteins left on surfaces after cleaning. We saw maintenance information pertaining to the autoclave and regular service records of the same. There was no evidence of maintenance or servicing of the ultrasonic cleaner. Infection control audits had been carried out, most recently in September 2015. These did not highlight any of the issues we found in relation to the cleaning and decontamination of equipment.

Records showed the practice had completed their own legionella risk assessment which determined that they were at low risk of transmitting the infection. Legionella is a bacterium found in the environment which can contaminate water systems in buildings.

There was guidance for needle-stick injury displayed in the treatment rooms. Staff knew the procedure to follow in the



# Are services safe?

event of an injury. The practice did not have a record of the immunisation status of staff regarding Hepatitis B. Hepatitis B is a serious illness that is transmitted by bodily fluids including blood.

The practice demonstrated appropriate storage and disposal of some of their clinical waste and sharps. Waste consignment notices with a clinical waste collector were seen pertaining to this. However, we found waste amalgam was stored in a regular tub, rather than a specific waste amalgam box which would have a vapour suppressant to reduce the mercury vapour. Also the principal dentist informed us they collected the amalgam, extracted teeth and gypsum and transported them to one of their other locations for removal by a specialist company. The transportation of hazardous waste may cause pollution to the environment or harm to human health if not done correctly.

## Equipment and medicines

We saw the practice had equipment to enable them to carry out the range of treatments they provided. We looked at the maintenance information and found that there was up to date service records for the autoclave, fire extinguishers and X-ray machine. There were no maintenance records for the compressor, X-ray developing machine, dental chair or the ultrasonic cleaner. The practice did not have a pressure vessel certificate for the compressor. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place.

Blank prescription forms were handled in accordance with national guidance and these were kept securely at all times. The practice recorded the batch numbers and expiry dates of local anaesthetic used, in the patient's dental care record.

Emergency medicines were stored in the office. The door to this room was not locked and could be accessed by patients or others entering the practice. Temperature sensitive medicines were stored in a designated fridge; however the temperature of the fridge was not monitored to ensure the medication was stored at the correct temperature.

## Radiography (X-rays)

The practice could not demonstrate that they were working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R).

They maintained a radiation protection file, which housed up-to-date service records for the X-ray unit however they did not have a named Radiation Protection Advisor, or a Radiation Protection Supervisor. The practice could not show us local rules, an inventory of equipment or critical examination packs for the X-ray machines. There was also no health and safety executive (HSE) notification. All of these would be expected to maintain the safe use of the X-ray equipment. Since the inspection the provider has provided us with a copy of their local rules and evidence that they have notified the HSE of their use of X-equipment.

X-rays were graded on their quality as they were taken and a note of this grading made; however no audits were being carried out on this information, which would have examined areas for improvement and could have led to improvements in the overall quality of radiographs taken. Without auditing the information, quality assurance could not be guaranteed.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the dentist and a sample of dental care records were checked. The records showed that the dentist checked the patient's past medical history on every visit. The patient was asked to check and sign the medical history form at the start of every new course of treatment. The dental care records were found to be detailed and accurate.

The dentist regularly checked the gum health by undertaking a basic periodontal examination (BPE) at every check-up. This is a screening tool that identifies concerns with gum health and triggers further examination or treatment if necessary. They carried out regular checking of soft tissues and this was noted in the patient's dental care record.

The dentist took X-rays at appropriate intervals and in accordance with the guidance issued by the Faculty of General Dental Practice. They recorded in the dental care records their rationale for using X-rays.

The practice kept up to date with current guidelines and research. They referred to the National Institute for Clinical Excellence (NICE), for example, in deciding recall intervals, the necessity of antibiotic prescribing, and wisdom tooth removal. The dentist was aware of the 'Delivering Oral Health Toolkit' which is an evidence based toolkit used by dental teams for the prevention of dental disease.

### Health promotion & prevention

The practice was pro-active in oral health promotion. The dental nurse had received additional training in the maintenance of good oral health. There was health promotion material available in the waiting room and leaflets for patients to take away. The practice also had samples of oral health aids for the patients, for example, toothpaste and toothbrushes.

The dentist informed us that they gave health promotion advice to patients at a level they would understand in response to clinical situations. For example, smoking cessation and dietary advice was given to patients after treatment.

### Staffing

Staff at the practice had the skills, knowledge and experience to deliver effective care and treatment. Staff were supported in achieving their continuing professional development (CPD) this is mandatory training required by the General Dental Council (GDC) to remain on the providers register. We saw evidence that the dental nurse had completed a significant amount and variety of CPD in the past year.

All staff had undertaken recent medical emergencies training, including basic life support, and had in house safeguarding training.

Staff were very positive about the level of support that they received in pursuing further skills and learning and participated in yearly appraisals to identify any learning needs they may have.

### Working with other services

The practice described several referral options for patients to other services if the treatment required was not provided by the practice. Inspection of referral letters showed these to be appropriate and detailed, giving a full medical and clinical history and explaining the reason for referral.

The dentist informed us there were regular changes to the way referrals were made in the local area. In response to this, the practice had developed a tracking system for when referrals are made. This meant they could be followed up in a timely manner should the occasion arise.

### Consent to care and treatment

Consent to care and treatment was discussed with the dentist and dental nurse. They described that treatment options were clearly explained to the patients, and they provided them with a written copy of the treatment plan which outlined the cost. The patient was encouraged to take this away and consider the treatment plan before they signed and consented to it. Patients we spoke with on the day of the inspection confirmed that treatment options and costs were always discussed with them. The cost of NHS treatment was clearly displayed in the waiting area.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The dentist explained they would involve carers, family members and other health professionals if the patient lacked the capacity to consent for themselves in order to arrive at a best interest's decision in accordance with the Mental Capacity Act 2005 (MCA).

# Are services effective?

(for example, treatment is effective)

The dentist informed us of the circumstances that she may deem a young person as Gillick Competent. This is when a

young person (aged 14-16) understands enough about their treatment and the consequences that they are able to consent for themselves, not requiring a parent to consent on their behalf.

# Are services caring?

## Our findings

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

The comment cards that we received and patients that we spoke with during our inspection were all extremely positive regarding the staff's helpful and caring attitudes. Two of the patients that we spoke with travelled some distance to attend this practice as they were so pleased with the care that they had received. Patients that consider themselves extremely anxious have commented on how the staff put them at their ease.

We observed a very friendly and easy atmosphere at the practice when we visited, and this was backed up by the patient's comments on how welcome they felt. The staff clearly knew their patients well and spoke to them in a caring and open fashion.

When the dentist and nurse were carrying out treatment the reception area was unmanned. They left the door to the treatment room slightly ajar so they could hear if someone came in. We observed the appointment book, which contained patient details was left in the reception area when it was unmanned. The staff informed us it would usually be moved to the office however there was not a lock on the office door.

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

The patients we spoke with during our inspection were all happy that treatment options were explained to them, and they felt involved in their treatment. They commented that the costs of treatment was always clearly discussed with them. Dental care records also documented the options that had been outlined to patients.

The cost of treatment was clearly set out in wall posters and in the patient information files at the reception desk.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice provided pre-dominantly NHS treatments, the costs of which were clearly displayed.

We saw that appointments were of an appropriate length for patients to receive the treatment required at each consultation.

The practice had monitored the number of people that had failed to attend appointments. They reviewed the findings and had implemented a programme of texting or calling patients to remind them of appointments. This not only reduced the number of failed appointments, but also served to forge good relationships with their patients.

Patients we spoke with informed us they could usually get an appointment when they needed one and at a time that was convenient.

### Tackling inequity and promoting equality

Staff told us they welcomed patients from diverse backgrounds and cultures, and they were all treated according to their needs. They explained that some of their patients did not have English as a first language and in this situation they used models or diagrams to provide explanations to the patient.

The premises and services had been adapted to meet the needs of patient with disabilities. There was a ramp outside for wheelchair users to gain access to the practice. All the corridors and doors were wide enabling wheelchair users to navigate the building independently and the patient waiting area was large enough to accommodate wheelchairs, prams and pushchairs. The practice was situated on the ground floor. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

### Access to the service

The practice was open from 9am to 1pm and 2pm to 5.30pm on Mondays, Tuesdays, Thursdays and Fridays. They also provided evening appointments until 8pm on Tuesdays.

They aimed to provide emergency treatment on the same day. Although there were not specific emergency slots allocated, the appointments were booked in such a way that they could accommodate emergency patients around those that had pre planned appointments. On the day of the inspection we saw a patient had been able to book an emergency appointment within an hour of requesting one.

The practice displayed details of the out of hour's emergency number on the wall in the reception area and in the patient information booklet.

### Concerns & complaints

The practice had a complaints policy. The principal dentist was the designated responsible person who handled all complaints in the practice.

Details of how to make a complaint were displayed on the noticeboard in the waiting room as well as in the patient information booklet on the reception desk. Staff were aware of the process to follow when a complaint had been made and informed us they would try to resolve complaints as they arose. The practice had not received any complaints in the past year.

There was a suggestions box in the reception area and questionnaires for patients to complete to provide feedback to the practice. The practice also participated in the NHS friends and family test (FFT) which was created to help service providers and commissioners understand whether their patients were happy with the service provided, or where improvements were needed.

# Are services well-led?

## Our findings

### Governance arrangements

The registered manager who was the principal dentist did not work at the practice most of the time. In their absence the associate dentist managed the day to day running of the service. This dentist had taken on the safeguarding and infection control lead roles within the practice and they were supported in this by the dental nurse and registered manager. The registered manager made weekly visits to the practice.

Staff meetings were held weekly with the registered manager, some of these had minutes logged, and others were informal.

The practice had policies and procedures in place to support the management of the service, and these were readily available in hard copy form. We looked at a number of the policies and found they were relevant to the practice but they did not contain review dates. In addition, some policies and risk assessments that we would expect to see were absent. For example, they did not have a whistleblowing policy, a COSHH file or fire safety risk assessment. In addition the maintenance and servicing schedules for some equipment was not available and they did not have a maintained radiation protection file. Disclosure and Barring Service (DBS) checks had not been completed for all clinical staff and the Hepatitis B status for all staff had not been established. The practice did not have a business continuity plan to give staff guidance on what to do in the event of an emergency that effected the provision of the service.

### Leadership, openness and transparency

Staff we spoke with said there was an open and transparent culture at the practice, where they felt supported to raise concerns at any time with the dentist or the registered manager. The weekly staff meetings offered the opportunity to discuss clinical updates, training or any

specific incidents that may have occurred. They were encouraged to speak frankly and honestly about any issues, and felt involved in the team goal of providing high quality care for the patients. There was not a whistleblowing policy to aid staff in reporting bad practice.

Staff members told us they were clear about their roles and responsibilities, they said they enjoyed working at the practice and that communication worked well within their small team.

### Learning and improvement

All the staff were up to date with their continuing professional development (CPD). Staff reported that they were well supported to maintain their CPD, and staff files showed this to be the case, with a significant amount and variety of training that had taken place.

The staff also reported that they had yearly appraisals, where their learning needs were assessed and plans put in place to meet them.

The systems in place to assess monitor and mitigate the risks relating to the health and safety and welfare of patients had not been effectively implemented, as such there was a lack of quality assurance measures at the practice. Radiographs were assessed for quality assurance, but not audited, so areas of concern were not identified. There were no audits of clinical record keeping however the principal dentist informed us that these would now be carried out.

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

Patients were encouraged to provide feedback to the practice. There were both the NHS friends and family test (FFT), and their own feedback forms available for the patients on the reception desk. There was evidence in files of these feedback forms being kept, but no evidence that any action had been taken as a result of any patient feedback.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered person was not providing care and treatment in a safe way.</p> <p>They were not following the correct process for cleaning equipment in relation to the assessment of residual debris and water temperature checks and they were not performing weekly protein residue tests on the decontamination equipment.</p> <p>We found the provider was not maintaining and servicing all equipment and they were not complying with the correct processes for the use of X-ray equipment.</p> <p>The reception area of the practice was unmanned when patients were receiving treatment and emergency medicines and equipment were kept in an unlocked room. This meant that patients or others entering the building had access to the patient appointment book containing patient information and the emergency medicines and equipment.</p> <p>The temperature of the medicines fridge was not monitored to ensure medications were kept at the correct temperature to maintain viability.</p> <p>The provider was transporting used chemicals to another location for collection and disposal.</p> <p>This was in breach of Regulation 12 (2) (d) 12 (2) (e) 12 (2) (g) 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

## Requirement notices

We found the provider had not carried out a fire risk assessment, a control of substance hazardous to health risk assessment or an appropriate legionella risk assessment to protect people using the service. They had not completed clinical audits, for example, of record keeping or X-ray quality. Policies and procedures did not have review dates and they were lacking policies, in particular for safeguarding vulnerable adults.

This was in breach of Regulation 17 (2) (a), 17 (2) (b) and 17 (2) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

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

The provider did not operate effective recruitment procedures. This was because a risk assessment had not been completed to determine if Disclosure and Barring checks (DBS) were required for staff. Not all clinical staff carrying out regulated activities had received a DBS check. Also the Hepatitis B status for all staff had not been recorded.

This was in breach of Regulation 19 (1) (a), 19 (2) (a) and 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.