

Mr Alan Shamosson

# Rose Lane Dental Surgery

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 15 February 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 not 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**

Rose Lane Dental Surgery provides NHS and private dental treatment to patients of all ages. The services provided include preventative advice and treatment and routine restorative dental care.

The practice staffing consists of a principal dentist, one dental nurse and a receptionist.

The principal dentist is registered with the Care Quality Commission (CQC) 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.

The practice consists of one treatment room, a waiting area for patients and reception area, a staff room, decontamination room and X-ray room.

The practice opening hours are Monday, Wednesday and Friday 9am to 5pm.

Nine patients provided feedback about the service. Patients we spoke with and those who completed comment cards were very positive about the care they received and about the service. Patients told us that they were happy with the dental treatment and advice they had received.

#### **Our key findings were:**

# Summary of findings

- Patients' care and treatment was planned and delivered in line with current legislation and evidence based guidelines such as from the National Institute for Health and Care Excellence (NICE).
- Staff had received safeguarding children and vulnerable adults training and were aware of the processes to follow to raise any safeguarding concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients were treated with dignity and respect and patient confidentiality was maintained.
- The practice had a procedure for handling and responding to complaints. The practice's complaints policy was displayed in the waiting area and was available to patients.
- There were systems in place to ensure that equipment including the suction apparatus, compressor unit, autoclave and fire extinguishers had been serviced regularly.
- The practice had no arrangements for receiving and responding to patient safety alerts issued from relevant external agencies.
- Staff had undertaken training in key areas such as infection control and radiography; however there was lack of oversight of staff's continuing professional development (CPD) activity and it was not being suitably monitored.
- The practice had not ensured that appropriate medicines, in line with British National Formulary and Resuscitation Council (UK) guidance, were available to respond to a medical emergency.
- Infection control protocols were not being followed in line with recommended national guidance.
- The practice had not undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) Regulations.
- Governance systems were not effective. There were a range of policies and procedures in place; however staff had little understanding of the policies with little adaptation to the practice.
- Dental care records were not being suitably completed in line with guidance provided by the Faculty of General Dental Practice.
- The practice had not carried out audits in key areas, such as radiography and infection prevention control (IPC) and record keeping.

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

- Ensure the practice's infection control procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Ensure availability of medicines to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure systems are in place to assess, monitor and improve the quality of the service.
- Ensure audits of various aspects of the service, such as radiography, infection control and dental care records are undertaken at regular intervals to help improve the quality of service. The practice should also ensure that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review the practice's protocols for completion of dental care records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

# Summary of findings

- Review the practice's policy and the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure a risk assessment is undertaken and the products are stored securely.

# 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 not providing safe 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)

Staff members had received safeguarding children and vulnerable adults training and were aware of the processes to follow to raise any concerns. The practice had a health and safety policy and appropriate plans were in place to deal with foreseeable emergencies. There were suitable arrangements in place to ensure the safety of the equipment. Sharps containers were correctly stored and there was a procedure in place for managing needle stick injuries.

The practice had not undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) regulations. Substances used at the practice that had a potential risk to safety of staff, patients and others had not been recorded and graded as to the risk.

Staff were unaware of how to utilise information to monitor risks through the use of Medicines and Healthcare products Regulatory Agency (MHRA) alerts.

Infection control protocols were not being followed in line with national guidance- 'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' guidelines. (HTM-105).

### **Are services effective?**

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

The dentist told us they carried out a consultation in line with current guidelines such as those from the National Institute for Health and Care Excellence (NICE), and carried out an assessment

of the periodontal tissues using the basic periodontal examination (BPE) tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) This also included a review of the patients' medical history. However, we noted that improvements could be made to ensure the dental care records were detailed and included details covering the condition of a patient's teeth, gums, soft tissues and medical history update. The patients we spoke with on the day confirmed that medical histories were verbally taken at each visit.

The staff and patients we spoke with on the day told us that patients were given advice about risks associated with alcohol and tobacco consumption and were given sufficient information about their proposed treatment to enable them to give an informed consent,

Health education for patients was provided by the dentist and information leaflets were available within the practice waiting area. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

### **Are services caring?**

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

Patients were complimentary about the practice and how the staff treated them. Patients commented positively on how caring and helpful staff were, describing them as friendly, compassionate and professional.

# Summary of findings

Patients felt listened to by all staff and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each treatment option.

## **Are services responsive to people's needs?**

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

Appointment times met the needs of patients and waiting time was kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen where possible within 24 hours. They would see patients suffering dental pain, extending their working day if necessary.

The practice had made reasonable adjustments to accommodate patients with a disability or limited mobility. Patients who had difficulty understanding care and treatment options were suitably supported.

The practice had a procedure in place for dealing with complaints. The dentists told us that there had been no complaints made in the last year.

## **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).

The provider did not have effective governance arrangements at the practice. Policies and procedures were not effective to ensure the smooth running of the practice; staff could not demonstrate sufficient understanding of the policies and procedures.

There were limited arrangements for identifying, recording and managing risks and monitoring and improving the quality through the use of monitoring tools and effective audits. Audits had not been carried out in key areas.

# Rose Lane Dental Surgery

## Detailed findings

### Background to this inspection

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

This announced inspection was carried out on 15 February 2016 by an inspector from the Care Quality Commission (CQC) and a dental specialist advisor.

During the inspection we viewed the premises, spoke with the dentist, dental nurse, and receptionist. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We also reviewed information we had asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and objectives.

We received feedback from nine patients. All patients commented positively about dentists, dental nurses and reception staff. They described staff as caring and friendly.

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.

Prior to the inspection we reviewed information we held about the provider.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had a system for reporting significant events; we were informed that there had never been any significant events or incidents since registering with the Care Quality Commission (CQC).

Records we viewed reflected that the practice had not undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. Substances used at the practice that had a potential risk to safety of staff, patients and others had not been recorded and graded as to the risk.

The practice had no systems in place to receive and disseminate information and alerts received from external organisations such as the Medicines and Healthcare products Regulatory Agency;

Not all staff could demonstrate an understanding of their responsibilities of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Following our inspection the practice updated us with evidence that a COSHH risk assessment had been carried out and each type of substance used at the practice that had a potential risk had been recorded and graded as to the risk to staff and patients. Staff had also been provided with in-house training on Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The Registered Manager had also signed up to receive information and alerts from external organisations such as the Medicines and Healthcare products Regulatory Agency.

### Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures for safeguarding children and vulnerable adults against the risk of harm and abuse. These policies included details of how to report concerns to external agencies such as the local safeguarding team. Staff had access to a flow chart describing how to report concerns to external agencies where this was appropriate. Staff had undertaken safeguarding children and vulnerable adults training and those we spoke with were aware of the requirements and their responsibilities or how to raise any concerns.

There was a whistleblowing policy and staff we spoke with were aware of what to do if they suspected that another member of staff's performance was unsafe or not meeting the General Dental Council standards.

The practice had carried out risk assessments to cover topics such as, safe use of pressure vessels (the autoclave and compressor), the safe use of X-ray equipment, clinical waste and the safe use of sharps.

We noted that rubber dam was not routinely being used in root canal treatment. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

### Medical emergencies

The practice had policies and procedures which provided staff with clear guidance about how to deal with medical emergencies. Staff had undertaken basic life support training and could describe how they would act in the event of patients experiencing anaphylaxis (severe allergic reaction) or other medical emergency.

A range of emergency medicines were available to support staff in a medical emergency. The emergency medicines and equipment were stored securely with easy access for staff working in any of the treatment rooms. An automated external defibrillator was available (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. Medical oxygen was available and maintained in line with manufacturers guidelines.

Records showed monthly checks were carried out to ensure the equipment and emergency medicines were safe to use; However one of the recommended medicine – buccal midazolam was not available (Buccal (oromucosal) midazolam is a medicine used to stop prolonged epileptic seizures and is given into the buccal cavity (the side of the mouth between the cheek and the gum).

# Are services safe?

Following the inspection the practice provided records to show midazolam had been purchased and a more robust system had been put in place to monitor the emergency medicines and equipment.

## Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. We looked at recruitment files of all staff employed at the practice and found that improvements could be made to ensure this process was consistently followed. We saw that checks including, criminal record checks through the Disclosure and Barring Service, detailed job descriptions, which described staff's roles and responsibilities, current professional registration certificates and personal indemnity insurance had been obtained. Staff had been interviewed to further assess their suitability to work at the practice. Staff induction programme for new members of staff were in place.

However, we noted that not all staff recruitment records were complete as; two staff members did not have copies of employment references and proof of ID.

Following the inspection the practice provided records to demonstrate that relevant documents such as employment references and proof of staff ID were now held in the staff recruitment records.

## Monitoring health & safety and responding to risks

The practice had a health and safety policy and appropriate plans were in place to deal with foreseeable emergencies. The health and safety policy covered identifying hazards and matters relating to staff and people who accessed the practice. There was a business continuity plan that outlined the intended purpose to help the practice overcome unexpected incidents and the responsibilities and duties. The plan outlined potential problems such as loss of computer system, loss of telephone and loss of electricity. Procedures were in place to enable them to respond to each situation. Where relevant contact telephone numbers of organisations to contact were listed in the policy.

## Infection control

There was a separate decontamination area for cleaning and sterilising used dental instruments. There were three sinks in the decontamination room in line with current guidance; one for hand washing; one for washing and one

for rinsing dental instruments. One of the dental nurses gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). This included manually cleaning instruments, use of an ultra-sonic bath, inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping, so expiry date was clear. Staff wore the correct personal protective equipment, such as apron and gloves during the process. We looked at the sealed instruments in the surgeries and found that not all had an expiry date in line with the current recommendations.

Staff had undertaken infection control training; however staff we spoke with were unable to demonstrate that reusable dental instruments were cleaned and sterilised in line with guidance from the Department of Health -'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

We found that single use items such as matrix band and rose head burs were being re-used: this was not in line with the recommended guidance.

The equipment used for sterilising dental instruments was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident that the equipment was in good working order and being effectively maintained.

Clinical and the reception areas of the practice were visibly clean and tidy and there were suitable arrangements in line with the Department of Health guidelines for the segregation and disposal of dental waste. The practice used an external contractor to remove dental waste from the practice and waste consignment notices were available for us to view.

Patients we spoke with and those who completed comment cards told us that they had always found the practice to be clean.

There were cleaning schedules in place for cleaning the premises and cleaning records were maintained. However equipment that was used for cleaning the premises was not stored suitably in line with current guidelines.



# Are services safe?

There was a procedure in place for managing needle stick injuries. Records showed that all clinical staff underwent screening for Hepatitis B, were vaccinated and had proof of immunity. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.)

There was a sharps risk assessment in place; we observed that sharps containers were correctly stored.

We observed that staff wore clean uniforms and that they were aware of the proper laundering procedures to follow to minimise the risks of infections.

Dental water lines were being maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings);

An infection prevention control audit had not been carried out in line with national guidance. (IC audits are carried out to confirm the effectiveness of the infection control protocols within the practice).

Following the inspection we were sent evidence that the infection prevention and control policy had been rewritten and implemented at the practice immediately. The various issues raised by us had also been rectified immediately.

## Equipment and medicines

The practice had procedures in place for the safe management of equipment. Regular visual checks were carried out and recorded to help identify any issues and to ensure that all equipment was in working order. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner.

The practice didn't have an effective system in place regarding the management and stock control of the materials used in clinical practice. We found dental materials used for tooth fillings and local anaesthetics were past their use by date.

Following the inspection, we were informed that all out of date dental materials had been discarded and a system put in place to monitor expiry dates of all dental materials used. Batch numbers and expiry date of local anaesthetics were now also being recorded in all dental records.

## Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Visual checks were routinely carried out and recorded in line with the practice policy. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available within the radiation protection folder for staff to reference if needed. Improvements could however be made to include details of staff that were trained and responsible for radiography within the practice.

X-rays were manual film-based, and images that were processed were stored within the patients' dental care record.

X-ray audits, to assess the quality of the X-ray and to also check that they had been justified and reported on, were not being carried out.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

During the course of our inspection we discussed patient care with the principal dentist and checked dental care records to confirm the findings.

The dentist told us how they undertook a dental assessment and how they took into consideration current guidelines such as those from the National Institute for Health and Care Excellence (NICE).

This also including a review of the patients' medical history and assessment of the periodontal tissues using the basic periodontal examination (BPE) tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) The patients we spoke with on the day of the inspection, confirmed that medical history was verbally taken at each visit.

However, we noted that improvements could be made to ensure that dental care records were detailed and included details covering the condition of a patient's teeth, gums, soft tissues and medical history update.

The dentist used NICE guidance to determine a suitable recall interval for the patients. This took into account the likelihood of the patient experiencing dental disease.

Patients were given a copy of their treatment plan, including information on the fees involved. Patients we spoke with told us they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment. The comments received in the CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Following the inspection the provider assured us that notes in the dental care records would be improved to reflect these discussions with patients and all staff were made aware of the importance of recording an updated medical history for all patients.

### Health promotion & prevention

The dentist we spoke with said they provided patients with advice to improve and maintain good oral health, including

advice and support relating to diet, alcohol and tobacco consumption. Patients told us that they were well informed about the beneficial use of fluoride paste and the ill-effects of smoking on oral health.

The dentist we spoke with was aware of and was using the Department of Health publication - 'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The dental team provided advice to patients about the prevention of decay and gum disease including advice on tooth brushing technique and oral hygiene products. Information leaflets on oral health were available. There were a variety of different information leaflets available in the reception areas.

### Staffing

An induction programme was in place for all new staff members.

Staff had undertaken training in infection prevention and control, safeguarding of adults and vulnerable children, basic life support and radiation protection. The provider however did not have effective systems in place to be assured of the continuing professional development (CPD) activity their staff had completed and what training needs were required by staff. (All professionals registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their registration). The practice did not have a system for appraising staff performance. The records showed that appraisals had not taken place.

### Working with other services

The practice had systems in place to refer patients to alternative practices or specialists, if the treatment required was not provided by the practice. The practice referred patients for secondary (hospital) care when necessary, for example, for assessment or treatment by oral surgeons. Referral letters contained detailed information regarding the patient's medical and dental history and a copy of the patients' referral was kept in the dental records.

The dentist explained the system and route they would follow for urgent referrals if they detected any un-explained lesions during the examination of a patient's soft tissues to rule out the possibility of oral cancer.

# Are services effective?

(for example, treatment is effective)

## **Consent to care and treatment**

The practice had policies and procedures in place for obtaining patients' consent to treatment and staff were aware of and followed these. Staff told us that they ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent. We were told how staff discussed treatment options with their patients including the risks and intended benefits of each option. However dental care records we viewed showed this was not always documented.

Patients told us the dentists were good at explaining their treatment and answering questions, they felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment

Staff we spoke with on the day of the inspection could not demonstrate an understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). The training records of staff showed that staff had not undertaken any formal training. (MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves).

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We received feedback from nine patients. All patients commented positively about dentists, dental nurses and reception staff. They described staff as caring and friendly. Patients said that dentists listened to them and answered any questions regarding their dental care and treatment. They said that dentists and dental nurses understood their concerns and fears.

We reviewed the results of the NHS Friends and Family Test. We found that 100% of patients who had responded said that they would be 'extremely likely' or 'likely' to recommend the dental practice to their family and friends. A number of these patients commented positively about how they were treated by staff.

We observed staff interacting with patients before and after their treatment and speaking with patients on the telephone. They were polite and friendly and this was also reflected in comments made by patients.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of and the

secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Dental care records were held securely.

### **Involvement in decisions about care and treatment**

The practice provided patients with information to enable them to make informed choices about their dental treatment. Patients were informed about the range of treatments available during consultations. However this was not always documented.

Patients commented they felt involved in their treatment and it was fully explained to them. We checked a sample of dental care records to confirm the findings and saw that these didn't always include a summary of treatment and explanations given to patients, and they showed that the range of treatment options available were not always documented.

Patients we spoke with and those who completed comment cards say that these options were discussed with them and that their consent to treatment was sought.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The staff we spoke with were aware of the needs of the local population and aimed to deliver a flexible service to meet these needs.

The practice had an appropriate appointments system that responded to the needs of their patients. Emergency and non-routine appointments were available every day and fitted in as add-ons to scheduled appointments. If a patient had a dental emergency, the practice made efforts to see them as soon as possible or within 24 hours.

Patients we spoke with told us (and feedback from comments cards confirmed) they had flexibility and choice to arrange appointments in line with other commitments. Patients also commented that they were offered cancellation appointments if these were available.

### Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. Staff members told us that extra time was planned for patients who were particularly nervous or anxious and for children. Staff we spoke with explained to us how they supported patients with additional needs such as a learning disability. They ensured patients were supported by their carer and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient understood.

The practice was located on the ground floor and had made reasonable adjustments to support patients with limited mobility and parents with prams and pushchairs to access the facilities. Step free access was available at the practice.

We asked staff to explain how they communicated with people who had different communication needs. Staff told

us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. The practice had access to a telephone interpreter service which would allow the staff to translate if required.

### Access to the service

Appointments were available between Monday, Wednesday and Friday 9am to 5.30pm. Patients who contacted the dental practice outside of its opening hours were advised how to access emergency dental services; details were available on the practice answer phone and were displayed in the waiting room.

Patients told us that they could access care and treatment in a timely way and the appointment system met their needs. This was reflected in the positive comments on the practice patient survey and the results of the NHS Friends and Family Test. We found that 100% of patients who had responded said that they would be 'extremely likely' or 'likely' to recommend the dental practice to their family and friends.

Staff told us that where treatment was urgent patients would be seen on the same day, where possible.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Patients were provided with information, which explained how they could make complaints and how these would be dealt with and responded to. Patients were also advised how they could escalate their concerns should they remain dissatisfied with the outcome of their complaint or if they felt their concerns were not dealt with fairly. This information was displayed in the practice waiting room.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The practice had received no complaints within the last 12 months.

# Are services well-led?

## Our findings

### **Governance arrangements**

The provider did not have effective governance arrangements at the practice. We checked the practice policies and saw that most were generic policies with little adaptation to the practice and had not been reviewed.

There were limited arrangements for identifying, recording and managing risks and monitoring and improving the quality through the use of monitoring tools and audits. For example, we noted that infection prevention control audits and x-ray audits were not being undertaken at six month intervals in line with current guidance.

### **Leadership, openness and transparency**

The culture of the practice encouraged candour, openness and honesty. Staff told us there was an open culture at the practice and they felt valued and well supported. They reported the dentists were very approachable and available for advice where needed. The dental nurse who we spoke with told us they had good support to carry out their individual roles within the practice and any concerns would be discussed in staff meeting,

### **Learning and improvement**

The practice did not have a formalised system of learning and improvement. There were limited systems in place, such as undertaking regular audits of various aspects of the service to assess, monitor and improve the quality of the service.

Staff meetings occurred monthly; however the practice had no formal mechanisms to share learning. There was no oversight of staff training and continued professional development

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

The practice had systems in place to seek and act upon feedback from patients using the service and staff, including carrying out annual surveys. The practice gave patients the opportunity to complete the NHS Friends and Family Test, to allow patients to provide feedback on the services provided.

## 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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not have systems to enable them to</p> <ul style="list-style-type: none"><li>Assess the risk of, and prevent, detect and control the spread of, infections, including those that were health care associated.</li></ul> <p>Regulation 12 (1) (2) (h)</p>

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Good Governance.</p> <p>How the regulation was not being met:</p> <p>The provider did not have systems to enable them to</p> <ul style="list-style-type: none"><li>assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</li><li>assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity</li><li>ensure that their audit and governance systems were effective.</li></ul> <p>Regulation 17 (1) (2) (a) (b) (f)</p>