

Trinity Dental Care Ltd

Trinity Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 11 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 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 not 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

Trinity Dental Care is located in the London Borough of Hackney and provides National Health Service (NHS) and

private dental treatment to both adults and children. The premises are on the ground and first floor. The practice consists of two treatment rooms and a reception area. The premises are wheelchair accessible but did not have facilities for wheelchair users such as a disabled toilet. The practice is open Monday to Thursday 9:00am – 6:00pm and Friday 9:00 – 5:00.

The practice staff consists of the principal dentist, one associate dentist, one dental nurse and a receptionist. The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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 inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We received feedback from 40 patients. Patients were positive about the service. They were complimentary about the friendly and caring attitude of the staff.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).

Summary of findings

- Patients were involved in their care and treatment planning so they could make informed decisions.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and child protection.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- Patients indicated that they found the team to be efficient, professional, caring and reassuring.
- Risk assessments and audits were carried out but it was not clear how the findings were used to drive improvement.
- The practice did not carry out a comprehensive risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH)
- Pre-employment checks, such as Disclosure and Barring Service checks and references, had not been carried out for new members of staff
- One of the treatment rooms did not have a door which would be closed during treatment so there was the potential to breach patient confidentiality.
- We did not see evidence of portable appliance testing (PAT) and pressure vessel checks.

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

- Ensure that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way.

- Ensure the practice establishes an effective system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure necessary employment checks are in place and the required information in respect of persons employed by the practice is held securely.
- Ensure privacy of the service users is maintained at all times and discussions about care, treatment and support only take place where they cannot be overheard.

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

- Review availability of equipment 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.
- Review the current Legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review its audit protocols to ensure that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

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 in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was maintained and in line with current guidelines. Processes were in place for reporting of accidents and incidents. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency and stored safely. X-rays were taken in accordance with relevant regulations.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) Department of Health and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers. We saw examples of effective collaborative team working.

Are services caring?

We found that this practice was not providing caring services 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).

We received feedback from 40 patients, and patients were positive about the care they received from the practice. Patients commented they felt fully involved in making decisions about their treatment, were made comfortable and reassured. We also reviewed comment cards from the NHS friend and family test and patients were positive in their feedback about the service.

We noted that patients were treated with respect and dignity during interactions at the reception desk and over the telephone. However, the provider had not ensured that privacy of service users was maintained at all times and discussions about care, treatment and support only took place where they could not be overheard. One of the treatment rooms did not have a door so conversations between the dentist and patients could be overheard in the reception area, passageway and second treatment room.

Are services responsive to people's needs?

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

The needs of people with disabilities had been considered and there was wheelchair access to the practice. The practice used feedback from patients to help to develop the service. Patients had access to information about the service. There was a practice leaflet with relevant information for patients and also a patient information noticeboard.

The practice provided friendly and personalised dental care. Patients had good access to appointments, including emergency appointments, which were available on the same day.

Summary of findings

Are services well-led?

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

The staff we spoke with described an open and transparent culture which encouraged candour. Staff said that they felt comfortable about raising concerns with the principal dentist. They felt they were listened to and responded to when they did so. Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff. Opportunities existed for staff for their professional development. Staff we spoke with were confident in their work and felt well-supported.

The practice however did not have suitable clinical governance and risk management structures in place. Various risks such as those arising from fire, COSHH products, staff recruitment, use of equipment such as pressure vessel and portable appliances, and potential breach of patient confidentiality had not been assessed and necessary steps not undertaken to mitigate those risks.

Trinity Dental Care

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.

We carried out an announced, comprehensive inspection on 11 February 2016. The inspection was carried out by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider.

During our inspection visit, we reviewed policy documents and staff records. We spoke with three members of staff, which included the principal dentist, a dental nurse and the receptionist. We conducted a tour of the practice and looked at the storage arrangements for emergency

medicines and equipment. We reviewed the practice's decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area. We received feedback from 40 patients which included CQC comment cards completed by patients in the two-week period prior to our inspection visit.

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 an incidents and accident reporting procedure. All staff we spoke with were aware of reporting procedures including recording them in the accident book. There were no reported incidents within the last 12 months.

There was a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). However, staff we spoke with were uncertain of these requirements. There were no RIDDOR incidents within the last 12 months. The practice had carried out risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). However, the risk assessment was limited. We discussed this with the principal dentist who gave us reassurances that a more comprehensive risk assessment would be carried out following the inspection.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for safeguarding adults and child protection which was updated in January 2016. The policies contained information on how to recognise signs of abuse. Details of the local authority safeguarding teams, whom to contact in the event of any concerns and the team's contact details were included in the file. The policy also reflected the General Dental Council (GDC) guidance on child protection and vulnerable adults. The principal dentist was the safeguarding lead. Staff gave us examples of the type of incidents and concerns that would be reported and outlined the protocol that would be followed in the practice. There were no reported safeguarding incidents in the last 12 months. We saw evidence that all staff had completed child protection and safeguarding adults training to an appropriate level.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, we saw records of risk assessment for electrical safety, manual handling, personal protective equipment and display screen equipment.

The principal dentist told us that they received Medicines and Healthcare products Regulatory Agency (MHRA) alerts and disseminated the information to staff. However, we did not see records of MHRA alerts being discussed or shared with members of staff.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. Oxygen and other related items, such as manual breathing aids and an automated external defibrillator (AED) were available in line with the Resuscitation Council UK guidelines. (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). A spacer device, bag valve mask, child size oxygen mask and portable suction were not available at the practice on the day of our inspection. We discussed this with the provider who sent us confirmation that these items had been ordered following the inspection.

All staff were aware of where medical equipment was kept and knew how to respond if a person suddenly became unwell. We saw evidence that all members of staff completed training in emergency resuscitation and basic life support.

Staff recruitment

We reviewed the employment records for four staff members. The files contained some of the evidence required to satisfy the requirements of relevant legislation including immunisation and evidence of professional registration with the General Dental Council (where required). We did not see evidence of Disclosure and Barring Service (DBS) checks for all members of staff. [The Disclosure and Barring Service carries out checks to 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 who may be vulnerable]. We discussed this with the principal dentist who sent us confirmation that DBS checks had been carried out for all members of staff following the inspection.

Are services safe?

The staff recruitment files contained records of the employee's photographic identification and eligibility to work in the United Kingdom where required. We did not see records to show that references were obtained for the dental nurse.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. The practice had carried out a risk assessment of the business and there was a business continuity plan in place. The business continuity plan detailed the practice procedures for unexpected incidents and emergencies. This included loss of telephone service, electricity, gas or water supply. The plan contained information on how to contact patients and staff members in the event of unexpected incidents and emergencies.

The practice did not have a fire safety policy in place and a fire risk assessment had not been carried out. Fire safety signs were clearly displayed. However, no fire drills had been carried out to ensure staff were aware of how to respond in the event of a fire. There was a fire exit in treatment room two. However, the exit could not be opened by the receptionist because the door was stuck. There was debris in the passageway which posed a risk in the event of a fire. We discussed this with the principal dentist who gave us reassurances that a fire risk assessment would be carried out following the inspection. We received confirmation that the debris had been removed from the passageway.

Infection control

There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments and hand hygiene. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff. An infection control audit had been carried out in February 2016.

We noted that the practice infection control policy referred to the use of an ultrasonic bath and washer disinfectant. However, the practice did not have an ultrasonic bath and washer disinfectant in place. Instruments were decontaminated using a manual washing process. The

practice policy did not provide guidance on single use items and equipment validation. We discussed this with the principal dentist who sent us an updated infection control policy which included manual decontamination, single use items and equipment validation.

We examined the facilities for cleaning and decontaminating dental instruments. The practice did not have a dedicated decontamination room and instruments were cleaned and sterilised in the surgery. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated and rinsed prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches following sterilisation and dated to indicate when they should be reprocessed if left unused. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance. However, on the day of the inspection we noted a single use item, an endodontic instrument had been reprocessed and not disposed off after single use.

The treatment rooms where patients were examined and treated and equipment appeared visibly clean. Hand washing posters were displayed next to each dedicated hand wash sink. Patients were given a protective bib and safety glasses to wear when they were receiving treatment. There were good supplies of protective equipment for patients and staff members.

Records showed a risk assessment process for Legionella was carried out in 06 February 2016 but the report was not available for us to view at the inspection. We saw records of the previous legionella risk assessment in August 2012 which showed actions were required including

Are services safe?

modifications to the water tank. There was no evidence that these actions were completed. We discussed this with the principal dentist who sent us a copy of the recent legionella risk assessment following the inspection. This showed that the recommendations from the previous action plan required urgent attention including water temperatures to be monitored and the outlets flushed weekly. This was not being undertaken. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was a good supply of environmental cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place for the treatment rooms.

Equipment and medicines

There were appropriate service arrangements in place to ensure the autoclave and X-ray equipment was well maintained. There were service contracts in place for the maintenance of equipment such as the autoclave and X-ray equipment. The autoclave was serviced in January 2016. The practice had portable appliances. We did not see evidence of portable appliance testing (PAT) and pressure

vessel check. We discussed this with the principal dentist. Following the inspection we received confirmation that the pressure vessel check and PAT testing was scheduled to take place on 10 March 2016.

Radiography (X-rays)

The practice had a well maintained radiation protection file. We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment including the local rules. The radiation protection file contained the maintenance history of X-ray equipment along with the critical examination and acceptance test reports. A critical examination was completed in June 2015.

The practice had a radiation safety inspection service contract in place. We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) and Faculty of General Dental Practice (FGDP) guidance and Delivering Better Oral Health toolkit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. The dentists told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals.

During the course of our inspection we checked dental care records to confirm our findings. We saw evidence of assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies and a social history. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums]. Dentists were also recording when oral health advice was given.

Health promotion & prevention

Staff told us that appropriate information was given to patients for health promotion. However, we found that the reception area only contained two leaflets on caring for children's teeth and tooth brushing. The principal dentist told us that further health promotion materials, such as gum disease, smoking cessation and tooth decay, would be made available for patients.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as dietary advice and smoking cessation.

Staffing

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff are required to complete the induction programme.

All staff had undertaken training to ensure they were up to date with the core training and registration requirements

issued by the General Dental Council. Opportunities existed for staff to pursue continuing professional development (CPD). There was an Ionising Radiation Medical Exposure Regulations (IRMER) training certificate for the associate dentist in February 2014. There was no IRMER training certificate available for the principal dentist.. We reviewed staff training records and saw that staff had attended a range of courses and conferences for their development. Staff we spoke with confirmed that they had access to opportunities for professional development and gave examples of team training.

There was a formal appraisal policy in place to identify training and development needs. Staff told us that this was a two stage process where they would first identify their own training needs and this would be followed by a discussion with the principal dentist. While staff had identified their training needs the appraisals had not been completed.

Working with other services

The practice had arrangements in place for working with other health professionals to ensure quality of care for their patients. Referrals were made to other dental specialists when required including orthodontics, oral surgery and conscious sedation. The dentists referred patients to other practices or specialists if the treatment required was not provided by the practice.

Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. We saw examples of the referral letters. All the details in the referral for example the personal details and the details of the issues were correctly recorded. Copies of the referrals had been stored in patients' dental care records appropriately, and where necessary referrals had been followed up.

Consent to care and treatment

The practice ensured valid consent was obtained for care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients would be given time to consider the information given before making a decision. The practice asked patients to sign treatment plans and a copy was kept in the patients dental care records. We

Are services effective?

(for example, treatment is effective)

checked dental care records which showed treatment plans signed by the patient. The dental care records showed that options, risks and benefits of the treatment were discussed with patients.

The Mental Capacity Act 2005 (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. While staff did not have formal training on the MCA they demonstrated an understanding of the principles of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 40 patients. Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. During the inspection we observed staff in the reception area. They were polite courteous, welcoming and friendly towards patients.

Staff explained how they ensured information about patients using the service was kept confidential. Patients' dental care records were locked in a filing cabinet. We noted that the first treatment room was in close proximity to the reception area. We observed that patients needed to walk down a passageway, past the first treatment room, to access the second treatment room. However, the first treatment room did not have a door so conversations between the dentist and patients could be overheard in the reception area, passageway and second treatment room. We discussed this with the principal dentist. Following our inspection the principal dentist sent us confirmation that a door had been placed at the entrance of the first treatment room to protect patients' confidentiality.

Comment cards completed by patients reflected that the dentists and staff had been very mindful of the patients' anxieties when providing care and treatment. They indicated the practice team had been very respectful and responsive to their anxiety which meant they were no longer afraid of attending for dental care and treatment.

Involvement in decisions about care and treatment

The dentist told us they used a number of different methods including tooth models, display charts, pictures and X-rays to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was developed following discussion of the options, risk and benefits of the proposed treatment.

Staff told us the dentists took time to explain care and treatment to individual patients clearly and were always happy to answer any questions. Patients told us that treatment was discussed with them in a way that they could understand. Patients we spoke with confirmed that the dentist discussed the options, risks, benefits and cost of the treatment with them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We viewed the appointment book and saw that there was enough time scheduled to assess and undertake patients' care and treatment. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

Tackling inequity and promoting equality

The practice had an equality and diversity policy. The demographics of the practice was mixed and we asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate or if not they would contact a translator.

The practice had a disability discrimination policy. The dental practice is on ground floor with a ramp at the entrance and was accessible to people using wheelchairs or those with limited mobility. The practice did not have a disabled toilet.

Access to the service

We asked the provider how patients were able to access care in an emergency. They told us that if patients called the practice in an emergency they were seen on the same day. The practice had a patient leaflet in the reception area outlining the name of the dentists, how to make an appointment, the opening hours and emergency out of hours' details.

If patients required an appointment outside of normal opening times they were directed to the local out of hours' dental service. These contact details were given on the practice answer machine message when the practice was closed. The out of hours information was also displayed in the reception area.

Feedback received from patients indicated that they were happy with the access arrangements. Patients said that it was easy to make an appointment.

Concerns & complaints

The practice had a complaints policy which described how formal and informal complaints were handled. Information about how to make a complaint was available. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. Improvements could be made to ensure the practice complaints policy was easily accessible for patients.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice received one complaint in the last 12 months. We reviewed the complaint and saw that it was resolved in line with the practice complaints policy.

We did not see records to show the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided. For example, we reviewed a complaint from a patient in pain whose appointment was rescheduled for a later date. We did not see evidence that this was discussed amongst staff to improve patient experience in future.

Are services well-led?

Our findings

Governance arrangements

The principal dentist organised two staff meetings in the last 12 months with the sister practice in Camberwell to discuss key governance issues and staff training sessions. We saw records of staff meetings discussing topics such as decontamination, patient waiting times and immunisation. Staff told us there were informal discussions on a regular basis. The principal dentist had responsibility for the day to day running of the practice and was fully supported by the practice team. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns.

The practice however did not have suitable clinical governance and risk management structures in place. Risk assessments had been carried out for clinical waste, manual handling, slips, trips and falls. The practice had carried out a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

However, numerous other risks such as those arising from fire, COSHH products, staff recruitment, use of equipment such as pressure vessel and portable appliances, and potential breach of patient confidentiality had not been assessed and necessary steps not undertaken to mitigate those risks. The practice had not identified the risk to staff and patients of having items in the corridor of the emergency exit and the door of the emergency fire exit being stuck. Regular fire drills were not carried out. Conversations between the dentist and patient in treatment room one could be overheard in the reception area, passage way and in treatment room two. We did not see records of a risk assessment for a potential breach of confidentiality so that actions could be taken to mitigate this risk.

Leadership, openness and transparency

The provider told us they led by example and this was confirmed in conversations we had with staff. Staff were very proud to work in the service and spoke respectfully about the leadership and support they received from the provider as well as other colleagues. Staff we spoke with

were confident in approaching the principal dentists if they had concerns and displayed appreciation for the leadership. The staff we spoke with described an open and transparent culture which encouraged honesty.

Learning and improvement

The practice had a programme of audits in place. Various audits had been completed over the past 12 months and included audits on record keeping, radiography and infection control. The practice carried out a record keeping audit in May 2015. We reviewed the audit and were not able to identify which dentist the records referred to. It was not clear what shortfalls would be addressed from the second audit cycle and how this would be used to drive improvement. The principal dentist told us that X-ray audit was carried out in last 12 months. However, the audit was not available for us to view on the day of our inspection. Following our inspection the principal dentist sent us the results of an X-ray audit completed in October 2015. The audit of the quality of X-rays stated 72% were grade one. However, the dental care records we viewed showed that X-rays were not routinely graded and justified according to current guidelines.

Staff were supported to meet their professional standards and complete continuing professional development (CPD) standards set by the GDC. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC.

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

The practice gathered feedback from patients through the use of the NHS friends and family test on a monthly basis. However, this had not been analysed. We reviewed 20 friend and family test comment cards and patients were positive in their feedback about the service.

Staff commented that the provider was open to feedback regarding the quality of the care. Staff meetings also provided appropriate forums for staff to give their feedback. The principal dentist told us that staff were able to provide feedback through a staff survey and we saw records of this.

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 10 HSCA (RA) Regulations 2014 Dignity and respect How the regulation was not being met: The provider did not have effective systems in place to : <ul style="list-style-type: none">• Ensure that privacy of service users was maintained at all times and discussions about care, treatment and support only took place where they could not be overheard. Regulation 10 (1), (2) (a)
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not have effective systems in place to : <ul style="list-style-type: none">• Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity• 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.• Ensure that their audit and governance systems remain effective. Regulation 17 (1), (2) (a), (b), (f)
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

How the regulation was not being met:

The provider did not have an effective recruitment procedure in place to assess the suitability of staff for their role. Not all the specified information (Schedule 3) relating to persons employed at the practice was obtained.

Regulation 19 (1), (2)