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Haslam Park Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 10 November 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this practice was 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

Haslam Park Dental Practice is situated in Bolton, Lancashire. The practice offers mainly NHS dental treatments to patients of all ages and also offers private dental treatments. The services include preventative advice and treatment and routine restorative dental care.

The practice has two surgeries, a decontamination room, two waiting areas and a reception area. The reception area, one waiting room and one surgery are on the ground floor of the premises. The other waiting room and the second surgery are on the first floor of the premises. They have a portable ramp to access the premises and a stair lift.

There are two dentists and four dental nurses (two of whom are trainees).

The opening hours are Monday to Wednesday from 9-00am to 5-30pm, Thursday from 9-00am to 7-00pm and Friday from 9-00am to 5-00pm.

The practice owner is registered with the Care Quality Commission (CQC) as an individual. 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.

During the inspection we received feedback from 47 patients. The patients were positive about the care and

Summary of findings

treatment they received at the practice. Comments included staff were friendly, helpful, compassionate and empathetic. They also commented the environment was safe, clean and hygienic.

Our key findings were:

- Staff were qualified and had appropriate indemnity cover in place.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Dental care records showed treatment was planned in line with current best practice guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed patients were treated with kindness and respect by staff.
- Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- The practice had a complaints system in place which was readily available for patients.
- Patients were able to make routine and emergency appointments when needed.
- Staff told us they felt supported, appreciated and comfortable to raise concerns or make suggestions.
- One item of the medical emergency drug kit was out of date.
- Staff did not always wear appropriate personal protective equipment and there was no illuminated magnifying glass for checking instruments were free from debris prior to sterilisation.
- There were gaps in the servicing history of the stair lift and the compressor.
- Water temperatures were not checked each month in line with the Legionella risk assessment.
- Not all staff were up to date with their training for infection prevention and control and safeguarding.
- Environmental cleaning was not carried out in line with national guidance.
- One X-ray machine which was not used had not been adequately decommissioned.
- Audit was not embedded within the practice.

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

- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD).
- Ensure 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'.
- Ensure infection control audits are undertaken at regular intervals and learning points are documented and shared with all relevant staff.
- Ensure audits of radiography are undertaken at regular intervals to help improve the quality of service. Practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure systems are put in place for the proper and safe management of equipment.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.

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 system for identifying and disposing of out-of-date stock.
- Review the protocols and procedures for use of X-ray equipment giving due regard to guidance notes on the Safe use of X-ray Equipment.

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.

Staff told us they felt confident about reporting incidents, accidents and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff were aware of the signs and symptoms of abuse. There were contacts available for the local safeguarding board. Not all staff were up to date with their safeguarding training.

Staff were suitably qualified for their roles. Disclosure and Barring Service (DBS) checks were not carried out at the point of employment for new staff.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies.

Equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use. Not all staff were up to date with their training in relation to infection prevention and control.

There was an X-ray machine in the decontamination room which was not used. This had not been decommissioned and was still functional. This machine last had a routine test in April 2013.

No action



Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and provided treatment when appropriate.

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

The practice provided preventative advice and treatment in line with the 'Delivering Better Oral Health' toolkit (DBOH). This included fluoride application, oral hygiene advice and smoking cessation advice.

Referrals were made to secondary care services if the treatment required was not provided by the practice.

No action



Summary of findings

Are services caring?

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

During the inspection we received feedback from 47 patients. Patients commented staff were friendly, helpful, compassionate and empathetic. They also commented they felt well looked after.

We observed the staff to be welcoming and caring towards the patients.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

No action



Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. There were clear instructions for patients requiring urgent care when the practice was closed. Several patients commented they were able to get emergency appointments when needed.

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

The practice had made reasonable adjustments to enable patients in a wheelchair or with limited mobility to access treatment. These included a portable ramp to access the premises, a ground floor surgery and a stair lift.

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).

One of the dentists was responsible for day to day running of the practice. There was a range of policies, procedures and protocols to guide staff in undertaking tasks. It was not clear when these policies had been implemented or reviewed.

Effective arrangements were in place to share information with staff by means of practice meetings. This gave everybody an opportunity to openly share information and discuss any concerns or issues.

Risks were not always appropriately managed. For example, There was not an environmental cleaning schedule in place and only one bucket was available for two mops this potentially posed a risk to cross infection through bacteria being transported to clinical areas. Water temperature checks were not carried out to

Requirements notice



Summary of findings

reduce the risk of Legionella developing. The practice did not have an illuminated magnifying glass to examine instruments prior to sterilisation. Staff did not always wear the appropriate eye and face protection whilst carrying out manual scrubbing.

There was not a robust process in place to ensure all equipment was maintained properly. There was no service history for the stair lift. The process for checking the emergency medicines was not robust as the buccal midazolam had gone out of date in September 2016.

Clinical audit was not embedded within the practice. Audits were carried out sporadically. For example, the Infection Prevention Society self- assessment audit had been carried out the week prior to the inspection. There was not record of when this had been done before this. An X-ray audit and dental care record audit had only been carried out for one dentist.

A satisfaction survey had been carried out in 2014 and now they were doing the NHS Friends and Family Test (FFT).

Haslam Park Dental Practice

Detailed findings

Background to this inspection

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

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

We informed local NHS England area team and Healthwatch that we were inspecting the practice. We did not receive any information of concern from them.

During the inspection we received feedback from 47 patients. We also spoke with one dentist, two dental nurses and the registered provider. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had guidance for staff about how to report incidents and accidents. Staff were familiar with the importance of reporting significant events. The practice maintained an accident book. We reviewed the accident book and saw accidents had been documented and analysed. Any accidents or incidents would also be discussed at staff meetings in order to disseminate learning.

Staff understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These were actioned if necessary.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. One of the dentists was the safeguarding lead for the practice. Not all staff had undertaken safeguarding training.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of a needle removing device, a protocol whereby only the dentist handles sharps and guidelines about responding to a sharps injury (needles and sharp instruments).

We were told the dentists usually used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. If a rubber dam was not used then root canal instruments were secured with either floss or a parachute chain. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We saw patients' clinical records were recorded on paper record cards. These were stored in lockable cabinets.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. Staff had completed training in emergency resuscitation and basic life support in October 2015. They had another course booked for December 2016.

The practice kept an emergency resuscitation kit, medical emergency oxygen and emergency medicines. Staff knew where the emergency kit was kept. We checked the emergency equipment and medicines and found them to be in line with the Resuscitation Council UK guidelines and the BNF. We noted the buccal midazolam went out of date in September 2016 and had not been replaced.

The practice had an Advisory External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.).

Records showed weekly checks were carried out on the AED, emergency medicines and the oxygen cylinder. These checks ensured the oxygen cylinder was full and in good working order, the AED battery was charged and the emergency medicines were in date. This checking process was not robust as the buccal midazolam was out of date.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. When we reviewed a sample of staff files we found this process had not always been followed. For example we noted no references had been sought for one of the dental nurses.

We were told by the registered provider they had recently applied for Disclosure and Barring Service (DBS) checks for all staff. These had not been in place previously. These 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. These checks should be carried out at the point of employment.

Are services safe?

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessments were in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. We saw a risk assessment had been carried out on the premises. This risk assessment was undated so we were unsure when it was carried out. A fire risk assessment had been carried out in August 2016.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. This folder was rather disorganised and substances were not in any particular order which would make locating a COSHH safety data sheet difficult in the event of an emergency.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about 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)'. One of the dental nurses was the infection control lead and was responsible for overseeing the infection control procedures within the practice.

Not all staff were up to date with their training in infection prevention and control.

We saw evidence staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination room to be generally clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards.

The practice did not have a cleaning schedule for monitored areas to be cleaned. We noted the practice had a red and a yellow mop. These were for bathrooms and clinical areas respectively. We saw there was only one bucket for both mops. There should be separate buckets for each mop to prevent cross contamination between monitored areas.

There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated and stored securely for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

We found instruments were being decontaminated using a combination of manual scrubbing and an ultrasonic bath. Instruments were then sterilised in an autoclave (a device for sterilising dental and medical instruments). We saw staff did not wear a face mask or visor when manually scrubbing instruments. There was no illuminated magnifying glass to examine the instruments after they had been decontaminated. There was a magnifying glass but as the room was not well lit this would have been ineffective. We identified a small number of instruments which had debris still on them after being sterilised. This would have been picked up if they had been examined under an illuminated magnifying glass.

The practice had systems in place for daily and weekly quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit six days prior to the inspection. It was not clear when this audit had been

Are services safe?

completed prior to this. This audit relates to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

Records showed a risk assessment process for Legionella had been carried out in November 2011 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice had recently carried out a self-assessment Legionella risk assessment and were awaiting the results of this. We saw they were using water conditioning agent and flushing the dental unit water lines to help reduce the likelihood of Legionella developing. We did not see any evidence water temperatures had been recorded as suggested in the November 2011 risk assessment.

Equipment and medicines

The practice had maintenance contracts for equipment such as X-ray sets, the autoclave and the compressor. We asked about the service history for the stair lift and the registered provider was unable to provide any evidence this had been serviced. We asked them to consider whether it should be in use.

We saw evidence of validation of the autoclave. Portable appliance testing (PAT) had been completed in September 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

We saw the practice was storing NHS prescription pads securely in accordance with current guidance. Prescriptions were stamped only at the point of issue.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in both surgeries and within the radiation protection folder for staff to reference if needed.

We saw there was an X-ray machine which was in the decontamination room. This room had previously been a surgery. We were told this X-ray machine was not used anymore and a sign had been put on saying "not in use". We found this X-ray machine could be turned on and was therefore potentially active. This machine last had a routine test in April 2013.

An X-ray audit had been carried out in February 2016 and October 2016. The results of these audits confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). Prior to this the previous audit was January 2014. The audits in 2016 were only carried out on one of the dentists.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

Medical history checks were updated every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentist followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. We saw a justification, grade and a report was documented in the dental care records for all X-rays which had been taken.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentist applied fluoride varnish to children who attended for an examination. Fissure sealants were also applied to children at high risk of dental decay. High fluoride toothpastes were

recommended for patients at high risk of dental decay. We saw detailed oral hygiene advice was given to patients to help maintain a healthy mouth. Comments from patients confirmed this was done.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice was given to patients where appropriate. Patients were made aware of the ill effects of smoking on their gum health. There were health promotion leaflets available in the waiting room to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included making the new member of staff aware of the location of the emergency kits and an overview of the infection control and the health and safety policy. We saw evidence of completed induction checklists in the personnel files.

The practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment.

Staff were signposted to online learning resources for other continuous professional development (CPD). The practice did not actively monitor staff training. We saw not all staff were up to date with their training in safeguarding patients and infection prevention and control.

We saw staff had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents. Staff told us they felt supported and were clear about their roles and responsibilities.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with current guidance. For example, referrals were made to hospitals and specialist dental

Are services effective?

(for example, treatment is effective)

services for further investigations or specialist treatment including orthodontics and oral surgery. Patients would be given a choice of where they could be referred and the option of being referred privately for treatment.

The practice had a procedure for the referral of a suspected malignancy. This involved sending an urgent fax the same day and a telephone call to confirm the fax had arrived.

Consent to care and treatment

Patients were given information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. The dentist described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient

to understand and make decisions. The dentist was familiar of the concept of Gillick competency clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. We saw these discussions were well documented in the dental care records. Patients were given a written treatment plan which outlined the treatments which had been proposed and the associated costs for the treatment. Patients were given time to consider and make informed decisions about which option they preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented they were treated with care, respect and dignity. Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. This included ensuring dental care records were not visible to patients and keeping surgery doors shut during consultations and treatment.

We observed staff to be helpful, discreet and respectful to patients. Staff told us if a patient wished to speak in private an empty room would be found to speak with them.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. The dentist described to us an example of when they would write information down for a patient who was hard of hearing and would also draw pictures to assist understanding of treatments. Longer appointments would be booked to ensure they were not rushed.

Patients were also informed of the range of treatments available in the practice information leaflet and on notices in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book there were dedicated emergency slots available each day for each dentist.

We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. A DDA audit had been completed as required by the Disability Act 2005. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included a portable ramp to access the premises and a stair lift. The ground floor surgery were large enough to accommodate a wheelchair or a pram. Toilet facilities were located on the first floor of the premises. Patients were made aware of this on notices in the practice and in the patient information leaflet.

Access to the service

The practice displayed its opening hours on the premises, in the practice information leaflet and on the practice website. The opening hours are Monday to Wednesday from 9-00am to 5-30pm, Thursday from 9-00am to 7-00pm and Friday from 9-00am to 5-00pm.

Patients could access care and treatment in a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the local out of hours service. Information about the out of hours emergency dental service was available on the telephone answering service, displayed in the window, the waiting room and in the practice information leaflet.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. One of the dentists was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with this dentist to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially. We reviewed a complaint which had been received in the past 12 months and found this had been dealt with in line with the practice's policy and to the patient's satisfaction. We saw learning had been derived from this complaint to help prevent it occurring again.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The complaints procedure also had contacts for external agencies if the patient was not happy with the response from the practice.

Are services well-led?

Our findings

Governance arrangements

One of the dentists was responsible for the day to day running of the service. They were supported by the registered provider when needed. There was a range of policies and procedures in use at the practice. It was not clear when some of these policies had been updated. We saw a covering sheet at the front of the policy folder which indicated staff had read the policies and they had been reviewed. When we looked at the policies it did not specify when they were updated.

The practice did not have a robust process in place for identifying where quality or safety was being affected. For example, the practice did not have a cleaning schedule and only had one bucket for two mops. They also did not have an illuminated magnifying glass to be used prior to sterilising instruments. The practice were not carrying out water temperature monitoring as recommended in the Legionella risk assessment. A risk assessment of the premises had been carried out but this was not dated so we were unsure when this had been completed.

The practice did not have a robust process in place to ensure equipment and medicines were regularly checked. This was highlighted by the fact the stair lift had no service history and the compressor was now overdue its service. We noted the buccal midazolam was out of date and this had not been identified.

The practice did not have a robust process in place to ensure staff were appropriately recruited. DBS checks were not carried out at the point of employment and no risk assessment was put in place to mitigate their absence.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These would be discussed openly at staff meetings where relevant and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly staff meetings. These meetings well were minuted for those who were unable to attend. A policy was selected each month to discuss at the practice meeting. We saw in the past three months the staff had discussed safeguarding, equality and diversity and the complaints policy. There was a set agenda which also covered patient feedback and any staff issues.

Learning and improvement

Audit and quality improvement were not embedded within the practice and they were completed sporadically. For example, an infection prevention and control audit was completed six days prior to the inspection and there was no evidence of it having been completed prior to this. X-ray audits had been completed in February 2016 and October 2016. Prior to this the previous audit was January 2014. The audits in 2016 were only carried out on one of the dentists. Dental care record audits had been completed in February 2016 and August 2016. There was no evidence of any dental care record audits prior to this. The dental care record audits carried out in 2016 were only done for one dentist.

Staff were signposted to online training resources to complete CPD. The practice did not actively monitor staff training. This was highlighted by the fact that not all staff were up to date with their training in safeguarding and infection prevention and control.

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

The practice had carried out a patient satisfaction survey in 2014/2015. The satisfaction survey demonstrated positive feedback from the patients.

The practice was currently undertaking the NHS Friends and Family Test (FFT). The FFT is a feedback tool which supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that 100% of patients asked said they would recommend the practice to friends and family.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person does not have effective systems in place to ensure that the regulated activities at Haslam Park Dental Practice are compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities)</p> <ul style="list-style-type: none">• The risks associated with legionella had not been reviewed and mitigating actions identified not implemented.• The system for monitoring the quality of X-rays and infection prevention and control was not effective.• Staff were not all up to date with their training in safeguarding and infection control.• There was no cleaning schedule and only one bucket available for two mops.• Policies and procedures were available but not always followed.• Illuminated magnification was not available in the decontamination room.• The system for monitoring when equipment requires servicing was not robust.