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Marsh Hill Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 31 March 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 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

Marsh Hill Dental Surgery Centre is a general dental practice which offers predominantly NHS and some private dental treatment to adults and children.

The premises are located on the ground floor and consist of one treatment room and a reception/waiting area. The decontamination of dirty dental instruments were carried out in the treatment room as the practice did not have a designated decontamination room.

The practice was open Mondays and Tuesdays from 9am to 3pm, on Thursdays it was open from 9am to 2pm and on Fridays it was open from 9am to 1pm. On Wednesdays reception was open for bookings only from 9am to 1pm.

The provider owned two other local sister practices nearby and staff members were not permanently based at this practice but also worked at the nearby sister practices. Normally the provider and another associate dentist worked at the practice with a dental nurse and reception staff. There was a practice manager/area manager who was responsible for the overall governance of the practice but they were not based at this site. On the day of the inspection an assistant practice manager told us that they helped the practice manager with the day to day running of the practice and usually worked at this site once a month.

The provider is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We collected three completed cards and spoke with two patients. These provided a positive view of the services the practice provides. All of the patients commented that the quality of care was very good.

We carried out an announced comprehensive inspection on 31 March 2016 as part of our planned inspection of all dental practices. The inspection took place over one day and was carried out by a lead inspector and a dental specialist adviser.

Our key findings were:

- There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- There were some systems in place to reduce the risk and spread of infection they were not adequate as we found some part of the practice visibly unclean. Patients commented that the practice needed updating as we saw some cupboard edging needed to be fixed to ensure effective cleaning. A fridge used to store an emergency medicine looked visibly dirty.
- There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers, oxygen cylinder and the X-ray equipment.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained. The practice had access to an automated external defibrillator (AED) but staff members were unable to demonstrate if it was working.
- The provider had emergency medicines on site in line with the British National Formulary (BNF) guidance for

medical emergencies in dental practice. However, one of the medicines were being stored in a fridge and the temperatures were not being monitored to ensure it was within an acceptable range.

- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective system in place to act on feedback received from patients and staff.
- Governance arrangements were in place for the smooth running of the practice; however they were not robust as the practice did not have a structured plan in place to review policies and where appropriate they were being followed.

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

- Ensure an effective system to assess, monitor and improve the quality and safety of the services provided.
- Ensure that the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.

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 requirements relating to local rules for the X-ray machine to ensure they were signed and dated by relevant persons.
- Review the practice's audit protocols of various aspects of the service, such as radiography and dental care notes.
- Review systems and processes that are in place to ensure effective cleaning.
- Review processes to ensure dental care records are maintained appropriately giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

Summary of findings

- Review preparedness to deal with medical emergencies during domiciliary visits by considering need for appropriate emergency equipment and drugs.
- Review the practice's recruitment policy and consider if procedures were suitable and the recruitment arrangements were in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014 to ensure necessary employment checks were in place for all staff and the required specified information in respect of persons employed by the practice was held.

- Review the RIDDOR policy to ensure information relating to designated lead roles reflects the current staff group.

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 providing safe care in accordance with the relevant regulations. The practice did not have robust arrangements for infection control and issues were not picked up in audits. The storage and management of some emergency medicines and equipment was not robust. Security of prescription pads also needed to be improved. One staff members had Disclosure and Barring Service (DBS) checks carried out by their previous employers and the practice had not considered if they needed to carry out their own DBS checks.

We found that all the equipment used in the dental practice was well maintained. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents. There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

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

We saw examples of effective collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) training and were meeting the requirements of their professional registration.

Are services caring?

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

We collected three completed CQC comment cards. These provided a positive view of the service; we also spoke to two patients who also reflected these findings. Patients commented that the quality of care was very good and staff were helpful. Patients we spoke with and comments cards we received confirmed that the dentists provided excellent advice and treatment, treatment was explained clearly and we were told that the staff were caring and put them at ease. Many staff had worked for the provider for several years and spoke with enthusiasm about their work and were proud of what they did. Staff members demonstrated they understood patients' individual care and support needs.

Are services responsive to people's needs?

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

Patients could access treatment and urgent care when required. The provider owned two other practices nearby and patients could and were referred to these practices if there were no appointments available. There was a well-publicised complaints system and the practice had a system in place to acknowledge, investigate and respond to complaints made by patients. The practice had one treatment room on the ground floor and patients using a wheel chair were able to access the surgery through the rear enabling ease of access into the treatment room.

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).

Summary of findings

Staff told us the practice manager was very approachable and supportive and the culture within the practice was open and transparent. All staff felt well supported and able to raise any concerns where necessary. Staff told us they enjoyed working at the practice and felt part of a team.

The provider owned two other practices nearby. The area manager/practice manager and an assistant practice manager were not based at the Marsh Hill practice. Most of the staff worked in other practices and a dedicated team was now being established in the practice. This lack of a dedicated staff and leadership team meant there was a lack of robust governance processes such as reviews of policies and procedures, monitoring of audits and ensuring thorough cleaning. We had concerns that management did not have oversight of the practice when they were working at the other two practices that the provider owned.

Marsh Hill 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.

We carried out an announced, comprehensive inspection on 31 March 2016. The inspection took place over one day and was carried out by a lead inspector and a dental specialist adviser.

We informed NHS England area team that we were inspecting the practice, however there were no immediate concerns from them.

During our inspection visit, we reviewed policy documents and staff records. We spoke with four members of staff,

including the provider and the assistant manager. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and patient treatment records. We reviewed comment cards completed by patients and spoke with two patients. Patients gave very positive feedback about their experience at the practice.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was a system in place to learn from and make improvements following any accidents, incidents or significant events. The practice had recorded one significant event in June 2015 regarding late deliveries from a dental laboratory. The laboratory also delivered products with the wrong dates and the practice found it difficult to keep track of products. As a response, the practice developed a recording system for when lab work was requested. This allowed for a better audit trail.

Staff showed some understanding of the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). However, we saw that the policy needed to be reviewed as the designated individual mentioned in the policy had left the practice two years previously.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority's safeguarding team, social services and other agencies in the reception desk. There was a folder available in the reception with relevant guidance and referral forms. Staff had completed safeguarding training and demonstrated to us their knowledge of how to recognise the signs of different kinds of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. This included and identified the practice's safeguarding lead.

We discussed this with dentists and practice staff, and in some cases were shown the relevant entry in specific dental care records. We found that a rubber dam was used for endodontic treatments. Rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for

both adults and children. Oxygen and medicines for use in an emergency were available. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use.

Records showed staff regularly completed training in emergency resuscitation and basic life support including the use of the automatic external defibrillator (AED). 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. There were no checks in place to ensure the AED was working appropriately and we noted that the AED had not been activated as the protective film on the battery was not removed. Staff members were unaware of this and were unable to show us how they would activate the AED. Therefore we did not have confidence that staff would be able to operate the AED in a medical emergency.

The practice had arrangements in place to deal with medical emergencies. However, these did not extend to domiciliary dental visits (visits made by the dentist to the patient's home). The dentist undertaking the domiciliary visits was not taking any emergency equipment or drugs with them. We discussed this with the provider who told us that they mainly took impressions and did not involve any other treatment.

The practice used a domestic fridge to store a medicine for use in hypoglycaemia (low blood glucose). However, a staff member we spoke with was unaware of where this medicine was located. The fridge was visibly very unclean and the temperature was not being monitored. Also, the practice kept other materials in the fridge and we saw that they were out of date. The provider told us that they should have been discarded as they did not use the material. They were discarded once we had pointed this out to the provider and staff.

Staff recruitment

We reviewed the employment files for three staff members. Each file contained most evidence that satisfied the requirements of relevant legislation. This included application forms, employment history, evidence of qualifications and photographic evidence of the employee's identification and eligibility to work in the United Kingdom where required. The qualification, skills and experience of each employee had been fully considered as part of the recruitment process. Appropriate

Are services safe?

checks had been made before staff commenced employment including evidence of their professional registration with the General Dental Council (where required)

However, we saw that checks with the Disclosure and Barring Service had not been carried out for a member of staff. The practice had attempted to obtain recent documentation to ensure it was carried out but this had not been followed up in a timely way and was still outstanding. However, in this case the risk was mitigated as the member of staff had resigned.

We looked at the practice recruitment policy which did not state that a DBS would be carried out before a staff member starts working at the practice. We discussed with the assistant practice manager that the policy needed review.

We looked at another file of a staff member who started working at the practice in January 2015. We saw that a DBS was carried out for them. However, this was carried out by their previous employer and we spoke with the assistant practice manager regarding the non-portability of DBS checks. They told us that they would organise a DBS check for the staff member concerned.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for risk of fire. Fire safety signs were clearly displayed and fire extinguishers had been recently serviced.

The practice had a health and safety risk management process in place which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found that some risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them. However, the file was not comprehensive or regularly updated when new materials or chemicals were introduced to the practice. We discussed this with the practice management team who resolved to address this.

Infection control

There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste. The lead for infection prevention and control was the area manager/practice manager and the assistant manager. We were told that they did not regularly work at the practice.

Cleaning was done by staff but there were no cleaning schedules or regular checks to ensure effective cleaning. We saw the patient toilet was visibly unclean and patients commented that the practice was tired looking. For example, we saw a cupboard door in the treatment had come off its hinge and needed fixing. We also saw the edging of a cupboard door had come off and would compromise effective cleaning. The practice had conducted an infection control audit. However, this did not reflect or highlight some of the issues we had seen.

There was no dedicated place for staff members to change and they usually changed in the toilet. This did not ensure effective infection control measures were followed.

The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff. Decontamination was carried out in the treatment room as the practice did not have a separate decontamination room. A dental nurse demonstrated the cleaning procedure for cleaning dirty instruments after treatment. Dirty instruments were soaked and washed in the 'dirty area'. They were then sterilised using an autoclave and bagged in the 'clean area'. Instructions in regards to the decontamination process were not displayed and we saw the sequence of taking off protective personal equipment (PPE) was incorrect.

Records showed a risk assessment process for Legionella had been carried out in April 2015. This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. Legionella is a bacterium found in the environment which can contaminate water systems in buildings.

Are services safe?

Equipment and medicines

There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the annual servicing certificates.

An effective system was in place for the prescribing, dispensing, administration and stock control of the medicines used in clinical practice such as local anaesthetics. These medicines were stored safely for the protection of patients. However, prescription pads kept in the surgery were not stamped or logged and whilst some were locked away others weren't.

Radiography (X-rays)

We checked the practice's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We saw local rules relating to each X-ray machine were available but were not signed or dated by staff. We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

Dental care records we reviewed showed the practice was not grading all X-rays taken. We saw that the quality of

some X-rays was poor and no wedge tests had been done recently to establish that the chemicals used were functioning at the optimum to give good quality X-rays. A step wedge test is used to test the quality of the manual and automatic processing systems X-rays. The step wedge consists of either a piece of metal of various thicknesses or a series of lead foils moulded together to form the test object. There were no schedules to show when the chemicals were changed and staff were unsure of how to make wedge tests. We saw some wedge tests in the practice but they had not been made recently. Dental care records we looked at also did not show justification for why X-rays were taken and whether verbal consent had been given for taking X-rays.

We saw a quality assurance process was in place to ensure that X-rays taken were of a consistently high diagnostic standard but results we saw did not match up to those seen in notes. The practice manager was conducting the audit and they had not identified any anomalies in the quality of X-rays. Records we looked did not have a grade for X-rays taken and most did not justify the reasons for taking the X-rays or what the outcome was. We spoke with the practice manager after the inspection and they confirmed that they had been trained by the dentist but had not received any formal training in radiography. We discussed with the provider that dentists working in the practice should carry out audits of each other's X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, we saw that the practice referred to National Institute for Health and Care Excellence (NICE) guidelines where appropriate.

Records we looked at showed that medical histories were taken and updated in all cases.

We spoke with the provider who told us they regularly assessed patient's soft tissue including the gums and tongue. Records we looked at showed assessment treatment plans were thorough. Risk assessment was used for recall intervals and discussed with patients.

We saw daily audits were done thoroughly to ensure quality of water emanating from dental unit waterlines.

Health promotion & prevention

We observed there were no leaflets or other literature available in the waiting room to inform patients how to maintain good oral and general health. Staff told us the practice used to have these available but stocks had been depleted and had not been replaced. We discussed this with the practice management team who resolved to address this.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. However, we saw this was not routinely recorded in dental care records. One of the dental care records we looked at showed a patient was recommended high fluoride toothpaste.

Staffing

The provider owned two other practices locally and most staff worked at the other locations as well as this practice. The assistant practice manager told us there was no dedicated staff team for this practice but a permanent team was now being established.

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. For example, staff files we looked at showed they had completed induction in health and safety.

Clinical staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies, safeguarding vulnerable children and adults and infection control and prevention.

Staff files we looked at showed there was an appraisal system in place which was used to identify training and development needs. Staff told us they had found this to be a useful and worthwhile process; they felt well supported by the practice management team and they were given opportunities to learn and develop. Staff had access to online training and told us that they would pick a topic randomly and undertake training together and records were kept as part of their continual professional development (CPD).

Working with other services

Referrals for patients when required were made to other services. For example, the practice did not have a hygienist and the provider had another nearby practice with a hygienist. Patients were referred to the other practice where appropriate. For other complex dental treatments such as orthodontics, patients were referred to other local practices. For treatments under sedation patients were referred to the dental hospital. Records we looked at showed that patients were referred appropriately. The provider told us where a referral was made, the care and treatment required was fully explained to the patient and the patient was given a copy of the referral letter.

Consent to care and treatment

Records we looked at showed that patients had signed to confirm they had agreed to treatment. On the day of the inspection we saw staff explain to a patient about the cost for treatments on the NHS.

There was a flowchart in the treatment room regarding the process of consent for minors. They were familiar with the concept of Gillick competence regarding the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment. Some staff members including the provider had attended a dementia course at a local hospital in January 2016. Staff members were able to demonstrate an understanding of the concept of consent to dental treatment.

Are services effective?

(for example, treatment is effective)

Some of the staff had attended a training course on Dementia which covered the Mental Capacity Act (MCA) 2005. MCA 2005 provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice confidentiality policy was displayed in the reception area. Staff explained how they ensured information about patients using the service was kept confidential. Patients' dental care records were kept secure and staff members demonstrated their knowledge of data protection and how to maintain confidentiality. There was only one treatment room and the reception desk opened into the small waiting area which made it difficult to hold confidential discussions. For example, we could hear on the day discussion with patients about their treatment and cost. Staff members told us they would take patients to another area in the corridor or the toilet.

We received three CQC comment cards which were positive about the practice and the service. We spoke with two

patients on the day of the inspection who told us that they received excellent care from a practice team who were kind, caring and professional. We also observed staff being polite, friendly and welcoming to patients.

The practice had conducted a patient survey in February 2016 and the results showed that patients were happy with staff and the service.

Involvement in decisions about care and treatment

Records we looked at showed that treatment plans were signed by patients to demonstrate they had agreed to treatment. We observed staff members in the practice taking time to explain treatment costs to patients. Patient feedback from CQC comment cards and those we spoke with on the day that the dentists took time to explain dental treatment and options in a way the patient understood.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

There were systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. This included checks for laboratory work such as crowns, dentures and implant fixtures which ensured delays in treatment were avoided. We saw that the practice had implemented a new process to ensure better traceability of lab work after previous incidents where lab work had been delayed.

Emergency appointments were available and offered within 24 hours and we saw emergency assessment forms were used.

Most records we looked at confirmed that patients had an examination of soft tissues (including lips, tongue and palate). The condition of patients' gums using the basic periodontal examination (BPE) scores were recorded but not at every examination. The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need. In some records we looked at there was clear evidence of more severe periodontal disease and there was no evaluation of the gums and no evidence a referral to hygienist or a clear plan for treatment. The provider owned another practice nearby and we were told that patients were referred to a hygienist when required. Also, if there were no dentists at the practice staff referred patients to the nearby practice if they needed urgent dental attention.

Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions. Staff told us if they were unable to communicate fully with a patient due to a language barrier they could arrange a translation service. The practice team spoke a number of languages which also supported patients to understand treatment

options. One of the staff members had trained in British Sign Language (BSL) and they told us that they did not use it at the practice as there were no patients that had the need.

The practice carried out domiciliary visits (visits made by the dentist to the patient's home) and the some staff members including the provider had attended dementia training.

The practice closed at 5.30pm and staff members we spoke with told us later appointments were kept for working patients.

Access to the service

The practice displayed its opening hours in the premises and patients could access care and treatment in a timely way and the appointment system met their needs. The practice was open Mondays and Tuesdays from 9am to 3pm. On Thursdays it was open between 9am to 2pm. On Fridays it was open from 9am to 1pm and on Wednesdays it was open from 9am to 1pm for telephone bookings only. If patients required urgent dental treatment they were referred to a nearby practice owned by the provider.

The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service on the telephone answering machine.

The practice had one surgery on the ground floor. The surgery was normally accessed from the reception area down a couple of steps. However, patients using a wheelchair could access the practice for treatment through the rear.

Concerns & complaints

There were two complaints policies displayed in the practice reception area, one for private treatments and the other for NHS dental treatment. The policies outlined for patients and staff how each complaint would be handled by the practice.

We saw that the practice had received one complaint in the last year. The complaint received in May 2015 demonstrated that the practice had followed its complaints policy. Learning was also discussed with relevant staff to prevent re-occurrence.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, safety policy and an infection control policy. Staff we spoke with were aware of their roles and responsibilities within the practice.

There were two other local practices owned by the provider and the practice manager was mainly based at one of the practices. The assistant practice manager told us that they usually worked at the practice once monthly; the practice manager/area manager was also not based at the practice.

As a result some governance processes were not sufficiently robust as. For example, we saw a policy that had not been reviewed for over two years. Staff were unaware that an emergency medicine was kept in the fridge. We also saw some materials in the fridge used to store an emergency medicine were out of date and this had not been identified by staff members. We saw that the recruitment processes for one staff member had not been robust as a DBS check had not been carried out.

Dental care records we reviewed showed the practice was not grading all X-rays and although systems were in place to monitor X-ray quality they were not robust. We saw there were no processes in place to ensure if chemicals were functioning at the optimum to produce good quality X-rays.

Furthermore, the practice did not have a dedicated staff team as most of the staff also worked at the two other sites owned by the provider and as a consequence this impacted on the governance processes. For example, the area manager and the assistant manager were the leads for infection control and prevention in the practice. However, they were not based at the practice and there were not checks in place to ensure effective cleaning.

Leadership, openness and transparency

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the practice manager without fear of recriminations.

Learning and improvement

The practice sought feedback from patients and staff. We saw that a patient satisfaction survey was carried out in 2016. Analysis of the survey showed that most patients were positive about the service and treatment received at the practice. We saw that the practice had fed back some of the findings of the survey which acknowledged that the practice was 'tired' looking and needed some attention in regards internal maintenance and decoration of the building. Patients we spoke with on the day of the inspection also aligned with these views. Staff members we spoke with told us that they worked at two other sites owned by the provider and they enjoyed working at those sites as the buildings were in a better state cosmetically.

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

The practice had recently sought feedback from patients and had developed an action plan following analysis. We saw that patient feedback was positive regarding staff and service but felt that the practice building could be updated. The practice acknowledged this and fed back their opinions about the need to update the practice in the reception area.

We saw that a staff survey had been conducted recently but had not been analysed. We looked through some of the surveys and saw staff provided positive feedback in regards to working at the practice.

The practice held regular staff meetings to communicate any new developments. The assistant practice manager told us that this was held at a nearby sister practice and most staff attended.

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 (RA) Regulations 2014 Good governance How the regulation was not being met: • The systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity were not robust. Policies were not reviewed and updated regularly. Checks to ensure cleaning was effective were not in place and audits were not robust. • Ensure quality assurance processes are robust to maintain quality and accuracy of X-rays and to ensure robust recruitment process. Regulation 17 (1) (2) (a) (b) (c)