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Deva Dental Clinic

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 1 March 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

Deva Dental Clinic is located close to the centre of Chester and comprises a reception and waiting room on the ground floor, two treatment rooms, one of which is situated on the ground floor, a decontamination area / kitchen / storage room, and staff rooms. Parking is available at the front of the practice. The practice is accessible for wheelchair users and patients with prams via a ramp at the rear entrance.

The practice predominantly provides general dental treatment to NHS patients of all ages with private treatment options available, and is open Monday to Friday 9.00am to 5.00pm.

The practice is staffed by a dentist, a practice manager / dental nurse, a dental hygienist and a dental nurse / receptionist.

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

We received feedback from four patients about the service. The four CQC comment cards we received reflected positive comments about the staff and the services provided. Patients commented that the practice appeared clean and safe and they found the staff polite, caring, and friendly. They commented that the dental treatments were good and said explanations from staff were helpful and informative.

Our key findings were:

Summary of findings

- The practice recorded and analysed accidents and complaints and received and acted on safety alerts.
- Staff had not received recent safeguarding training but knew the process to follow to raise any concerns.
- There was an adequate number of suitably qualified staff to meet the needs of patients but not all clinicians were supported by nursing staff on every occasion.
- Staff had been trained to deal with medical emergencies, however emergency medicines and equipment were not appropriately monitored, and some items were unavailable. The missing items were ordered immediately by the provider.
- Improvements were needed to infection prevention and control procedures.
- Improvements were needed for storage of prescription forms and waste.
- Patients' needs were assessed and care and treatment were delivered in accordance with current legislation, standards and guidance.
- Patients received explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- The practice staff worked as a team; however they lacked training for undertaking their roles and support for professional development.
- Patients were treated with dignity and respect and their confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- Services were planned and delivered to meet the needs of patients and reasonable adjustments were made to enable patients to receive their care and treatment.
- The practice took into account any patient comments, however no formal system for obtaining feedback from patients or staff was in place.
- Governance arrangements, including some systems and processes, were in place for the running of the practice; however several were not operating effectively.
- Policies, procedures and risk assessments were not reviewed and updated in line with current legislation and guidance.
- The practice did not have a structured plan in place to audit quality and safety beyond the mandatory audits for infection control and radiography.

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

- Ensure that systems, processes and training are established and operated effectively to safeguard patients from abuse, and in particular ensure the practice has a safeguarding policy for vulnerable adults.
- Ensure that systems and processes are established and operated effectively to assess, monitor and improve the quality and safety of the services provided.
- Ensure policies, procedures and risks are regularly reviewed and updated where necessary in line with legislation and current practice changes.
- Ensure audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure the practice's recruitment policy accurately reflects the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Ensure there is a protocol in place for maintaining accurate, complete and detailed records relating to the employment of all staff. This includes ensuring recruitment checks are carried out and recorded, and securely stored.
- Ensure feedback from patients, staff and other relevant persons is obtained and acted on to evaluate and improve the service.

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 staffing requirements to ensure nursing support is available for all clinicians.
- Review the emergency equipment to ensure the practice has all the recommended items in accordance with the Resuscitation Council UK guidance.
- Review checks on emergency medicines and equipment to ensure they are in accordance with current recommendations.
- Review stocks of medicines and equipment and the system for identifying and disposing of out-of-date stock.
- Review the storage of dental care medicines and materials requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.

Summary of findings

- Review the security of NHS prescription pads in the practice and ensure there are systems in place to monitor and track their use.
- Review the practice's infection control procedures and protocols having 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.
- Review the practice's waste handling policy and procedure to ensure waste is securely stored in accordance with relevant regulations having due regard to guidance issued in the Department of Health - Health Technical Memorandum 07-01 Safe management of healthcare waste.
- Review the practice's sharps procedures having due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Establish whether the practice is in compliance with its legal obligations under the Ionising Radiation Regulations 1999 and the Ionising Radiation (Medical Exposure) Regulations 2000.
- Review the training, learning and development needs of individual staff members and establish an effective process for the on-going assessment and supervision of all staff.
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.
- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities.
- Review the practice's complaint handling procedures and ensure information is included on the practice's website as to the steps people can take should they be dis-satisfied with the outcome of their complaint.

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 had a system in place to record accidents, incidents and complaints and staff were aware of their responsibilities to report incidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. We saw that accidents were recorded and procedures were in place for recording and analysing significant events. Safety alerts were received by the practice and there was evidence of action taken in response to these alerts.

The practice had a policy in place for safeguarding children but not for vulnerable adults. We did not see documented evidence of training for staff in safeguarding vulnerable adults and children, within the time period specified in current guidelines, however staff were aware of their responsibilities regarding safeguarding children and vulnerable adults.

There were adequate numbers of suitably qualified staff working at the practice, however on occasions one of the clinicians worked unassisted. The practice had arrangements in place to ensure continuing care for patients during holidays and service disruptions.

The practice had most, but not all, the recommended emergency medicines and equipment. The provider responded by ordering the remaining items immediately. Staff were monitoring the expiry dates of the medicines and equipment, but were not carrying out other quality and safety checks on the emergency drugs and equipment in accordance with recognised guidance.

The practice had identified and assessed a number of risks and put actions in place to minimise these, however some risk assessments did not fully identify risks or actions. Assessments were not regularly reviewed to ensure they reflected current legislation and guidance.

The practice was clean and tidy. Infection prevention policies and procedures were in place and staff were largely following these. One of the staff had a lead role for infection control. The practice had carried out a recent infection control audit but no actions were identified in it. No documented evidence of staff training in infection control was seen. We found a number of packaged sterilised instruments past their expiry dates.

The practice had testing arrangements in place for most equipment used in the practice but we found several items of equipment, including medical emergency, radiography equipment, and some decontamination equipment had not been tested within the recommended guidelines.

We saw evidence that X-rays were justified, reported on and quality assured, and evidence of continuous auditing of the quality of the X-ray images, which demonstrated the practice was protecting patients and staff from unnecessary exposure to radiation.

We saw evidence that the practice followed and implemented recognised dental treatment guidance and current practice to keep patients safe.

Are services effective?

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

Summary of findings

Patients received an assessment of their dental needs including recording and assessing their medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were fully explained and consented to. The practice kept detailed dental records of oral health assessments and treatment carried out, and monitored any changes in the patients' oral health. The practice provided regular oral health advice and guidance to patients.

National standards, current practice and clinical guidelines were followed in the delivery of dental care and treatment for patients. The treatment provided for patients was evidence based and focussed on the needs of the individual. Patients were referred to other services where necessary, in a timely manner.

Staff were registered with their professional body, the General Dental Council, (GDC). Staff received some training and development appropriate to their roles and learning needs. The practice did not have a training plan in place to ensure staff were supported in meeting the GDC core subjects, for example, safeguarding, or to ensure staff were trained and updated in areas specifically relating to a dental practice, for example, health and safety training.

Are services caring?

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

Patients commented that the staff were caring, polite, and friendly. They told us that they were treated with respect and that they were happy with the care and treatment given.

We found that treatment was clearly explained and patients were provided with information regarding their treatment and oral health. Patients commented that the staff were informative and that information given to them about options for treatment was helpful.

Are services responsive to people's needs?

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

The practice tailored appointment lengths to patients' individual needs and patients could choose from morning or afternoon appointments. Patients could request appointments by email, telephone or in person. Patients were able to access urgent appointments in a timely manner when required. The practice opening hours and out of hours appointment information was displayed at the entrance to the practice, in the patient leaflet and on the website. Waiting times and delays were kept to a minimum and we were told that patients were kept informed of any delay.

The practice captured social and lifestyle information on the medical history forms completed by patients. This enabled clinicians to identify patients' specific needs and helped them direct treatment to ensure the best outcome was achieved for the patient. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records, which helped them treat patients individually.

The provider had taken into account the needs of different groups of people, for example, people with disabilities, impaired mobility, and wheelchair users. The practice was accessible to wheelchair users via the rear entrance. A treatment room and an accessible toilet were located on the ground floor.

Staff had access to interpreter services where patients required these.

The practice had a complaints policy in place which was outlined in the practice leaflet, displayed in the waiting room, and on the practice's website.

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).

Summary of findings

The practice had a management structure in place and staff were aware of their roles and responsibilities.

The provider had systems and processes in place for monitoring and improving the services however the systems and processes established were not wholly adequate, for example, safeguarding, and risk management, and several were not operated effectively.

The practice had a number of policies and procedures in place, however most were not regularly reviewed or easily accessible to staff. Some did not reflect current guidelines, for example, the staff recruitment policy.

The provider did not have an effective approach for identifying where quality or safety was being compromised. The provider was auditing X-rays and infection control but we did not see evidence to show that the auditing processes were functioning well, as actions were not clearly identified and not followed up to monitor service improvement.

We saw no evidence of feedback gathered by the practice from patients and staff to assist in evaluating and improving the current service.

The provider had a number of risk assessments in place; however several of these were basic in detail and there was no evidence of regular review to ensure they were up to date with relevant regulations and guidance.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate.

The culture of the practice encouraged openness and honesty. Staff told us they were encouraged to report concerns. Staff we spoke to told us they communicated daily to share information. Staff meetings were infrequent and were used to share information to inform and improve future practice. However meetings were not based on good governance and lacked information exchange such as learning from significant events, complaints and audits.

Staff reported they were happy in their roles, and that the managers took account of their views. Staff commented that the managers were approachable and helpful.

Deva Dental Clinic

Detailed findings

Background to this inspection

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

The inspection took place on 1 March 2016 and was conducted by a CQC inspector and a dental specialist advisor.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included details of complaints they had received in the last twelve months, their latest statement of purpose, the details of their staff members including their qualifications and proof of registration with their professional body.

We also reviewed information we held about the practice and found there were no areas of concern. During the inspection we spoke to the dentist and dental nurses. We reviewed policies, procedures and other documents and observed procedures. We reviewed four CQC comment cards that we had sent prior to the inspection, for patients to complete about the services provided 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

The practice had procedures in place to report, analyse and learn from accidents, incidents and complaints. The practice informed us there had been no significant events or accidents. We discussed examples of significant events which could occur in a dental practice. We were satisfied that in the event of a significant event occurring this would be reported and analysed in order to learn from the incident and improvements would be put in place to prevent re-occurrence.

Staff had an understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013, were aware of how and when to report accidents and incidents and were encouraged to bring safety issues and concerns to the attention of the dentist. Staff had an understanding of their responsibilities under the Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs and in accordance with the statutory duty are given an apology and informed of any actions taken as a result. The provider knew when and how to notify CQC of incidents which could cause harm.

The practice received alerts from the Medicines and Healthcare products Regulatory Agency and Department of Health. These alerts identify problems or concerns relating to a medicine or piece of medical equipment, including those used in dentistry, or protocols to follow for example, in the event of an outbreak of pandemic influenza. Clinicians were made aware of relevant alerts by the practice manager and we saw evidence that any necessary actions were carried out appropriately. Copies of these were retained for reference.

Reliable safety systems and processes (including safeguarding)

The practice had a policy in place in relation to the protection of children but not for vulnerable adults. There were local safeguarding authority's contact details and guidance available. The principal dentist was identified as the lead for safeguarding to oversee safeguarding procedures within the practice and was trained to an appropriate level. We did not see any documented evidence of training for staff in safeguarding vulnerable adults and children, within the time period specified in current guidelines. Staff we spoke to were aware of how to raise concerns. Staff told us that vulnerable adults and children who repeatedly failed to attend for dental or referral appointments were specifically followed up.

We were told by the provider that not all clinicians were assisted by a dental nurse when assessing and treating patients.

We found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Dental care records were a combination of paper and electronic and contained a medical history that was obtained and updated prior to the commencement of dental treatment and at regular intervals of care. The clinical records we saw were all well-structured and contained sufficient detail to demonstrate what treatment had been prescribed or completed, what was due to be carried out next and details of possible alternatives.

Computers were password protected and data regularly backed up to secure storage. Screens at reception were not overlooked which ensured patients' confidential information could not be viewed at reception.

We saw evidence of how the practice followed and implemented recognised dental treatment guidance and current practice to keep patients safe. For example, the dentist told us that a dental dam was routinely used in all root canal treatments. This was documented in the dental records we reviewed where root canal treatment had been undertaken. A dental dam is a thin, rectangular sheet used in dentistry to isolate the operative site from the rest of the mouth. We also established the practice's policy and protocols for the use of endodontic equipment, and the infection control protocol for surgical procedures, such as implant placement and found the dentist was adhering to recognised guidance.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff received basic life support training annually. We saw certificated evidence of this for three of the four staff. Staff we spoke to were able to describe how they would deal with medical emergencies.

The practice had most emergency medicines and equipment available in accordance with the Resuscitation

Are services safe?

Council UK and British National Formulary guidelines but did not have some of the recommended equipment, namely oxygen masks and tubing. The provider ordered these immediately. The practice had an automated external defibrillator (AED) as part of their equipment. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). AEDs are recommended as standard equipment for use in the event of a medical emergency by the Resuscitation Council UK. We did not see evidence of regular checks on emergency medicines and equipment in line with current guidance but we saw evidence that expiry dates of emergency medicines and equipment were recorded and monitored.

Emergency medicines and equipment were stored centrally and were accessible to staff, and staff were able to tell us where they were located.

Staff recruitment

The practice had a recruitment policy in place which did not reflect current regulations to ensure staff were recruited in line with requirements relating to workers suitability for their role. Staff recruitment records we reviewed did not contain all the prescribed information. We did not see evidence of a Disclosure and Barring Service check or risk assessment for two of the clinical staff. We saw evidence of qualifications and of registration with their professional body, the General Dental Council, (GDC), for three of the four clinical staff but no evidence of indemnity insurance for any of the clinical staff. No recruitment records were maintained for one member of the clinical staff, or for the locum staff.

We observed that staff recruitment information was not held in individual files but was retained collectively in one file.

There were sufficient numbers of suitably qualified and skilled staff working at the practice, however one clinician was not routinely assisted by a dental nurse. The practice had arrangements in place for nurses from a local dental centre to cover staff shortages.

The practice had an induction programme in place. Clinical staff confirmed to us that they had received an induction when they started work at the practice.

Monitoring health and safety and responding to risks

The practice had an overarching health and safety policy in place, underpinned by several risk specific assessments which detailed arrangements to identify, record and manage risks, for example, COSHH and sharps, with a view to keeping staff and patients safe. We saw evidence that a generic fire risk assessment had been carried out, but it was unclear when this had taken place and by whom. No actions had been identified. The practice had carried out a recent Legionella risk assessment to determine if there were any risks associated with the premises. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). We did not see evidence of the identification of risks in the assessment or any risk management plan.

A range of other policies and procedures and protocols were in place to inform and guide staff in the performance of their duties and manage risks at the practice, including infection prevention and control.

We did not see evidence that policies, procedures and risk assessments were regularly and consistently reviewed.

The practice had a business continuity plan in place in order to minimise the risks associated with, and be able to respond to and manage disruptions and developments.

The practice manager was additionally a qualified dental nurse and was able to provide cover for unexpected absences. The practice had arrangements in place with a local practice to ensure continuing care for patients and cover for patients during the dentist's holidays.

Infection control

The practice was visibly clean, tidy and uncluttered but some areas were in need of maintenance, for example, there was damage to the dental chairs in both treatment rooms. The practice had an overarching infection control policy in place and supporting policies and procedures which detailed decontamination and cleaning.

The practice had a lead for infection control and decontamination in the practice. We saw that the practice had undertaken a recent infection control audit which identified that the practice was not fully compliant with infection control overall however this did not detail any actions to be taken to improve this. No other infection control audits were available.

Are services safe?

We observed that there were adequate hand washing facilities available in each of the treatment rooms, the decontamination room, and in the toilet facilities. Hand washing protocols were displayed appropriately near hand washing sinks.

We observed the decontamination process and found it to be largely in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 Decontamination in primary care dental practices, (HTM 01-05), but there were some minor deviations from the guidance. The practice used a dedicated area of the staffroom / kitchen for the decontamination of the instruments. We observed that although the door to the room was marked 'staff only' the room was not secure. Not all the decontamination equipment was located in this area, for example, the ultrasonic cleaner was in a treatment room. The decontamination area and treatment rooms did not have defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff used sealed boxes to transfer used instruments from the treatment rooms to the decontamination room. The practice used a combination of manual cleaning and an ultrasonic cleaner to clean the instruments. Instruments were then examined using an illuminated magnifying glass to enable closer inspection of them following cleaning. Instruments were then sterilised in a validated autoclave. At the end of the sterilising process the instruments were packaged, sealed, dated with an expiry date and stored. Staff wore appropriate personal protective equipment during the process.

We observed that instruments were stored in drawers in the treatment rooms. We looked at the packaged instruments in the treatment rooms and found that most were marked with an expiry date which was within the recommendations of the Department of Health, however on a few packages the date had been exceeded.

The dental nurse showed us the systems in place to ensure the decontamination equipment was tested and maintained in accordance with the manufacturer's instructions and HTM 01 05, and we saw records of this for the autoclave. No testing or maintenance had been carried out on the ultrasonic cleaner.

Staff changing facilities were available and staff were aware of the uniform policy, and we saw them adhering to this policy. Staff were well presented and wore uniforms inside the practice only.

The practice had carried out a recent Legionella risk assessment to determine if there were any risks associated with the premises. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). We saw records of checks and testing carried out, for example on water outlet temperatures, which assists in monitoring risk from Legionella.

The dental water lines, suction unit and filters were cleaned and disinfected daily, in accordance with guidance, to prevent the growth and spread of Legionella bacteria.

The treatment rooms had sufficient supplies of personal protective equipment for staff and patient use.

The practice had a policy and a procedure for dealing with sharps injuries. We saw documented evidence demonstrating that two of the four clinical staff had received a vaccination to protect them against the Hepatitis B virus, and evidence relating to the effectiveness of this vaccination but no evidence for the other two staff. People who are likely to come into contact with blood products and are at increased risk of injuries from sharp instruments should receive these vaccinations to minimise the risks of acquiring blood borne infections.

The practice employed a cleaner who was responsible for cleaning all areas of the practice except for clinical areas which were the responsibility of the dental nurse. The practice had a cleaning policy and cleaning schedule in place identifying tasks to be completed, and used a colour coding system to assist with cleaning risk identification in accordance with National specifications for cleanliness : primary medical and dental practices, issued by the National Patient Safety Agency. We observed that the cleaning equipment was stored inappropriately and not in accordance with current guidance. Responsibility for cleaning the clinical areas in between patient treatments was identified as a role for the dental nurse.

The segregation, storage and disposal of dental waste was in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. We observed that the external clinical waste bin was not locked. Staff responded immediately by locking the bin. The area in which clinical waste awaiting collection was stored was accessible to the public. The practice had arrangements for all types of dental waste to be removed from the practice by a contractor. Spillage kits were

available for contaminated spillages, however one of the kits was beyond the expiry date. We observed during the inspection that sharps bins were not suitably located however we were assured by the provider that they are usually sited in an appropriate place.

Equipment and medicines

Staff showed us contracts for the maintenance of equipment, and recent test certificates for the decontamination equipment and the air compressor.

The practice had a current portable appliance test certificate, (PAT). PAT is the name of a process under which electrical appliances are routinely checked for safety.

We saw records to demonstrate that some fire detection and fire-fighting equipment such as fire extinguishers were regularly tested, but no evidence of regular testing and maintenance on, for example, emergency lighting and the fire alarm.

The practice had a sharps policy in place which stated that needles should be re-sheathed using 'the device', however the practice had not implemented a safer sharps system to dispose of used needles. Staff were not fully familiar with the policy and not fully able to describe the action they would take should they sustain an injury. Staff told us all of them re-sheath and dispose of used needles. We did not see any documented evidence of sharps injuries.

The practice did not have secure storage facilities for hazardous materials and appropriate signage was not displayed.

We saw evidence that the practice was not storing NHS prescription pads securely and in accordance with current guidance and we observed that some prescriptions were signed and stamped prematurely. A prescription log was not maintained and all prescriptions were not accounted for, including void prescriptions.

Private prescriptions were printed out when required following assessment of the patient.

The practice did not have a separate medicines fridge. We observed that some medicines were stored in the practice's fridge, however staff were not carrying out temperature monitoring.

We found a number of dental materials stored in the treatment rooms which had exceeded their expiry dates. Staff told us that two members of staff were responsible for checking and ordering stock and that expiry dates of stock in storage were monitored but not expiry dates of stock in the treatment rooms. We did not see documented evidence of these checks.

Radiography (X-rays)

The practice maintained a radiation protection file which contained most of the required information.

The provider had appointed a Radiation Protection Advisor and the principal dentist was the Radiation Protection Supervisor.

We did not see evidence that the Health and Safety Executive had been notified of the use of X- ray equipment on the premises.

We saw critical examination packs for each X-ray machine but routine testing and servicing of the X-ray machines had not been carried out in accordance with the current recommended maximum interval of three years.

We observed that local rules were displayed in areas where X-rays were carried out. These included specific working instructions for staff using the X-ray equipment.

We saw evidence of continuous auditing of the quality of the X-ray images which demonstrated the practice was acting in compliance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER), and patients and staff were protected from unnecessary exposure to radiation.

Dental care records confirmed that X-rays were justified, reported on and quality assured in accordance with IR(ME)R, current guidelines by the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines.

We did not see evidence of recent radiology training for the relevant staff in accordance with IR(ME)R requirements.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist carried out consultations, assessments and treatment in line with the current National Institute for Health and Care Excellence guidelines, Faculty of General Dental Practice, (FGDP), guidelines, the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' and General Dental Council guidelines. The dentist described to us how examinations and assessments were carried out. Patients completed a medical history questionnaire which included detailing any health conditions, medicines being taken and allergies, as well as details of their dental and social history. The dentist then carried out a detailed examination. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

Following the clinical assessment the diagnosis was discussed with the patient and treatment options and costs explained in detail.

Details of the treatments carried out were documented and specific details of medicines used in the dental treatment were recorded. This would enable a specific batch of medicine to be traced to the patient in the event of a safety recall or alert in relation to a medicine.

Patients were monitored in follow-up appointments which were scheduled to individual requirements.

We checked dental care records to confirm what was described to us and found that the records were complete, clear and contained sufficient detail about each patient's dental treatment. The dental care records adhered to the FGDP guidance. We saw patients' signed treatment plans containing details of treatment and associated costs. The dentist confirmed to us that appointment lengths could be adjusted to allow more time, for example, when treating an anxious patient.

We saw evidence that the dentists used current National Institute for Health and Care Excellence Dental checks: intervals between oral health reviews, guidelines to assess each patient's risks and needs and to determine how frequently to recall them.

Health promotion and prevention

We found the practice adhered to guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is used by dental teams for the prevention of dental disease in primary and secondary care settings. Tailored preventive dental advice and information was given in order to improve oral health outcomes for the patient. This included dietary advice and advice on general dental hygiene procedures. Adults and children attending the practice were advised during their consultation of steps to take to maintain good oral health. Tooth brushing techniques were explained to them in a way they understood. Information in leaflet form was also available in the waiting room in relation to improving oral health and lifestyles, for example, smoking cessation. Where appropriate, dental fluoride treatments were prescribed and referrals to the dental hygienist were made.

The sample of dental care records we observed confirmed this.

Staffing

All qualified dental care professionals are required to be registered with the General Dental Council, (GDC), in order to practice dentistry. To be included on the register dental care professionals must be appropriately qualified and meet the GDC requirements relating to continuing professional development. We saw evidence that all qualified dental care professionals working at the practice were registered with the GDC.

Staff kept records of their own continuing professional development, (CPD).

The GDC highly recommends certain core subjects for CPD, including cardio pulmonary resuscitation, (CPR), safeguarding, infection control and radiology. We saw documented evidence of this training for some of the staff, however we did not see documented evidence of CPD, in the areas of CPR for one member of staff, safeguarding for all staff, infection control for two dental care professionals, one of whom was the lead for infection control, and radiology for one clinician.

One member of staff told us it was very difficult to obtain enough CPD, but that the practice may be participating in online training in future to assist in acquiring CPD. We saw no evidence of a practice training plan to ensure all staff received training in topics such as the GDC core subjects,

Are services effective?

(for example, treatment is effective)

health and safety, and fire safety. Staff had an understanding of what to do in the event of a fire, and told us that fire drills were carried out but we saw no documented evidence of this, or of fire safety training, on a regular basis.

The practice manager informed us staff appraisals were carried out annually but these were not recorded so we were unable to confirm this. One member of staff confirmed an annual appraisal had been carried out.

Working with other services

The practice had effective arrangements in place for internal and external referrals. Patients were referred internally to the hygienist using an appropriate protocol. The practice referred patients to a variety of secondary care and specialist options where necessary, for example for orthodontic treatment. The dentist was aware of their own competencies and knew when to refer patients requiring treatment outwith their competencies. Urgent referrals were made in line with current guidelines. Information was shared appropriately when patients were referred to other health care providers.

Consent to care and treatment

The dentist described how they obtained valid informed consent from patients by explaining their findings to them and keeping records of the discussions. Following the initial consultations and assessments, and prior to commencing dental treatment, patients were given a treatment plan.

The patient's dental care records were updated with the proposed treatment once this was finalised and agreed with the patient. The signed treatment plan and consent form were retained in the patients' dental care records. The form and discussions with the dentist made it clear that a patient could withdraw consent at any time and that they had received an explanation of the type of treatment, including the alternative options, risks, benefits and costs. The dentist described how they obtained verbal consent at each subsequent treatment appointment.

The dentist explained that they would not normally provide treatment to patients on their first appointment unless they were in pain or their presenting condition dictated otherwise. The dentist told us they allowed patients time to think about the treatment options presented to them.

The dentist told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken but the dentist did not demonstrate an understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own medical treatment).

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The staff had undertaken training in this topic. Staff gave examples of how they would take mental capacity issues into account when providing dental treatment, which demonstrated their awareness of the MCA. They explained how they would manage patients who lacked the capacity to consent to dental treatment. They told us if they had any doubt about a patient's ability to understand or consent to treatment they would consider involving the patient's family and others as appropriate.

NHS and private fee lists were displayed in the waiting room, but not on the practice website.

Information on dental treatments was available on the practice website and also in the waiting room to assist patients with treatment choices.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Feedback given by patients on CQC comments cards demonstrated that patients felt they were always treated with kindness and staff were helpful. The practice had a separate room available should patients wish to speak in private. Treatment rooms were situated away from the main waiting area and we saw that doors could be closed at all times when patients were with the dentist and the hygienist. Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment.

Involvement in decisions about care and treatment

The dentist discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. We saw this documented in the dental care records. Patient's comment cards we reviewed told us care and treatments were always explained in a language they could understand. Information was given to patients enabling them to make informed decisions about care and treatment options. Staff confirmed that treatment options, risks and benefits were discussed with patients to assist them in making an informed choice.

Patients commented that the staff were informative and that information given to them about options for treatment was helpful.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice tailored appointment lengths to patients' individual needs and patients could choose from morning or afternoon appointments. Patients could request appointments by email, telephone or in person.

The practice did not carry out surveys to gather the views of patients but staff told us that patients were always able to provide feedback. We did not see evidence of any feedback obtained. The NHS Family and Friends Test was used by the practice and forms were available in the waiting room for patients to indicate how likely they were to recommend the practice.

The practice captured social and lifestyle information on the medical history forms completed by patients. This enabled clinicians to identify any specific needs of patients and helped them direct treatment to ensure the best outcome was achieved for the patient. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records, which helped them treat patients individually, for example, assistance with mobility or interpreter services.

Tackling inequity and promoting equality

The provider had taken into account the needs of different groups of people, for example, people with disabilities, impaired mobility, and wheelchair users. The practice had a ramp at the rear entrance for prams and wheelchair users, and parking was located at the front of the building. One of the treatment rooms was situated on the ground floor and there were ground floor toilet facilities, with an assistance alarm, which were accessible to people with disabilities, impaired mobility, and to wheelchair users. The practice reception desk was not at an appropriate height to accommodate wheelchair users, however staff explained how they would come into the waiting room to attend to the patient where the desk was too high. Access information was not provided on the practice website but was provided in the practice leaflet.

Staff told us they offered patients interpreter services where patients' first language was not English, or where patients had impaired hearing.

The practice made provision for patients to arrange appointments by email, telephone or in person.

Where patients failed to attend their dental appointments staff contacted them to re-arrange appointments where possible and to establish if the practice could assist by providing adjustments to enable patients to receive their treatment.

The practice provided daily access slots for emergency treatment for patients who did not currently have a dentist under separate arrangements administered by the NHS.

Access to the service

The practice opening hours and out of hours appointment information were displayed at the entrance to the practice, in the patient leaflet and on the website. Emergency appointments were available daily. Waiting times and delays were kept to a minimum and we were told that patients were kept informed of any delay.

Concerns and complaints

The practice had a complaints policy which was outlined in the practice leaflet, displayed in the waiting room, and on the practice's website, but no details were provided on the practice's website as to the steps people could take should they be dis-satisfied with the outcome of their complaint. The practice manager informed us that verbal and written complaints were captured and complaints were analysed for trends and concerns.

The practice had a complaints procedure and we saw that the one complaint received by the practice in the last twelve months had been investigated and issues arising from it had been used to inform future practice. The patient had been given an explanation and an apology and informed of action taken.

Are services well-led?

Our findings

Governance arrangements

The practice had a management structure in place. One member of staff was appointed as the practice manager but the management of the practice was mainly carried out by the provider. Staff we spoke to were aware of their roles and responsibilities within the practice. Staff reported that the managers were approachable and helpful.

The provider had some systems and processes in place for monitoring and improving the services provided for patients, however the systems and processes established were not wholly adequate, for example, safeguarding and infection control, and several were not operated effectively, for example, testing arrangements for equipment and checks on stock rotation and emergency medicines.

There were a number of policies and procedures in place at the practice. These included health and safety, safeguarding children, and infection control, however most were not regularly reviewed or easily accessible to staff. Some did not reflect current guidelines, for example, the staff recruitment policy. Policies and procedures were not audited for their effectiveness.

The provider did not have an effective approach for identifying where quality or safety was being compromised, for example via the analysis of events, incidents and patient and staff feedback or via the implementation of a structured audit programme. In relation to the audits which the practice carried out, namely X-ray and infection control audits, we did not see evidence of actions identified. We saw little evidence of formal systems in place to obtain feedback from patients, staff and stakeholders. The practice had no overall practice training plan in place to support staff to meet their professional standards.

The provider had a number of risk assessments in place; however several of these were basic in detail, not dated and there was no evidence of regular review to ensure they were current and up to date with relevant regulations and guidance, for example, the legionella risk assessment, and fire risk assessment. We identified security as an area where the provider was not assessing and mitigating risks, for example, blank NHS prescription pads, decontamination facilities, waste and hazardous materials were not stored securely.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. They were maintained electronically and on paper and securely stored. All computers were password protected and the computer was backed up daily.

Leadership, openness and transparency

The culture of the practice encouraged openness and honesty. Staff told us that they could speak with the dentist or other staff if they had any concerns. They told us that there were lines of responsibility and accountability within the practice. Staff we spoke to told us that as the practice team was small staff communicated daily to share information and learning. The practice held staff meetings infrequently and we saw some evidence to show that these were used to share information to inform and improve future practice, for example, the introduction of a new payment procedure. However meetings were not based on good governance and lacked information exchange such as learning from significant events, complaints and audits.

Staff were aware of whom to raise any issues with and told us that the dentist and other staff listened to their concerns and acted appropriately. We were told that there was a no blame culture at the practice.

We reviewed the provider's statement of purpose and found it did not reflect the provider's current practice, for example, the arrangements for patient feedback.

Learning and improvement

We did not see evidence to demonstrate that the auditing processes were functioning well as actions were not clearly identified and consequently not followed up, and re-auditing was not carried out to monitor continuous improvement. We did not see evidence to show that information resulting from audits was used for learning and improvement.

We saw no evidence of information gathered by the practice from any source to assist in evaluating and improving the current service.

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

The provider did not gather feedback from patients but the practice collated verbal and written complaints and the

Are services well-led?

practice leaflet invited comments about any aspect of care. We did not see documented evidence of verbal complaints or feedback but there was some evidence of learning implemented from the written complaint received.

Staff told us that that they were encouraged to report any concerns, and that as the practice was a small team concerns were sorted quickly and not allowed to escalate.

Staff reported they were happy in their roles, and management took account of their views. Staff commented that they were well supported by management and colleagues and always able to seek clarification and assistance if they were unsure of any of their duties.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **How the regulation was not being met:** • The provider did not have a safeguarding policy in place to protect vulnerable adults from abuse. • The provider did not have effective systems and processes in place to ensure that staff received safeguarding training to a suitable level for their role and that training is updated at appropriate intervals. **Regulation 13 (1) (2)**

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 provider did not have established systems or processes in place that were operating effectively to ensure compliance with the Regulations, including the recruitment process, safeguarding, infection control, and the system for ensuring equipment and medicines were checked and tested. • The provider was not assessing, monitoring and improving the quality and safety of the services. The provider was not carrying out audits beyond the mandatory X-ray and infection control audits. The provider had not analysed the infection control audit or identified actions. • The provider was not assessing, monitoring and mitigating the risks relating to the health, safety and welfare of patients and others in that the security of NHS prescription pads, waste, the decontamination

This section is primarily information for the provider

Requirement notices

room, and hazardous materials had not been assessed, and the fire risk and legionella risk assessments did not identify risks and action plans. No fire safety training had been carried out. The sharps policy did not reflect current practice.

- The provider was not maintaining securely records relating to persons employed –in that not all the prescribed information was available in staff recruitment records, and staff recruitment information was stored collectively.
- The provider did not have effective systems in place to obtain and act on feedback from patients and staff, in that although the practice encouraged feedback there was no formal system in place to obtain and document feedback regularly.
- The provider did not have effective systems to evaluate and improve the practice in respect of the processing of information in paragraphs (a), (b), (d), and (e)

Regulation 17 (1), (2) (a), (b), (d), (e), (f)