

Dr. Aileen Hopkins

The Dental Surgery

Inspection Report

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Overall summary

CQC inspected the practice on 22 June 2016 and asked the provider to make improvements regarding Regulations 12 HSCA (RA) Regulations 2014 Safe care and treatment. Regulation 17 HSCA (RA) Regulations 2014 Good governance and Regulation 19 HSCA (RA) Regulations 2014 Fit and proper person. We took urgent enforcement action and the practice voluntarily closed for seven weeks to allow improvements to be made.

The Dental Surgery is a dental practice providing mostly NHS dental treatment 90%, with private treatment options for patients. The practice is located in the centre of Newhaven.

The practice has two treatment rooms, both of which are on the ground floor.

The practice provides dental services to both adults and children. Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are – Monday, Tuesday, and Thursday 9am to 5pm and Wednesday and Friday 9am to 12pm.

Access for urgent treatment outside of opening hours is facilitated by telephoning the practice and following the instructions on the answerphone message or by telephoning the 111 NHS service.

The principal dentist/owner is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice has two dentists; two qualified dental nurses, one student nurse, two receptionists, and a practice manager.

Our key findings were:

- The treatment rooms were clean and had defined clean and dirty zones.
- We found that some dental care records were not stored securely.
- The building had been maintained to a suitable standard for a dental practice.
- The practice carried out radiography practices in line with current regulations.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning, storing and sterilising dental instruments.

Summary of findings

- There was a system to monitor training, learning and development needs of staff members which would be reviewed at appropriate intervals through the on-going assessment and supervision of all staff employed.
- The practice's infection control procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum
- 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- The practice had undertaken a Legionella risk assessment and implemented the required actions giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- An infection control audit had been undertaken.
- The practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Audits of various aspects of the service, such as radiography and dental care records had been undertaken to help improve the quality of service.
- Audit protocols have been implemented to document learning points which are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.
- The practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.
- The practice had arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).

- We saw that dental care products were stored in line with the manufacturer's guidance and all were in date.
- We saw that dental care records were not stored securely
- Staff could demonstrate awareness of Gillick competency and were aware of their responsibilities.
- All staff had completed training in the Mental Capacity Act (MCA) 2005 and were aware of their responsibilities under the Act as it relates to their role.

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

- Ensure waste is segregated and disposed of in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Ensure the storage of records relating to people employed and the management of regulated activities is in accordance with current legislation and guidance.
- Ensure that specific training for IR(ME)R for one member of staff is completed by attendance on an external course.

You can see full details of the regulations not being met at the end of this report.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review its responsibilities to the needs of people with a disability and the requirements of the equality Act 2010 and carry out a Disability Discrimination Act audit for the premises.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

Infection control reflected the guidance issued by the Department of Health, Health Technical Memorandum HTM 01-05 with the exception of the disposal of hazardous waste.

Processed instruments were stored pouched. Drawers used to store instruments were clean and organised and free from non-dental items. Clean and dirty areas were defined in the treatment rooms. The decontamination area had been moved temporarily into one of the surgeries and the provider was in the process of planning a new dedicated decontamination area. Environmental cleaning was being recorded and followed national colour coding.

The practice no longer kept the three dogs on the premises in the reception area during surgery hours. The dogs were kept upstairs during practice hours in a flat owned by the provider.

The provider had contracted a company to carry out deep cleaning in the two surgeries. The surgeries were visibly clean on the day of our inspection.

Appropriate recruitment checks had been obtained for staff recently employed and documents required under Schedule 3 were now available.

The practice had fulfilled its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IR(ME)R) 2000.

Requirements notice 

Are services effective?

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

We were assured that patients received information regarding the risks and benefits and options available to them.

We were shown some evidence that staff had completed mandatory training in radiography. However, this was interim training for one member of staff and they still had to attend a further course in December 2016 to reach compliance.

Staff had completed training in the Mental Capacity Act 2005 (MCA) and had understanding and knowledge of its relevance in practice.

The practice made referrals to other dental professionals when it was appropriate to do so. There was a system to follow up the referrals once they had been sent out.

No action 

Summary of findings

Are services caring?

We found that this practice was not providing caring services 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).

Patient confidentiality was not always maintained as dental care records were not stored in a secure way.

Patients said staff were always friendly, polite and professional and they were treated with dignity and respect by staff.

Patients said they received fair dental treatment and they were involved in discussions about their dental care.

Requirements notice 

Are services responsive to people's needs?

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

Access at the front of the premises was via a small flight of stairs. Patients were given the option to access the premises via a rear entry where there was a small step. The two surgeries were located on the ground floor. The practice had not conducted a disabled access audit to consider the needs of patients with restricted mobility.

There were systems and processes to support patients to make formal complaints. The practice had created a new complaints policy which had details of the correct organisations to contact should a complaint not be rectified to a patients satisfaction.

No action 

Are services well-led?

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

The practice had created and implemented new practice policies with up to date information to support staff.

Regular reviews of staff performance had been implemented and personal development plans were in the process of being introduced.

Staff training was being monitored and staff training was a combination of both attended and online training. One member of staff had allowed their mandatory training to lapse. We were shown some evidence that this member of staff had completed mandatory training in radiography however, this was interim training and they still had to attend a further course in December 2016 to reach compliance.

The practice were monitoring water temperatures in the building as a precaution against the development of legionella. One of the water heaters had been replaced when results from the temperature monitoring indicated that the hot water was not reaching the required temperature.

Requirements notice 

The Dental Surgery

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008

The inspection took place on 4 October 2016 and was conducted by a CQC inspector and a specialist dental advisor. NHS England was also in attendance.

We had requested information from the provider regarding the breaches found at our last inspection on 22 June 2016. We reviewed information we held about the practice and information shared with us from NHS England following visits they carried out where issues were identified.

During the inspection we spoke with dentists, one qualified dental nurse and the practice manager. We did not speak with any patients on this occasion as the practice had voluntarily closed for seven weeks to enable improvements to be made.

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

Reliable safety systems and processes (including safeguarding)

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. At our last inspection the practice showed us that they had a rubber dam kit available for use when carrying out endodontic (root canal) treatment. However, we asked to see the rubber dam kit which was incomplete. Staff told us that it was used consistently but could not locate the missing components or could identify what was missing.

At this inspection we noted that the rubber dam kit was still incomplete.

Staff recruitment

At the last inspection we noted that the practice's written policy for the recruitment of staff was outdated. The policy did indicate some of the required checks that would be required for new staff. The policy stated that all staff employed would be required to submit a full CV and that positions of employment would only be offered on the receipt of suitable references. Staff recruitment records we looked at did not contain a CV or any references. We were also concerned that they did not always obtain all of the required information for members of the team before they had contact with patients.

At this inspection we found that this information had been obtained retrospectively for the members of staff it concerned.

Monitoring health & safety and responding to risks

At the last inspection the practice had limited arrangements in place to deal with foreseeable risks. At this inspection we noted that the practice was in the process of updating all of their policies and procedure documents. This included a new health and safety policy for staff to refer to.

At the last inspection we were not assured that the practice received communications from the Medicines and Healthcare products Regulatory Agency (MHRA) or if any actions had been taken if needed. At this inspection we saw

how these alerts were received and where a medicine that had recently been recalled this had been actioned and stock had been checked to ensure it was not one of the recalled batch numbers.

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 the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. At our last inspection we were not assured that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices.

At the last inspection we saw that dental treatment rooms and the decontamination room appeared to be dirty and drawers were cluttered. We saw that equipment used for general cleaning at the practice was not stored correctly. We saw that mops were stored head down, were wet and smelt unpleasant. The mops did not correspond with the correct coloured buckets and there were limited cloths used for cleaning. No cleaning schedules had been completed so it was unclear what cleaning was completed and when. At this inspection we saw that cleaning equipment had been stored in line with current standards and mops and buckets corresponded to ensure that areas cleaned were not re-contaminated. Cleaning schedules were available and all tasks completed had been recorded.

At the last inspection we noted that the one of the treatment rooms did not have designated hand wash basins separate from those used for cleaning instruments. We saw an invoice to show that the installation of new sinks had been arranged. At this inspection we saw that the sinks had been installed in surgery one and had been labelled to show which sinks was purely for handwashing and which would be used for the scrubbing of used instruments.

At our last inspection we saw that dirty instruments were scrubbed in a sink in the surgeries. New instruments were stored unwrapped on trays intended for use in close proximity to the sink used for scrubbing and were exposed to the aerosol created when manually scrubbing

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instruments. At this inspection we saw that these activities had now been separated and instruments were stored away from the scrub sink to ensure they were of an appropriate standard of cleanliness to use on patients.

At the last inspection we saw that the practice did not separate dirty instruments from clean ones in the decontamination room and whilst waiting for use in the surgeries. We noted that clean and dirty areas in the treatment rooms and decontamination area were not defined and there was a risk of cross contamination. The practice had a decontamination area, where the dental nurses cleaned, checked and sterilised instruments but we noted that the decontamination area was not separate from other activities such as tea and coffee making. Staff had undertaken some training in infection control via an online course. We did not feel that staff had been trained sufficiently so that they understood this process and their role in making sure it was correctly implemented.

At this inspection we saw that the autoclave had been moved into surgery one until the decontamination area could be updated and the tea and coffee making facilities moved to another area in the practice. We noted that this system would work as a temporary measure until the decontamination area had been re-modelled.

At the last inspection we observed clean and dirty instruments being transported on open trays to and from the surgery. The practice had purchased two lidded boxes for transporting instruments but had yet to use them but it was noted that they would need a minimum of four boxes to facilitate safe and compliant transportation of instruments. One clean box and one dirty box for each surgery. At this inspection we saw that each surgery had two clean and two dirty boxes for the transportation of instruments. The boxes were clearly marked and staff explained how the new system worked.

At the last inspection the dental nurse showed us the full process of decontamination including how staff manually scrubbed and rinsed the instruments in cold water, checked them for debris and used the ultrasonic bath and autoclaves (equipment used to sterilise dental instruments) to clean and then sterilise them. Clean instruments were not packaged according to current HTM01-05 guidelines, but stored loose in drawers or on open trays in the surgery. We noted that the drawers where the sterilised instruments were stored prior to use also contained other items such as a used toothbrush and used

hair comb. This posed a risk of recontamination. Staff could not tell us when instruments would expire, therefore staff did not know if these instruments had expired. In the treatment rooms a few instruments were pouched but were blank with no date of expiry. At this inspection we found that all of the instruments were stored in clean organised drawers free from any other items. All of the instruments were pouched and stamped with the date of processing and the date of expiry.

At the last inspection staff showed us how the practice checked that the decontamination system was working effectively. Staff were confused on what they needed to do to ensure that the ultrasonic bath was working effectively. We signposted them to HTM01-05 guidance on the maintenance of ultrasonic baths. They showed us the paperwork they used to record and monitor these checks. These had been completed in part but were not all up to date. We saw maintenance information showing that the practice had maintained some of the decontamination equipment to the standards set out in current guidelines such as the autoclave. We saw that the practice was using a cold water bath to process some of their equipment. This process is not included in the HTM 01-05 guidance as it is not effective. At this inspection we saw that the ultrasonic bath was being maintained correctly, weekly protein tests had been conducted to ensure that the bath was free of bacterial build up and the results recorded. Quarterly foils ablation tests had been conducted to show that the bath was functioning effectively and all results had been recorded. We were assured that the decontamination equipment was being maintained correctly.

At the last inspection we saw that the practice reused single use dental instruments which had been used on other patients. Most of the single use items being re-used were also being processed in the cold water baths. We found numerous rose head burs in each of the two treatment rooms with debris on them. Some were rusty and very dirty. We found items such as polishing brushes, suction tubes, dappen pots and files used in root canal treatment in the cold water baths. They were all dirty and the fluid in the baths was cloudy and contained debris. At this inspection we were assured that the cold water baths were no longer in use and that all single use items would be used on one patient and then disposed of accordingly.

At the last inspection we saw an invoice for a specialist contractor who had carried out a legionella risk

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assessment for the practice on 15 June 2016 and the practice was awaiting the final report with actions they would need to address. Legionella is a bacterium which can contaminate water systems in buildings. We saw that staff carried out regular checks of water temperatures in the building as a precaution against the development of Legionella. We requested a copy of the report following our inspection which we did not receive. At this inspection we looked at the report following the legionella risk assessment. All of the actions identified had been addressed. Two dead leg pipes had been removed and a new water heater installed as the water temperature monitoring had identified that the hot water provided by the old heater was not reaching the required temperatures.

At the last inspection we noted that the practice was not using any method to prevent a build-up of legionella biofilm in the dental unit waterlines. Regular flushing of the water lines had never been carried out in accordance with the manufacturer's instructions and current guidelines. Staff when questioned referred to the cleaning of the aspirator unit and were not aware of the need for the flushing of the water lines. At this inspection staff could demonstrate how they cleaned the dental unit waterlines and regularly flushed them through. This task had been added to the daily surgery check list and we saw that it was now being conducted daily and weekly as required by current guidance.

At the last inspection we looked at audits of infection control which had been carried out every six months using the format provided by the Infection Prevention Society. We looked at the most recent audit, staff had answered yes to

the section 5.5.6 "instruments are stored pouched" which they were not. At this inspection we saw that the IPS audit had been conducted again and that all instruments were stored pouched. We advised that it would be beneficial to conduct the audit again as their decontamination procedure had recently been changed.

At the last inspection we found that the practice was not conforming to the clinical and dental waste guidelines from the Department of Health. Staff told us and we saw that amalgam waste and extracted teeth were disposed of in the orange hazardous waste bags. This poses an environmental risk, due to the way that the waste bags are processed following their removal from the practice; as amalgam contains mercury which needs to be processed differently to make it safe. This was in direct contradiction to the Hazardous Waste Regulations 2009 and is not in line with HTM 01-05. At this inspection we saw that the practice had amalgam waste containers, these contain a mercury suppressant. During discussions with staff it was apparent that extracted teeth would still be disposed of in the orange waste bags. It was decided with the provider that all extracted teeth would be disposed of in either the amalgam waste pots, if the teeth contain amalgam fillings or in the sharps/pharmaceutical bins if they do not; which would conform to the hazardous waste regulations and ensure that amalgam and extracted teeth are processed correctly once collected from the practice.

The practice used an appropriate contractor to remove dental waste from the practice with the exception of extracted teeth and amalgam and we saw the necessary required waste consignment notices.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

At the last inspection we found the practice did not have robust policies and procedures for assessing and treating patients. This posed a risk to patients as X-rays could be taken at inappropriate intervals and not in accordance with the patient's risk of oral disease. At this inspection we found that radiography training had been carried out and one of the dentists had refrained from taking X-rays until their training had been updated.

At the last inspection the dentists told us that they discussed each patient's diagnosis and treatment options. Although options were provided, there was no record of this. At this inspection we were unable to assess that options were recorded in patients dental care records as the practice had been closed for seven weeks and no patients had been seen.

At the last inspection we noted that dental care records lacked detail, or evidence that possible risks or benefits, advantages or disadvantages of each choice had been discussed and were not in line with, the National Institute for Health and care Excellence (NICE) guidance or the, Faculty of General Dental Practice record keeping guidance. At this inspection we were unable to measure this as no patients had been seen for seven weeks. The dentists told us that they had a copy of the Faculty of General Dental Practice record keeping guidance and would implement this when the practice re-opened; they told us how this guidance would support them in maintaining appropriate dental care records. This would also include recording information to support the guidance issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'

Staffing

The majority of the staff had worked at the practice for a number of years. Two of the dental nurses and the two dentists were registered with the General Dental Council (GDC).

At the last inspection we saw that a large amount of training had been completed as a result of the NHS England inspection carried out in April 2016. We could not establish if staff were encouraged and supported to maintain their continuing professional development (CPD) to maintain their skill and competency levels. We were concerned that staff had not maintained their CPD throughout the five-year cycle as recommended in the GDC guidance. We noted that some staff had not completed their mandatory radiography training. At this inspection we saw that the required training had been completed with the exception of radiography training for one member of staff. We saw evidence of the booking for the radiography training which is due to take place in December 2016 however the dentist will not take radiographs until the training has been completed

Consent to care and treatment

At the last inspection we noted that staff had not received Mental Capacity Act 2005(MCA) training and were not fully conversant with its relevance to the dental practice. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. At this inspection we saw that all staff had completed MCA training and could demonstrate how this would apply to patients.

At the last inspection staff demonstrated limited knowledge of gillick competency. The Gillick competency is used to assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. At this inspection staff were able to describe how they would apply gillick competency to young people during the consultations and treatment appointments.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

At the last inspection we noted that some dental care records were not stored securely. These records were stored on open shelves in surgery two. This had been noted by NHS England at their inspection. The principal dentist provided us with a quotation for cupboards to be installed to replace the open shelving and that these would be

locked. At this inspection we saw that the record cards were still being stored in an unsecured way. Although some attempt had been made to cover the shelving where the records were stored; the records were still easily accessible and the method used to cover them was insufficient. We spoke to the provider about this and highlighted how easily the records could be accessed. The provider told us that they would address this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Tackling inequity and promoting equality

The practice had recognised the needs of its patient population. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. The practice had access to a translation service, but very rarely had the need to use it.

At the last inspection we noted that the practice was not accessible to wheelchairs and patients with pushchairs with a small flight of steps at the entrance. Staff explained how they would help anyone in a wheelchair or with mobility problems. Both treatment rooms were on the ground floor. There was one toilet in the practice which was through reception; this was not accessible for a wheelchair user. Staff explained that patients who could not access the practice at the front of the building would use the rear door and this would make the toilet accessible also. However,

we noted that patients using the rear entrance would still need to negotiate a step and the area was quite compact which would make manoeuvring a wheelchair into the practice difficult. At this inspection we noted that a disability risk assessment had not been carried out and there was no process in place for informing patients of the access issues.

Concerns & complaints

At the last inspection we reviewed the practice complaints policy which was out of date. The information it contained was also incorrect such as the external organisations patients could complain to should they feel that their complaint has not been rectified to their satisfaction. We could not be assured that patients would be signposted to the correct organisation should they need to take a complaint further. At this inspection we saw that the complaints policy had been updated with the external organisations for patients to contact in the event that they wished to take a complaint further.

Are services well-led?

Our findings

Governance arrangements

At the last inspection we found that the practice had conducted some governance activity, although it had not resulted in any improvements or remedies. We found significant shortfalls in the practice's governance arrangements. Although there were a few basic policies for staff to refer to and to support the management of the service, these were out of date and not wholly implemented. There was no system to show that staff had read, understood and agreed to abide by the policies. There were limited systems or processes to ensure that quality and safety was appropriately monitored or actions taken to address issues. As a result, staff were not adhering to HTM 01-05 guidance, not monitoring water temperatures or flushing waterlines, incorrectly disposing of some clinical waste and auditing information collected was incorrect. We found some materials and medicines that had expired. We found equipment that was damaged and not fit to use which was still in use. At this inspection we saw that auditing in many areas had been introduced such as the quality of X-rays taken, the content of dental care records and infection control. These audits had identified gaps which had been partly addressed and rectified. The application of the Faculty of General Dental Practice (FGDP) guidance for dental records was due to be implemented once the practice re-opened.

At the last inspection we saw that recruitment procedures were not robust, although all staff had undergone a DBS check, references were not obtained and checks of past employment had not been conducted. Staff had received a form of appraisal but these had not reviewed performance nor had any clear objectives. The practice did not monitor or keep a record of training for staff. At this inspection we saw that references had been obtained for the most recent employee and their employment history checked. Appraisals were due to be re-conducted in order to include learning objectives. One of the dentists explained how this would identify training needs and would also feed into a personal development plans that were being introduced.

Leadership, openness and transparency

At the last inspection we found there was a lack of leadership provided by the principal dentist who is the registered provider and responsible for the management of the practice. We were concerned that skills had lapsed and

in some areas no training had been completed for a number of years. During our inspection we noted that there were gaps in knowledge pertaining to infection control, radiography, the GDC standards and equipment maintenance. At this inspection we found that there had been improvements made with regard to the gaps in knowledge and the lapsed skills of the provider. We also noted that there was more work to do in this area with further training planned to take place in December

At the last inspection we saw that the practice had a whistleblowing policy which was out of date and did not contain up to date information for staff to refer to. Staff when questioned were unsure of what would constitute a whistleblowing or what their duties were under their professional registrations. At this inspection, staff were able to explain when they would need to whistle blow or what would prompt them to take action. We saw a new updated whistleblowing policy with the correct up to date information for staff to refer to.

Learning and improvement

At the last inspection we saw that the practice did not have a structured plan to audit quality and safety. The only audits that had been conducted contained incorrect information or did not conclude to show any outcomes which could be measured or actions to be taken. There was no evidence that learning was shared or that improvement of the service was prioritised. At this inspection we saw that an audit plan had been implemented and areas of the service such as the quality of X-rays and infection control were now being monitored appropriately.

At the last inspection there was little evidence to show that staff working at the practice were supported to maintain their CPD. There had been no training by one member of staff for radiography. Three members of staff had sourced and completed some training independently. Therefore we could not be assured that training completed was effective, pro-active, implemented change and improvement or would be completed in the appropriate timescales. At this inspection we saw that there were improvements with regard to training, however staff were aware that there was further work to be done in this area.

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

At the last inspection we were told patients gave verbal feedback to staff at the practice at each appointment; however this information was not collated and they did not

Are services well-led?

collect any written feedback. Therefore patients were not able to influence how the service was run. When we visited on this occasion the practice had been closed for seven weeks so that improvements could be made and therefore we could not assess this.

At the last inspection staff at the practice told us that they could discuss things with the principal dentist and gave

feedback on a casual basis. Staff informed us that they had mentioned concerns regarding processes and current legislation in regard to infection control, training and personal development to the provider on many occasions but nothing had arisen from these discussions. At this inspection we noted that improvements in these areas had been achieved.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014. Safe care and treatment.</p> <ul style="list-style-type: none">• One member of staff could not demonstrate competency, skill or experience in the safe use of radiography.• Hazardous waste was not being correctly segregated and disposed of in line with the Hazardous waste regulations 2009. <p>This was in breach of Regulation 12. 1. 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> <p>Regulation 17 HSCA (RA) Regulations 2014. Good Governance.</p> <ul style="list-style-type: none">• Dental care records were not stored securely <p>This was in breach of Regulation 17. 1. of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>