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Trenton Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 10 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 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 providing well-led care in accordance with the relevant regulations.

Background

Trenton Dental practice is situated in the Anlaby area of Hull, North Humberside and is situated over two floors. Both surgeries are located on the ground floor of the practice. There are three dentists, an area manager and three dental nurses (two of whom are trainees).

The practice offers a mix of NHS and private dental treatments including preventative advice and routine restorative dental care.

The practice is open:

Monday, Tuesday & Wednesday 09:00 – 17:00

Thursday 09:00 – 16:00

Friday 09:00 – 14:00

The practice owner 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.

We did not receive any completed CQC comment cards and only spoke to one patient on the day of the inspection. They were happy with the care and treatment they had received in the practice and said it was always clean and tidy.

Our key findings were:

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.

Summary of findings

- There was not sufficient numbers of suitably qualified staff to meet the needs of patients.
- Some staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The governance systems were not fully effective.
- The practice sought feedback from staff and patients about the services they provided.

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

- Review the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held, in particular Disclosure Baring Service checks (DBS).

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

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

- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to the guidelines issued by the British Endodontic Society.
- Review the practice responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and ensure all documentation is up to date in regards to risk assessments and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure they are stored securely and disposed of appropriately.
- Review the process to ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD).
- Review the practice's process for the auditing of X-rays to ensure they are undertaken at regular intervals to help improve the quality of service.

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 effective 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).

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste management, dental radiography and management of medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

We saw all staff had received a variety of training in infection control. There was a decontamination area within a surgery and guidance for staff on effective decontamination of dental instruments was in place.

Not all staff had received training in safeguarding patients however they knew how to recognise the signs of abuse and who to report them to including the registered provider and external agencies such as the local authority safeguarding team.

Staff were not always appropriately recruited and not always suitably trained and skilled to meet patients' needs. There was not sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by all staff. We reviewed two of the newest member of staff's induction file and evidence was available to support the policy and process, however no DBS check had been requested for either staff member.

We reviewed the legionella risk assessment dated November 2015; there was no evidence of regular water testing was being carried out in accordance with the assessment on the day of the inspection although the registered provider said this was done alongside regular dip slide testing.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and recorded also any changes in risk factors were also discussed and recorded.

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused on prevention and the dentist was aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Patients dental care records provided information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options, relevant X-rays including grading and justification. The practice monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

Are services caring?

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

Summary of findings

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which patients understood.

We did not receive any completed CQC comment cards and only spoke to one patient on the day of the inspection. They were happy with the care and treatment they had received in the practice.

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone.

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care through the NHS on a Monday and Tuesday. Wednesday, Thursday & Friday patients could only be seen privately. The registered provider told us patients would be offered appointment at their Grimsby practice if the need for care arose.

The practice had disability access through the front door of the practice and both surgeries could accommodate a wheelchair, although there was no toilet facilities with any disability requirements in place.

The practice had a complaints process which was easily accessible to patients who wished to make a complaint. Staff recorded complaints and cascaded learning to staff.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

There was a clearly defined management structure in place. The registered provider and area manager was responsible for the day to day running of the practice although they were not on site daily.

Staff reported the registered provider was approachable; they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent.

The practice undertook patient satisfaction surveys and was also undertaking the NHS Family and Friends Test; although the latest results were not available and the practice was not on the NHS choices website.

The practice did not have regular staff meetings due to turn over of staff. There was no evidence on the day of the inspection of any meetings having taking place.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection prevention and control and patient dental care records. The X-ray audit had not been fully implemented yet and no finding were available on the day of the inspection.

Trenton Dental Practice

Detailed findings

Background to this inspection

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

The inspection was carried out on 10 March 2016 and was led by a CQC Inspector and a dental specialist advisor.

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

The methods we used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with one dentist, two trainee dental nurses, the area manager and the registered providers. We saw policies, procedures and other records relating to the management of the service. To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered provider.

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The area manager told us any accident or incident would be discussed with the practice whenever they arose. We saw the practice had an accident book which had no entries recorded within the last 12 months.

The registered provider told us they received alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, actioned and stored for future reference.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's policy and procedures in place for safeguarding children and vulnerable adults using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The registered provider was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw evidence some staff had received safeguarding training in vulnerable adults and children. Staff could easily access the safeguarding policy. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The dentist told us they did not routinely use a rubber dam when providing root canal treatment to patients. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the

tooth operating field to increase the efficacy of the treatment and protect the patient. This was brought to the registered providers' attention during the inspection to review with the dentist.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. On the day of the inspection there was evidence some staff had received training in basic life support including the use of an Automated External Defibrillator (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). This was discussed with the registered provider and area manager to have a more robust system in place to ensure all staff are up to date with their training.

The practice kept medicines and equipment for use in a medical emergency. This was in line with the British National Formulary guidelines. All staff knew where these items were kept.

We saw the practice kept logs which indicated that the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were checked regularly. This helped ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found they were of the recommended type and were all in date.

Staff recruitment

The practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies, taking up references and completing a Disclosure and Barring Service (DBS) check. The staff's recruitment files we reviewed confirmed the majority of the processes had been followed, however the two newest members of staff had not been checked by the DBS. The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults

Are services safe?

who may be vulnerable. The practice was aware of their legal responsibility to ensure safe recruitment systems were in place however they actively made a decision not to follow this process.

We recorded all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw this policy was reviewed in April 2015.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. However, no risk assessment were in place for each material. Also materials we found out of date had no safe system in place to dispose of. This was brought to the attention of the registered provider to implement as soon as possible.

All fire equipment had been checked in November 2015. There was no evidence of a fire drill being undertaken with staff, however verbal fire training was part of the induction process. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients. The fire risk assessment had been completed in November 2015 and areas of concern were raised as part of the action plan; there was no evidence available on the day of the inspection all of these areas had been addressed and recorded appropriately.

Infection control

The practice had a small decontamination area within one of the surgeries; this was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware

of the work flow in the decontamination areas or surgery decontamination areas from the 'dirty' to the 'clean' zones. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We observed staff wearing appropriate personal protective equipment when working in the decontamination room, this included disposable gloves, aprons and protective eye wear.

We found the instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined under illuminated magnification, placed in a washer disinfectant, re-inspected and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, dirty instruments were transported between the surgeries and the decontamination area in lockable boxes, however clean instruments were carried by hand. This was brought to the attention of the registered provider on the day of the inspection and they said they would get new boxes in place to address this.

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure that they were functioning properly.

We saw from staff records all staff had received various infection prevention and control training at different intervals over the last year covering a range of topics including hand washing techniques.

There were adequate supplies of liquid soap, paper hand towels in the decontamination area and surgeries and a poster describing proper hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap were also available in the patient toilet.

We saw all sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was stored securely for collection outside of the practice and collected regularly. The practice had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

Are services safe?

The staff files we reviewed showed all clinical staff had received inoculations against Hepatitis B, or were in the process of receiving this from occupational health. It is recommended that 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 acquiring blood borne infections. New members of staff new to healthcare had received the required checks as stated in the Green Book, Chapter 12, Immunisation for healthcare and laboratory staff.

We reviewed the last legionella risk assessment report dated November 2015. Legionella is a term for particular bacteria which can contaminate water systems in buildings. The registered provider told us all recommended water testing including hot and cold temperature checks were being carried out in accordance to the risk assessment; however there was no evidence on the day of the inspection to support this. The area manager was providing training for legionella although they had not received legionella training as a nominated individual in order to provide training to other staff members. Staff were not fully aware of the requirements of daily dental unit water line purging or hot and cold water testing. This information was shared with the registered provider on the day of the inspection.

Equipment and medicines

We saw the Portable Appliance Testing (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) was undertaken annually and had been completed in November 2015.

We saw the fire extinguishers had been checked in November 2015 to ensure they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves, compressors and X-ray equipment which showed they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured the equipment remained fit for purpose.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Other than emergency medicines no other medicines were kept at the practice.

Radiography (X-rays)

The X-ray equipment was located in one surgery and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine needed to be operated safely. The local rules were also displayed in the surgery. The file also contained the name and contact details of the Radiation Protection Advisor.

We did not see evidence of one of the dentists and one dental nurse being up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly.

The registered provider told us they undertook biannual quality audits of the X-rays taken. On the day of the inspection there was no evidence a full audit had been completed that was in accordance with the National Radiological Protection Board (NRPB) as the practice did not have a long term dentist in place.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information within the patients' dental care records for future reference.

The dental care records we looked at with the dentist showed at all subsequent appointments patients were always asked to review and update a medical history form. This ensured the dentists were aware of the patients' present medical condition before offering or undertaking any treatment.

There was evidence patient dental care records had been regularly audited to ensure they complied with the guidance provided by the Faculty of General Dental Practice. The last audit was undertaken in February 2016 where there was an action plan in place showing any areas for improvement. This helped address any issues that arose and set out individual learning outcomes more easily.

The patient dental care records we looked at with the dentist were in accordance with the guidance provided by the Faculty of General Dental Practice. For example, evidence of a discussion of treatment needs with the patient was routinely recorded. The practice recorded medical histories had been up dated prior to treatment. Soft tissue examinations, diagnosis and basic periodontal examination (BPE) – a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums, had also been recorded.

The dentist told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. By reviewing the dental care records we found these discussions were always recorded and a signed treatment plan was placed into the patients' care records.

Patients' oral health was monitored through the dentists and followed up accordingly; these were scheduled in line

with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the dental care records the dentist was following the NICE guidelines on recalling patients for check-ups.

Patients requiring specialist treatments that were not available at the practice such as oral surgery were referred to other dental specialists. Their oral health was then monitored after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice and the NHS and private fees for treatment. Staff told us they offered patients information about effective dental hygiene and oral care in the surgeries.

The dentist advised us they offered patients oral health advice and provided treatment in accordance with the Department of Health's policy, the 'Delivering Better Oral Health' toolkit, this included fluoride applications. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay however this was not always recorded within the patient dental care records.

Staffing

We saw all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels though an on line training system the registered providers had in place for all staff. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a registered dental professional.

Staff training through the online system could be monitored and recorded by the area manager although the process was not robust enough to check external course certificates gained in core CPD topics. Records we reviewed showed some staff had received training in basic life support, infection control and safeguarding children and vulnerable adults.

Staff told us they would be having annual appraisals to discuss training requirements. Staff also felt they could approach the registered providers or area manager at any time to discuss continuing training and development as the need arose.

Are services effective?

(for example, treatment is effective)

Other members of staff from local practices would help and support the needs of staff members providing availability to help cover periods of absence, for example, because of sickness or holidays.

Working with other services

The dentist explained they would refer patients to other dental specialists when necessary, for example for sedation, minor oral surgery and orthodontic treatment when required.

The referrals were based on the patient's clinical need. In addition, the practice followed a two week referral process to refer patients when oral cancer was suspected.

Consent to care and treatment

Staff demonstrated an awareness and its relevance to their role of the Mental Capacity Act (MCA) 2005 (MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular

decisions for themselves). The clinical staff demonstrated how they would obtain consent from patients who they thought may experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff ensured patients gave their consent before treatment began. The dentist informed us verbal consent was always given prior to any treatment. In addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

The practice also gave patients with complicated or detailed treatment requirements time to consider and ask any questions about all options, risks and cost associated with their treatment. A copy of the treatment plan was stored within their patient dental care records.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in a spare surgery or in a private room.

Staff understood the need to maintain patients' confidentiality. The registered provider was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw the patient dental care records were held securely.

We did not receive any completed CQC comment cards and only spoke to one patient on the day of the inspection. They were happy with the care and treatment they had received in the practice and said it was always clean and tidy.

The practice routinely reviewed the magazines for patients so there was always something current to read.

Involvement in decisions about care and treatment

When treating children the dentist told us to gain their trust and consent they explained the reasons for the treatment and what to expect, they would also involve their parents or carer. Staff told us patients with disabilities or in need of extra support staff were given as much time as was needed to provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the reception and waiting area described the range of services offered to patients and opening times. Information was also displayed explaining the practice's complaints procedure.

The dentist told us they offered patient information leaflets on oral care and treatments in the surgery to aid the patients' understanding if required or requested.

The opening times are:

Monday, Tuesday & Wednesday 09:00 – 17:00

Thursday 09:00 – 16:00

Friday 09:00 – 14:00

For patients in need of urgent dental care during normal working hours on a Monday and Tuesday the practice offered same day appointments. NHS patients requiring an emergency on Wednesday, Thursday or Friday would be seen either privately or referred to a sister practice in Grimsby which is 27 miles away.

Tackling inequity and promoting equality

Reasonable adjustments had been made to the premises to accommodate disabled patients. These included step free access to the premises however there were no toilet facilities for wheelchair users. Both surgeries are located on the ground floor of the building and had adequate space to accommodate a wheelchair.

We saw all staff had received equality and diversity training and staff told us patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services and the practice had access to translation services if the need arose.

Access to the service

The practice displayed its opening hours in the premises, no information was available on NHS choices website and the practice did not have any practice leaflets or a website to direct patients to.

The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service on the telephone answering machine

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The area manager was in charge of dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the area manager or registered provider to ensure responses were made in a timely manner.

We looked at the practice's procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The practice had received no complaints in the past 12 months. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within three working days and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this. The complaints procedure and other organisations to contact was displayed in the waiting room.

Are services well-led?

Our findings

Governance arrangements

The area manager and registered provider were in charge of the day to day running of the service remotely. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to the use of equipment and infection prevention and control.

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example there was a recruitment policy, health and safety policy and an infection control policy. Staff were aware of their roles and responsibilities within the practice.

We saw the results of the patient dental care record and infection prevention and control audit. All action plans and learning outcomes were in place to continuously improve the procedures and reduce future risks. The practice was aware they had yet to undertake an X-ray audit that was clinician specific to assess the quality of X-rays taken.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff told us that they felt supported and were clear about their roles and responsibilities.

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly where relevant.

The practice said they held staff meetings involving all staff members although there was no evidence on the day of the inspection to support this. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

All staff were aware of whom to raise any issue with and told us the registered provider was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice and the delivery of high quality care was part of the practice's ethos.

Learning and improvement

The practice had quality assurance processes in place to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as dental care records and infection prevention and control audit.

Staff told us they were encouraged to complete training relevant to their roles to ensure essential training was completed; this included medical emergencies and basic life support, infection prevention and control and radiography. Full records to support core CPD training were not available on the day of the inspection.

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council through an online facility provided by the registered providers and through external courses.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out patient satisfaction surveys and a comment box in the waiting room. The satisfaction survey included questions about whether the dentist greeted them, helped them feel at ease, communicated costs and answered any questions which they had. 18 patient satisfaction surveys were completed for the practice in order to aim to identify any specific areas which a dentist could improve, however none of the issues had been addressed to date.

The registered provider explained the practice had a good longstanding relationship with their patients. The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. This information was not available on the NHS choices website.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered provider failed to ensure recruitment procedures were established and operated effectively to ensure that persons employed meet the conditions. The registered provider failed to ensure DBS check information was available in relation to each such person employed - with the information specified in schedule 3. Regulation 19 (2)(3)(a)