

Greenside Dental Care

Greenside Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 23 July 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

Greenside Dental Care is in Cleckheaton and provides private treatment to adults and NHS treatment to children.

There is a small step to access the practice. Car parking spaces are available near the practice.

The dental team includes four dentists, five dental nurses, one dental hygienist, one dental hygiene therapist, one practice manager and a domestic operative. The practice has five treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the

Summary of findings

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 Greenside Dental Care is the practice manager.

On the day of inspection, we collected 43 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, one dental nurse, one dental hygienist and therapist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesday, Thursday and Friday from 8:00am to 5:30pm

Tuesday from 8:00am to 7:00pm

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance. Improvements could be made to the process for storing re-usable dental equipment.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The provider was providing preventive care and supporting patients to ensure better oral health.

- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- Improvements could be made to the process for ensuring equipment is serviced according to manufacturer's guidance and any recommendations are acted on.
- The process for managing risks associated with fire and Legionella could be improved.
- Improvements could be made to the process for the security of prescription only medicines and NHS prescription pads.
- The provider had suitable information governance arrangements.

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.

Full details of the regulation 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 infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices. In particular, the storage of re-usable dental equipment.
- Review the security of the clinical waste bin.

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 systems and processes to provide safe care and treatment. They used learning from incidents and complaints 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 and the practice completed essential recruitment checks.

Premises were clean and properly maintained. The practice followed national guidance for cleaning and sterilising dental instruments. Improvements could be made to the process for the storage of re-usable dental instruments. The external clinical waste bin was locked but not secure.

The practice had suitable arrangements for dealing with medical and other emergencies.

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 professional, excellent and exceptional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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.

No action



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 43 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, courteous and attentive.

They said that procedures were explained fully before treatment and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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



Summary of findings

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.

Staff considered patients' different needs. Due to the nature of the premises wheelchair access was difficult. There was a ground floor surgery and toilet available for patients who could not manage the stairs. The ground floor toilet would not be accessible for wheelchair users. The practice had 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



Are services well-led?

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

Systems and processes relating to risk management were in place but were not always operating effectively. For example, the process for ensuring equipment is serviced was not effective and recommendations identified in the fire and Legionella risk assessment had not been actioned. Recommendations in the routine tests for the X-ray machines had not been actioned. The system to receive patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) was not effective. The Control of Substances Hazardous to Health (COSHH) did not contain any risk assessments for individual substances.

Improvements could be made to the process for ensuring prescription only medicines and NHS prescription pads are stored securely.

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were typed and stored securely.

The practice monitored clinical and non-clinical areas of their work. Improvements could be made to the process for carrying out audits relating to infection prevention and control and X-rays.

The service had a process for asking for the views of patients.

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.

Staff knew 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 all staff except two had received safeguarding children and vulnerable adult training. We noted that one staff members training was now overdue. We were shown evidence that further safeguarding training had been booked for all staff and was due to be delivered in September. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system 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 told us they 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. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was documented in the dental care record and a risk assessment completed.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

Although there was no documented recruitment policy or process, the practice manager described to us the checks which were carried out when employing new members of staff. These checks reflected what is expected under

schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We looked at six staff recruitment records. All documents were present as required under schedule 3.

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

A fire risk assessment had been completed in April 2016. This had identified that the emergency lighting within the practice was not sufficient. No action had been taken to address this matter. We saw evidence that fire drills were carried out annually and the fire alarm and fire extinguishers were tested weekly.

The practice ensured that electrical and gas appliances were maintained according to manufacturer's instructions. We looked at documentation relating to the maintenance of the compressors. We saw they had both been subject to a pressure vessel examination on 13 February 2017 and were due again 13 February 2018, this had not been actioned. We were told they were scheduled the week before the inspection but this was cancelled for unforeseen circumstances. A new appointment had been booked for the pressure vessel examination to be completed.

The practice had some arrangements to ensure the safety of the X-ray equipment which was held in their radiation protection file. Intraoral X-ray machines had been serviced according to manufacturer's guidance. We noted in the routine test in 2014 it had identified there was no mains isolation switch for one of the X-ray machines. We asked if this had been actioned and staff were unable to evidence this. In addition, the routine tests had recommended that rectangular collimation should be used. This had not been actioned or risk assessed.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year. We looked at the most recent audit and saw that 10 X-rays in total had been audited for all four dentists. Nationally recognised guidance states that "it is important to have a sampling protocol that provides a reasonable amount of data to provide a realistic impression of the practitioner's performance".

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

Are services safe?

The practice had recently had a cone beam computed tomography (CBCT) machine installed. Staff had received training on the use of the CBCT machine. We looked at the critical examination for the CBCT machine. This had recommended that the door in the X-ray room should be lead lined. This had not been actioned. On the day of inspection, the Radiation Protection Advisor (RPA) was contacted for advice about this. The RPA said the lead door should be fitted before the CBCT machine is used again. We were told on the day of inspection it would not be used until the door had been fitted. We saw on the day of inspection a builder was contacted to get the door fitted.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies and procedures were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken. This risk assessment was basic and only covered the risk associated with needles. We were told it would be updated to reflect all sharp instruments used within the practice.

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 (BLS) every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. On the day of inspection, we noted there was an out of date glucagon injection stored in the fridge along with the one which was in date. We discussed this and were told that this was kept for training purposes. We were assured that it would be stored separately in future to prevent any potential errors in the event of a medical emergency requiring glucagon to be used.

A dental nurse worked with the dentists and the dental hygiene therapist when they treated patients in line with GDC Standards for the Dental Team. A dental nurse did not routinely work with the dental hygienist. There was no formal risk assessment for the dental hygienist working without chairside support.

The practice held a COSHH folder. This included material safety data sheets. There were no individual risk assessment for each material used within the practice.

The practice had an infection prevention and control policy and procedures. They 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. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking and sterilising instruments in line with HTM01-05. We noted some re-usable dental instruments such as dental burs and X-ray film holders were not bagged in line with guidance in HTM01-05. In addition, these were not re-processed at the end of the day.

The records showed equipment used by staff for cleaning and sterilising instruments were validated daily and used in line with the manufacturers' guidance. We looked at records relating to the maintenance of the autoclaves. One of the autoclaves had been serviced and a pressure vessel examination carried out on 13 February 2017. Records stated this was due on 13 February 2018. This had not been actioned. We were told this was due to be completed the week before the inspection but had to be cancelled for unforeseen reasons. We saw evidence this had been rebooked.

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

A Legionella risk assessment had been carried out in April 2018. This had identified that monthly water temperature testing had not been carried out, infrequently used outlets were not being flushed and staff had not completed Legionella awareness training. We asked if these had been addressed. Staff told us that monthly water temperature

Are services safe?

testing and flushing of infrequently used outlets had not been carried out. We saw evidence that Legionella awareness training was booked in to be completed by all staff.

The practice was clean when we inspected and patients confirmed that this was usual. We saw evidence of appropriate cleaning equipment. We asked if a cleaning schedule was used. We were shown completed documents from 2013. Nothing had been completed since then. We were assured that this would be followed up.

Clinical waste was stored in an external bin. We saw this bin was locked to prevent unauthorised access but not secure. We noted the bin was in an area which could be accessible to the public. We were assured the security of the bin would be reviewed.

Audits relating to infection prevention and control were carried out. Topics included instruments storage, manual cleaning, hand hygiene and the use of the ultrasonic bath and the autoclave. The audit was not the recommended one as stated in HTM01-05. The audit had not highlighted the issues we identified on the day of inspection with regards to the storage of re-usable dental instruments.

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, (formerly known as the Data Protection Act).

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 held a stock of antibiotics to dispense to private patients. These were stored in an unlocked room and in an unlocked cupboard. In addition, NHS prescription pads were stored in the cupboard too.

The stock control system for antibiotics held on site was not effective. We saw that a log was held of what antibiotics had been dispensed to which patients. There was no log of what quantity of antibiotics were held on site. Therefore, the service could not check whether antibiotics had gone missing.

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

Track record on safety

The practice had a good safety record.

The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. In the previous 12 months there had been no safety incidents.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the process for reporting significant events and recorded, responded to and discussed all incidents to reduce risk and support future learning.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. We were provided with an example of a near miss which had led to stickers being placed on the wall to tell patients about a small step within the practice.

We asked if there was a system in place to receive patient safety alerts from the MHRA. We were shown some alerts which had been received. There was no evidence that more recent alerts had been 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 one of the principal dentists who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

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

Helping patients to live healthier lives

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 told us they 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 dental hygiene therapist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

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. If a patient's gum condition did not improve then they would be offered a referral to a specialist.

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 dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients undergoing implant treatment were provided with a detailed treatment plan and consent form highlighting the other options available and the risks associated with each treatment. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice did not have a consent policy. During the inspection we discussed topics relating to consent such as the Mental Capacity Act (MCA) 2005 and Gillick competency. The team understood their responsibilities under the MCA when treating adults who may not be able to make informed decisions and Gillick competency 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 that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Are services effective?

(for example, treatment is effective)

Staff told us they discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

The dentist 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 to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also 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 polite, courteous and attentive. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

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

Information folders, patient survey results and thank you cards were available for patients to read.

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 waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that 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.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given:

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice gave patients clear 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. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos, X-ray images and an intra-oral camera. The intra-oral cameras enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

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 took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were told of some patients who could not be reclined for treatment. These patients were treated sat up in the dental chair.

The practice had made some reasonable adjustments for patients with disabilities. There was a small step to access the premises. We were told that wheelchair users could get into the practice but needed assistance from careers. Wheelchair users or those who could not manage the stairs would be seen in the ground floor surgery. This ground floor toilet would not be suitable for wheelchair users.

Timely access to services

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

The practice displayed its opening hours in the premises, and included it in their information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Patients requiring emergency dental treatment outside normal working hours were signposted to the NHS 111 out of hour's service.

The practices' website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

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 practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice had received one complaint in the last 12 months. We looked at the records relating to this complaint and 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 principal dentists had the capacity and skills to deliver high-quality, sustainable care.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

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

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Staff were aware of and had there were systems in place to ensure compliance with the requirements of the Duty of Candour.

Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

The principal dentists had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had some governance systems in place such as policies, protocols and procedures. These were accessible to staff in the manager's office. We noted there was no policies relating to consent or staff recruitment.

Fire and Legionella risk assessments had been carried out. These had identified actions which could be made to the service to improve the health and safety of patients and those who may be at risk. Not all of these actions had been completed. For example, additional emergency lighting had not been installed, monthly water temperature testing

and flushing of infrequently used outlets had not been completed and Legionella awareness training had not been completed. We were shown evidence that Legionella training had been booked in for October.

The process for ensuring X-ray equipment was safe to use was not effective. We looked at maintenance reports relating to the intra-oral X-ray machines. One of these had identified that there was no mains isolation switch for one of the machines. This report action from 2014 had not been addressed. In addition, the reports recommended the use of rectangular collimation. There was no evidence this had been addressed.

The process for ensuring equipment is serviced according to manufacturer's guidance was not effective. We noted the compressors and one of the autoclaves should have been tested on 13 February 2018. These had not been done. We were shown evidence that an appointment had been booked to get these serviced.

The process for receiving patient safety alerts from the MHRA was not effective. We were shown some alerts which had been received. There was no evidence of more current ones.

The process for ensuring the security of prescription only medicines and NHS prescription pads was not effective. These were stored in an unlocked room and in an unlocked cupboard. There was not an effective stock control system for monitoring the amount of antibiotics held on site.

The systems in place for monitoring the risks associated with COSHH products was not effective. We saw the COSHH folder contained material safety data sheets for substances held in the practice. There were no risk assessments for individual substances.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Are services well-led?

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

The practice used patient surveys to obtain patients' views about the service. We saw examples of feedback from patients. Feedback was unanimously positive.

Patients were encouraged to 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 to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The principal dentists showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. In house training was provided for all staff. This included infection prevention and control and medical emergencies.

The whole team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they 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. Staff told us the practice provided support and encouragement for them to do so.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed 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:</p> <ul style="list-style-type: none">• The provider failed to action recommendations identified in the Legionella risk assessment.• The provider failed to action recommendations identified in the Fire risk assessment.• The provider failed to ensure a mains isolation switch was fitted to the X-ray machine in the ground floor surgery.• The process to identify the need for equipment to be serviced and certified appropriately was not effective.• The COSHH folder did not contain any risk assessments for individual substances.• The system for receiving MHRA alerts was not effective. <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p>

This section is primarily information for the provider

Requirement notices

- The infection prevention and control audit failed to identify issues we identified on the day of inspection.
- The X-ray audit did not follow nationally recognised guidance.

There was additional evidence of poor governance. In particular:

- There were no policy relating to consent.
- Prescription drugs and NHS prescription pads were not held securely.

Regulation 17(1)