

Abington Dental Practice Ltd

Abington Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 11 October 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

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

Abington Dental Practice is located in Northampton, a town in the East Midlands region. It provides NHS and private treatment to adults and children. Services provided include general dentistry, implantology, adult orthodontics and sedation.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available in the practice's car park.

The dental team includes four dentists, five dental nurses, two administrators and one receptionist. Practice administrative duties are shared between the principal dentist and the lead nurse.

The practice has three treatment rooms; two are on the ground floor.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at Abington Dental Practice is the principal dentist.

The practice had plans to extend and make modifications to the existing premises. These included installing a new surgery, office and staff room as well as a new patient toilet facility suitable for those who use wheelchairs, and moving the reception area.

On the day of inspection, we collected 32 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists and four dental nurses. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday, Wednesday, Friday from 8am to 6pm, Tuesday and Thursday from 9am to 6pm and Saturday from 9am to 1pm.

Our key findings were:

- The practice appeared clean. We found significant improvements were required in how cleaning equipment was stored and then used within the practice.
- The provider had infection control procedures which reflected published guidance; we found areas that required review to ensure compliance with best practice.
- Staff knew how to deal with emergencies. Appropriate medicines and most life-saving equipment were available with the exception of three sizes of clear face masks and one size of oropharyngeal airways.
- The practice had some systems to help them manage risk to patients and staff. We found exceptions in relation to the management of legionella, safer sharps and risk assessments for the practice cleaner.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had incomplete staff recruitment procedures. We found that one member of staff did

not have a Disclosure Barring Service (DBS) check held on their file and the practice had accepted DBS checks undertaken by staff previous employers, without completing a risk assessment.

- The clinical staff provided patients' care and treatment in line with current guidelines.
- An external clinician visited the premises to provide sedation to patients who would benefit. We found that greater oversight was required by the provider of the current arrangements.
- The provider was providing preventive care and supporting patients to ensure better oral health.
- Whilst some reasonable adjustments had been made to enable access for patients with limited mobility, we noted that improvements could be made for those patients with hearing impairments and those who did not speak English as a first language.
- The provider dealt with complaints positively.
- We found areas where governance arrangements required significant strengthening.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure all premises and equipment used by the service provider is fit for use.
- Maintain appropriate standards of hygiene for premises and equipment.

Full details of the regulation/s the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Review the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

Summary of findings

- Review the practice's protocols for conscious sedation, taking into account the guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.

Review the practice's responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services safe?

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

We found that the systems and processes designed to support the delivery of safe care and treatment were either not in place or not operating effectively.

The practice did not demonstrate that they used learning from incidents to help them improve.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. Whilst the practice completed most essential recruitment checks, they did not have a Disclosure Barring Service check (DBS) in place for a member of staff at the point of their recruitment. They had not risk assessed accepting DBS checks for staff from their previous employers.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

We found areas for improvement in the oversight of general cleaning undertaken. Whilst most equipment was properly maintained, we noted exceptions. For example, the steriliser was not routinely checked to ensure it was working effectively.

The practice had some suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments. We found areas that required strengthening.

The practice had suitable arrangements for dealing with medical and other emergencies. We noted that three sizes of clear face masks and one size of oropharyngeal airways was not present.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent and delivered by professionals. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice carried out conscious sedation for patients who would benefit. We were unable to look at all relevant records on the day of the inspection as they were not available. This included some patient record information and emergency

No action



Summary of findings

medicines and equipment. We were provided with some assurance following the inspection regarding medicines and equipment and qualifications held by the clinician. We found that there was scope to improve provider oversight of the current arrangements.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?

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

We received feedback about the practice from 32 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, polite and caring.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients said that they were given helpful and informative explanations about dental treatment, and said their dentist listened to them.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

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's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

The practice had made some reasonable adjustments for patients with disabilities, although we found that further improvements could be made. There was step free access. There was a patient toilet facility on the ground floor that had a handrail. This may not be suitable for all wheelchair users. The practice had plans to extend and make modifications to the existing premises. These included a new patient toilet facility suitable for those who used wheelchairs. The practice did not have a hearing loop or magnifying glass available. There was no access to interpreter services.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Summary of findings

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/ Enforcement Actions section at the end of this report).

There were responsibilities and roles to support governance and management. We identified areas that required strengthening to ensure a robust approach was always adopted in the delivery of the service.

There were responsibilities and roles to support governance and management. We identified areas that required strengthening to ensure a robust approach was always adopted in the delivery of the service. For example, ensuring DBS checks were undertaken at the point of recruitment or a risk assessment carried out.

There were some effective processes for managing risks and issues. We also identified areas that required significant improvement such as responding to the risks presented by fire and ensuring that the steriliser was not malfunctioning.

The practice had quality assurance processes to encourage learning and continuous improvement. We did not find that all audits demonstrated learning had taken place amongst staff or that there were clear action plans for improvement.

Requirements notice

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, Equipment & premises and Radiography (X-rays)

The practice had clear systems to keep patients safe; we noted areas that required review.

Staff were aware of their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

Pop up notes on the computer system could be used to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. Whilst the plan included staff contact information, it did not contain contact details for utility companies that may be useful to have in the event of an emergency. The provider told us that they could obtain contact details easily by using the internet to source these.

The practice had a recruitment policy to help them employ suitable staff. This reflected the relevant legislation with an exception. The policy did not include information regarding the requirement to obtain proof of identity including a recent photograph.

We looked at three staff recruitment records. One of the files showed that a member of the team had commenced

work for the practice in July 2018, but did not have a Disclosure and Barring Service (DBS) check held on their record. We saw that this had been applied for in October 2018 and had not yet been received. Another of the files showed that a member of the team had commenced work in November 2017 and whilst a DBS check was held, this had been undertaken by a previous employer and was dated June 2012. The third file related to a member of the team who had also produced a ported DBS certificate undertaken by a previous employer. The practice had not completed a risk assessment in relation to these staff.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and those who worked in the practice had professional indemnity cover.

The practice had not ensured that all facilities and equipment were safe or that all its equipment was maintained according to manufacturers' instructions. For example, gas safety testing had not been completed and five yearly fixed electrical wiring testing had not been undertaken. The practice had air conditioning installed but we noted that this had not been serviced for several years. Following our inspection, we were sent evidence to show that that gas safety testing and five yearly fixed wiring testing had now been completed. Air conditioning servicing had also been completed after the inspection and we were sent evidence to confirm this.

Records showed that fire detection equipment, such as smoke detectors were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. We were provided with evidence that three yearly equipment performance checks had taken place of X-ray equipment. The practice had not undertaken any visual checks at suitable intervals which may include the correct operation of safety and warning systems as well as spring balance checks.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year. We noted that audit activity could be strengthened to ensure effective learning outcomes.

Are services safe?

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

The practice had recently purchased a cone beam computed tomography (CBCT) machine. Staff had received training and appropriate safeguards were in place for patients and staff.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety. We identified areas that required review.

The practice had health and safety policies, procedures and risk assessments. Not all risk assessments were reviewed regularly to help manage potential risk. For example, we noted that the staff had not practised fire drills; the risk assessment included information regarding planning in the event of a fire. The lead nurse was the fire marshal; we were informed that no other staff had been nominated to undertake the role in their absence.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The practice had not implemented the safer sharps' system. They had however, taken measures to manage the risk of sharps injuries by using a safeguard when handling needles. The practice's Infection Control policy stated that safer sharps were to be used where reasonably practicable. The risk assessment completed did not include the reasons for not moving to a safer sharps system. The practice used autoclave-able matrix bands.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. We were informed that one of the practice's dental nurses assisted the sedationist when they attended the practice to administer sedation. The nurse had not completed immediate life support training. Whilst the sedationist was trained to take the lead if a medical emergency occurred, we noted that the completion of this training by the nurse may assist the sedationist, if the circumstance were to arise.

Emergency equipment and medicines were available as described in recognised guidance. We noted exceptions in relation to size 0 oropharyngeal airways which was not held and only two of the five sizes of clear face masks were present when we checked.

Staff kept records of their checks to make sure equipment and medicines were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We were not provided with records however, to show that the cleaner had appropriate information made available to them regarding cleaning products used.

The practice had an infection prevention and control policy and procedures. They mostly followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care; although we noted areas for review. For example, staff wearing their clinical uniforms outside of the practice at break times.

Staff completed infection prevention and control training and received updates as required.

The practice had some suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We noted some areas that also required re-assessment by the practice. For example, we observed manual cleaning and noted that disinfectant was not used and the temperature of the water was not checked. We discussed this with the provider and were assured that this was not reflective of usual practice.

We also noted that whilst a data logger was used to complete the daily automatic control test for the steriliser; the practice were not able to demonstrate that the logs were regularly examined.

We found that some hand pieces were stored loosely and uncovered in drawers in the treatment room. These were not reprocessed at the end of each day. This presented a risk of contamination. In the sample of instruments we looked at, we found that when these were pouched, they did not all contain date stamps. This meant that staff could not be assured as to when they required re-processing, if not used.

Are services safe?

The practice had protocols to ensure that any dental laboratory work was disinfected prior to being sent to a laboratory and before the work was fitted in a patient's mouth.

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We looked at records of monthly water temperature testing. The records showed that the water had not reached the required temperature within the past 12 months. We discussed this with the provider. They told us they were aware of this, but had not yet taken action to address the issue. They told us that they would take prompt action to address the shortfall in temperature. Dental unit water line management was in place.

The practice was clean when we inspected. We noted that the monitoring arrangements for cleaning undertaken required review. It was not evident that the mops were being used in separate areas of the practice to prevent the risk of decontamination. We were not provided with documentation to show that cleaning undertaken had been audited or spot checked.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits. We noted that the most recent audit had been undertaken in September 2018; the previous audit was completed in January 2017. This was not in line with recommended guidance of six monthly audits. The latest audit showed the practice overall results had slightly dropped from 97% to 95%. An action plan had been implemented.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice did not demonstrate that they stored and kept records of NHS prescriptions as described in current guidance. Prescription pads were not stored securely and logs were not maintained of prescription pad serial numbers. The provider had completed a risk assessment; this did not include information to show how the risk of prescription theft had been mitigated.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety

There were risk assessments in relation to safety issues; although we noted that some assessments required significant review. For example, implementing a COSHH risk assessment for the products that the practice cleaner used and completing a robust risk assessment for the handling of sharps that was reflective of information contained within the Infection Control policy.

The practice demonstrated that it had a positive safety record in relation to some issues. For example, we were provided with a positive example of how one of the dentists took appropriate action in relation to a patient's orthodontics case.

We looked at accidents recorded and noted one had occurred in May 2018 involving a needle stick injury. The record did not indicate the outcome from the accident or whether any action was required to prevent a similar injury occurring in the future. We looked at practice meeting minutes following the accident, but these did not show that it had been discussed amongst staff.

Lessons learned and improvements

Are services safe?

There was a policy for significant events. The policy did not include information for reporting less serious untoward incidents and a separate policy was not held. There had not been any incidents reported within the last two years.

We were informed of an incident that occurred in 2017 which involved a patient collapse. Whilst appropriate action was taken by the staff, this was not recorded as an

untoward or significant event. This meant that the practice may not be adequately reviewing and investigating when things went wrong or when positive action was taken by staff in response to such an incident occurring.

There was a system for receiving and acting on safety alerts. The practice principal received these directly by email. A member of staff told us about a recent alert received. The practice did not maintain a log to show any action taken in relation to relevant alerts received.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the principal dentist who had undergone post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance. We did note that the surgical hand piece motor had not been serviced. The provider told us they would make further enquiries in relation to this.

The practice had access to intra-oral and extra-oral cameras to enhance the delivery of care.

Helping patients to live healthier lives

We looked at a sample of 24 patient records. The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale. The practice did not stock a variety of health promotion leaflets/information to help patients with their oral health.

The practice was aware of national oral health campaigns available in supporting patients to live healthier lives. The dentist would refer patients for smoking cessation to their GP.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the dentists recorded the necessary information. We found that audit activity could be strengthened to include robust action plans.

The practice carried out conscious sedation for patients who would benefit. We were informed that approximately three to four cases had been conducted this year since the service commenced.

The procedure was for people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice utilised the skills of an externally qualified clinician who attended the practice on an ad hoc basis.

Are services effective?

(for example, treatment is effective)

We looked at whether the practice had systems to enable them to provide sedation safely and in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

We were unable to view all relevant records, as these were not available.

We looked at a sample of patient records. The information held was incomplete; we found that whilst there was a record that patients had important checks carried out first such as medical history and blood pressure checks, we did not see that an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines was included. The records we looked at did not include all the checks undertaken at regular intervals or pre and post-operative instructions. We did not see documentation to show that written consent was obtained prior to the day of sedation. We were told that information was held by the visiting sedationist who attended the practice on an ad-hoc basis.

On the day of our inspection, we were not able to check emergency medicines and equipment in relation to sedation. We were told that the sedationist brought these with him. Following our inspection, we were provided with some assurance regarding this as well as evidence of qualifications held by the sedationist.

We found that there was scope to improve the practice's oversight of the existing arrangements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the practice had recently obtained a CBCT machine and the principal and dental nurses had recently completed operator training.

We were informed that staff new to the practice had a period of induction based on a structured programme. We saw templates for use, but did not see any completed induction documents as these were not available for us to review. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs informally with the practice principal or lead nurse. We noted that staff had last completed a formal appraisal in 2014. We were told about plans for training for staff. For example, two of the dental nurses were planning to undertake a course in radiography. Our discussions held with staff showed that they felt they would benefit from additional training.

The principal dentist told us they had plans to complete formal appraisals this year.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were helpful, polite and caring. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

We looked at feedback left on the NHS Choices website. We noted very positive comments about the practice. These included about staff attitude and effectiveness of treatment. Reviewers stated that the team were amazing, caring and supportive.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the separate waiting area provided some privacy when reception staff were dealing with patients. There was a television installed in the waiting area which provided some background noise. If a patient asked for more privacy they would take them into another room.

The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff told us they helped patients be involved in decisions about their care. We noted that improvements could be made in relation to compliance with the requirements under the Equality Act / Accessible Information Standard.

- Staff were not aware of access to interpreter services for patients who did use English as a first language. We were informed that these patients would be advised to bring a family member with them to assist. This may present a risk of miscommunications / misunderstandings between staff and patients.
- The practice did not have access to information in different formats/texts to aid communications.

The practice gave patients information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models, X-ray images, intra-oral and extra-oral cameras.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It mostly took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care. The practice offered sedation to those who were particularly anxious. Several comments we received from nervous patients all referred to a named dentist whom they considered helped them allay their fears. Dental nurses we spoke with also referred to the named dentist and said they were very responsive to their patients' anxieties. We were told that longer appointment times could be allocated for patients who required additional support.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice, currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Patients with mobility problems were seen in a treatment room on the ground floor.

The practice had made some reasonable adjustments for patients with disabilities. This included step free access. There was a patient toilet facility on the ground floor that had a handrail. The practice had plans to extend and make modifications to the existing premises. These included a new patient toilet facility suitable for those who used wheelchairs. The practice did not have a hearing loop or magnifying glass available.

Staff told us that they contacted patients by text message or telephone call in advance of their scheduled appointments to remind them to attend the practice.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and on their website.

The practice had an efficient appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments appeared to run smoothly on the day of the inspection and patients were not kept waiting.

NHS patients were advised to contact NHS 111 outside of usual opening hours if they had a dental emergency. These patients could also be seen at a nearby practice that held an out of hours service and was open seven days a week from 8am to 8pm.

The practices' website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients confirmed they could make routine and emergency appointments easily.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The principal dentist was responsible for dealing with complaints. Staff would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist aimed to settle complaints in-house and invited patients to speak with them in person to discuss these, if appropriate. We noted that a leaflet for patients included information for private patients, but not those who received NHS treatments, about organisations they could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the previous 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The dentists had the capacity, skills and experience to deliver high-quality, sustainable care. The principal dentist, supported by the team had the capacity to deliver the practice strategy and address risks to it.

The team were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. This was demonstrated in the plans for expansion and renovation of the premises.

Leaders at all levels were visible and approachable. They worked closely with staff and others.

Vision and strategy

There was a vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected and some of the staff had worked in the practice for many years. Our discussions held with some staff showed that they would benefit from additional training; this would also help to demonstrate the provider's commitment to the ongoing support of its staff.

The practice focused on the needs of patients. We received positive feedback about the effectiveness of clinical staff in helping patients overcome their dental anxieties.

Openness, honesty and transparency were demonstrated when responding to complaints. For example, following a complaint, reception staff were spoken with regarding clarity of payments.

The provider was aware of the requirements of the Duty of Candour. The practice had not recorded any significant events or untoward incidents that may help to demonstrate the practical application of the requirements.

Staff could raise concerns or issues and felt able to do so.

Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The

principal dentist and lead nurse were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

There were responsibilities and roles to support governance and management. We identified areas that required strengthening to ensure a robust approach was always adopted in the delivery of the service. For example, ensuring DBS checks were undertaken at the point of recruitment or a risk assessment carried out.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff.

There were some effective processes for managing risks and issues. We also identified areas that required significant improvement such as responding to the risks presented by fire and ensuring that the steriliser was not malfunctioning.

Appropriate and accurate information

We found that some of the practice systems required review to ensure that they always acted on appropriate and accurate information, such as water temperature checks for legionella.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice involved patients, staff and external partners to support high-quality sustainable services.

The practice used patient surveys (last conducted in January 2017) and verbal and written comments to obtain staff and patients' views about the service.

We saw examples of suggestions from patients the practice had acted on. Staff told us that opening times had been extended as a result of feedback received.

Patients could complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged

Are services well-led?

to offer suggestions for improvements to the service and said these were listened to and acted on. For example, changes were made to the staff rota system and staff uniform.

Continuous improvement and innovation

There were some limited systems and processes for learning and continuous improvement.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. We did not find that all audits demonstrated learning had taken place amongst staff or that there were clear action plans for improvement.

The principal dentist told us that they were committed to learning and improvement and valued the contributions made to the team by individual members of staff.

The dental team had not completed annual appraisals. We were provided with examples of how some staff were supported to undertake training. The principal dentist told us that learning needs, general wellbeing and aims for future professional development had been discussed informally since around 2014. The principal dentist told us that they had identified that this required formalising into an annual appraisal process due to be completed this year.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development (CPD). The practice showed us evidence of CPD completed.

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 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The registered person did not ensure that the premises and equipment used by the service provider at Abington Dental Practice were properly maintained. In particular:</p> <ul style="list-style-type: none">• There were ineffective arrangements to ensure that equipment such as the steriliser were validated effectively.• There were ineffective arrangements to monitor and maintain standards of hygiene in relation to the general cleaning of the practice. <p>Regulation 15 (1) (2)</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>The registered person did not have effective systems in place to ensure that the regulated activities at Abington Dental Practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>There were limited systems or processes established to enable the registered person to assess, monitor and improve the quality and safety of services provided. In particular:</p> <ul style="list-style-type: none">• An effective policy and procedure framework was not in operation to enable staff to report, investigate and learn from untoward incidents and significant events.• There were limited systems for monitoring and improving quality. For example, infection and |

Requirement notices

prevention control audits were undertaken infrequently and X-ray audit activity did not result in learning, action plans and improvements to the service.

- There were limited processes to improve quality; staff had not received annual appraisals. There were limited systems or processes established to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:
- The provider had not undertaken risk assessments or risk assessments were ineffective in relation to: fire safety, the Control of Substances Hazardous to Health (COSHH), legionella monitoring and accepting ported Disclosure Barring Service (DBS) checks from staff previous employers.
- DBS checks were not always applied for at the point of staff recruitment.
- The provider had not identified that air conditioning required servicing or that gas safety or the fixed wiring was overdue for testing.
- The provider had not implemented a robust system for the review and action of patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA).

Regulation 17 (1)