Dr Jason Julian Greenwood

The Stafford Dental Practice

Inspection Report

16 Wolverhampton Road
Stafford
Staffordshire
ST17 4BP
Tel: 01785226400
Website: www.thestafforddentalpractice.co.uk

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Overall summary

We carried out this announced inspection on 14 August 2019 and 4 September 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

The Stafford Dental Practice is in Stafford and provides private treatment to adults and children.

There is ramped access to the rear of the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including one for blue badge holders, are available in the car park at the rear of the practice.

The dental team includes two dentists (the practice owners), two dental nurses, (including a trainee), one dental hygienist and a receptionist. The practice has two dental treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we received feedback from 13 patients.

This inspection was carried out over two days, 14 August 2019 and 4 September 2019. During the inspection on 14 August 2019 we spoke with one of the practice owners who is a registered dentist and mainly conducts facial aesthetic treatments at the practice but also completes general dentistry occasionally if required. The principal dentist was not available during this inspection. We also spoke with one dental nurse and one receptionist. We looked at practice policies and procedures and other records about how the service is managed. There were no dental patients at the practice during this inspection. This inspection continued on 4 September 2019 to enable us to speak with the principal dentist and review documentation that was not available at the inspection of 14 August 2019.

The practice is open: Monday to Friday from 9am to 5.15pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider's infection control procedures were developed prior to the implementation of HTM 01-05; there was no written information about clinical waste. A separate waste segregation policy was developed at the practice during the inspection period.
- Staff knew how to deal with medical emergencies. Staff were not able to locate all appropriate medicines and life-saving equipment but these were purchased and delivered during our first visit.
- The provider's systems to help them manage risk to patients and staff required improvement. Issues identified were addressed during the inspection period.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Support was provided by an external company regarding staff recruitment procedures. Not all information identified in Schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available in staff recruitment files. This was addressed during this inspection period. There was no evidence of appropriate recruitment procedures being followed for one member of staff who no longer worked at the practice.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked well as a team.
- The provider had some systems to ask staff and patients for feedback about the services they provided although improvements were required.
- The provider had not received any complaints but had systems in place to deal with complaints positively and efficiently.
- Improvements were required to information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations the provider is not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

Summary of findings

- Develop systems to ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff. Including the training, learning and development needs of individual staff members at appropriate intervals.
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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.	**No action** ✓
Are services effective? We found that this practice was providing effective care in accordance with the relevant regulations.	**No action** ✓
Are services caring? We found that this practice was providing caring care in accordance with the relevant regulations.	**No action** ✓
Are services responsive to people's needs? We found that this practice was providing responsive care in accordance with the relevant regulations.	**No action** ✓
Are services well-led? We found that this practice was not providing well-led care in accordance with the relevant regulations.	**Requirements notice** ✗

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. Contact details for reporting child safeguarding concerns were available to staff. We were told that staff were to use the same contact details should they need to report adult safeguarding. There was no evidence to demonstrate that these contact details had been reviewed to ensure they were up to date. The contact details were checked during this inspection. Staff were aware whom the safeguarding lead was at the practice and confirmed that they would report any suspicions of abuse to them. We saw evidence that the safeguarding lead and the principal dentist had received safeguarding training, certification seen did not record the level of training completed. There was no evidence to demonstrate that a dental nurse and the receptionist had completed any safeguarding training. We were told that they were booked on to a training course. This issue was addressed during this inspection period. We were shown certificates to demonstrate that the receptionist and principal dentist had completed safeguarding training to the recommended level. The safeguarding lead had completed a higher level of training for child protection and completed on-line training regarding safeguarding children and vulnerable adults. Staff signed documentation on an annual basis to confirm that they had read the practice's safeguarding policies. The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider did not have a whistleblowing policy. We were told that a policy would be developed as soon as possible. This was addressed during this inspection period and a policy made available to staff. We were told that the whistleblowing policy was scheduled to be discussed at the next staff meeting. The policy recorded contact details for external organisations to enable staff to report concerns if they did not wish to speak to someone connected with the practice. Staff felt confident they could raise concerns without fear of recrimination.

Notes seen demonstrated that the dentist used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. A rubber dam kit was available for use.

The provider used the services of an external agency to provide advice and guidance regarding human resources including recruitment. The practice had been provided with a recruitment policy and procedure to help them employ suitable staff. There was no date of implementation or review of this policy. Staff had signed to confirm that they had read this policy on an annual basis. We looked at three staff recruitment records. Evidence was not available in these records to demonstrate that information had been obtained for staff in accordance with Schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, the practice had not obtained proof of identity including a recent photograph. We were not provided with evidence to demonstrate that Disclosure and Barring Service (DBS) checks had been obtained for all staff as appropriate. This was addressed during this inspection period and we were shown evidence to demonstrate that proof of identity had been obtained for all staff and DBS checks had been applied for where necessary.

We were not provided with evidence to demonstrate that one dental nurse was appropriately registered with the General Dental Council (GDC). We checked with the GDC who confirmed that the application processes had not been completed and this nurse was not appropriately registered. We were not shown evidence to demonstrate that this member of staff had a DBS check or professional indemnity cover. During this inspection process we were told that this staff member had left the practice following our first visit.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We saw that a five-year fixed wiring check had been completed in October 2015. A gas safety certificate dated February 2019 was available. Portable electrical appliances had been checked by an external company with further testing suggested for May 2020.

Are services safe?

Records showed that fire detection and firefighting equipment were regularly tested and serviced. Records were available to demonstrate that weekly fire alarm, fire extinguisher and emergency lighting checks were completed by staff at the dental practice. Records were available to demonstrate that the fire alarm was serviced in October 2018 by an external company. Emergency lighting and fire extinguishers were serviced in April 2018 with a due date of April 2019. We were told that a service had been completed in April 2019 but the practice owner was unable to locate these records. During this inspection the practice owner contacted the organisation who completed servicing of fire safety equipment. We were shown an email which stated that no issues had been identified.

The practice had not developed a radiation protection file. Records and information to demonstrate suitable arrangements to ensure the safety of X-ray equipment were accessible to the principal dentist who was not available at the inspection of 14 August 2019. These records were made available to us during the inspection period. We identified that staff had not signed employers' procedures to demonstrate that they had read these. We were told that action would be taken immediately regarding this.

We saw evidence that the dentist justified and graded the radiographs they took. The practice owner and the dental nurse could not find evidence to demonstrate that the dentist was reporting on radiographs taken. We discussed this with the principal dentist during the inspection period. We were told and saw evidence that previously the dentist reported on X-rays only if there was a problem. A prompt had now been put in place so that notes would be made for all X-rays taken. The provider carried out radiography audits every year.

There was no evidence on the premises to demonstrate that clinical staff completed continuing professional development (CPD) in respect of dental radiography. During the inspection period we were shown evidence to demonstrate that the principal dentist had completed five hours of update training on 1 September 2019 and we were told that IR(ME)R training was also completed approximately four years ago.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety although some improvements were required.

There was no documentary evidence to demonstrate that the practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. We saw fire risk assessment update documents dated 2017 and 2018. Outstanding issues were noted and it was highlighted that these were repeat items. The practice owner told us that a further assessment had been completed in April 2019 and all issues for action had been addressed. We were not shown any documentary evidence to demonstrate this. We saw that some of the items recorded in the risk assessments had not been actioned. During the course of this inspection we were shown an email from the company who completed the fire risk assessment. This stated that they had visited the practice in April 2019 and no high-risk items prompting an earlier review date had been found. We were shown a copy of the April 2019 fire risk assessment. We saw that there was an action plan which identified items to be addressed. We saw that the principal dentist had recorded that some action had been completed. We were told that all outstanding issues had recently been addressed. The principal dentist completed the action plan during this inspection.

Staff told us that they had not completed any training regarding fire safety. We saw that one of the practice owners had completed fire safety training and the receptionist completed fire training during this inspection period. A note was left for staff to complete this training as soon as possible.

The provider had current employer's liability insurance which was on display in the staff room.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. The practice's protocol for reporting sharps injuries was kept in a folder and was not on display in clinical areas for easy access to staff. We were told that occupational health and accident and emergency contact details had changed recently. Staff were not sure if the protocol had been updated to reflect this. We were told that staff would check and update these details if required as soon as possible.

The provider did not have an effective system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the

Are services safe?

Hepatitis B virus. Evidence was not available to demonstrate that the effectiveness of the vaccination was checked on each occasion. We found that risk assessments had not been completed where there were gaps in assurance around this. During this inspection period, we were told that where titre levels were not available to demonstrate staff's immunity to hepatitis B a blood test had been arranged. We were forwarded further guidance which had been made available to staff regarding hepatitis B.

We discussed sepsis management and identified that sepsis management had not been discussed at a clinical meeting. However, staff told us that discussions had been held during their annual basic life support training. Information regarding sepsis such as flow charts and signs to look for to identify sepsis were put on display in the waiting room during this inspection. Staff were not aware of any system in place to enable assessment of patients with presumed sepsis in line with National institute of Health and Care Excellence guidance. This issue was addressed during this inspection period. For example, we saw that information from the Sepsis Trust had been made available to staff. The receptionist completed on-line training regarding sepsis and we saw copies of training certificates for the practice owners. We were told that sepsis would be formally discussed at a future staff meeting. A policy had been developed regarding sepsis. This had been discussed with staff and some staff had signed to confirm that they had read this policy. We were told that some staff at the practice had personal experiences regarding sepsis and had discussed this with staff.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were not all available as described in recognised guidance. For example, Glucagon had an expiry date of October 2019 but was stored at room temperature. The expiry date had not been adjusted to account for this and there was no evidence of the date of purchase for the Glucagon. The practice did not have, self-inflating bags with reservoir for an adult or child or clear face masks for self-inflating bags. Staff told us that portable suction was available but they were unable to locate this on the first day of our inspection. The automated external defibrillator pads had expired. We found that the records that staff kept making sure that emergency equipment was available, within their expiry date, and in working order were ineffective. Records did not demonstrate that oxygen was checked and did not list the individual items checked. Items that were missing or that had expired had not been identified on this list. The practice owner ordered missing items immediately and these were delivered during our first visit. These were delivered by the person who had provided the basic life support training to staff at the practice. We were told that there was no equipment missing during the training that took place in March 2019. During the course of this inspection, we were told that portable suction was available but staff had been unable to locate this previously. We saw that a checklist had been developed to record daily checks made on the oxygen and weekly checks on the defibrillator and emergency medicines. There was no checklist of other emergency equipment items. We were told that this would be developed immediately.

A dental nurse worked with the dentist and the dental hygienist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately. We saw that some items of infrequently used equipment stored in a dental treatment room had not been bagged, staff were not aware when this equipment had been sterilised. Boxes were purchased so that the infrequently used items could be stored in the dental treatment room. We were told that there were not bags large enough to hold these items.

The provider did not have suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We saw that product safety data sheets were available but risk assessments had not been completed. Staff were unaware whether product safety data sheets and risk assessments were available for the products used by the cleaner employed at the practice. Products used by the cleaner were not securely stored. During this inspection period we saw that some action had been taken to address issues. For example, we saw that products used by the cleaner were securely stored. The cleaning company had provided risk assessments for all cleaning products that they used but had not provided safety data sheets. The dental practice was keeping

product safety data sheets for products that they no longer used. We were told that risk assessments would be completed as soon as the control of substances hazardous to health (COSHH) folder had been brought up to date and only contained information for those products currently in use.

The provider had infection prevention and control policy and procedures. These were written and implemented in 2011, prior to the guidance issued in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Not all staff training records were on the premises and information was not available to demonstrate that staff completed infection prevention and control training and received updates as required. Issues identified had been partly addressed during this inspection period. For example, we were told that staff had been asked to complete on-line infection prevention and control training on 5 September 2019. We were sent some evidence to demonstrate that one of the practice owners had completed some training.

The provider had suitable arrangements for transporting, cleaning, checking and sterilising instruments in line with HTM 01-05.

We noted some small defects in the flooring in the decontamination room, this would make the flooring difficult to maintain infection prevention and control standards. Following this inspection, we were sent photographic evidence to demonstrate that the flooring was being replaced.

The records showed equipment used by staff for sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. An ultrasonic cleaning bath was being used in cleaning processes. We were told that weekly protein residue tests and quarterly foil tests were completed but were not shown evidence to demonstrate this. We were told that the principal dentist held this information. We discussed this with the principal dentist and were shown foil tests but noted that the February 2019 tests had not been completed. We were shown the weekly protein tests for July and August 2019. The practice had developed maintenance instructions for staff for the ultrasonic cleaner in line with manufacturer's recommendations.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, we were shown a certificate dated 13 August 2018 to certify that the practice had achieved the required safety standards in legionella safety. This certificate was valid until August 2021. Records of water line management were in place. Staff told us that they carried out water tests in line with manufacturer's guidance. Evidence was made available during the inspection period and we were shown copies of quarterly water test results from 2017 to date.

We saw cleaning schedules for the premises. Not all the schedules we saw had been completed to demonstrate that the relevant action had been taken. The practice was visibly clean when we inspected.

The provider did not have policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We saw that not all sharps bins recorded a date of opening. This was addressed during this inspection. The outside clinical waste bin located in the practice car park was locked but had not been secured to the wall or floor prevent theft. We were told that the car park was locked at night. At our inspection of 4 September 2019, we saw that scaffolding was in place as external walls were being painted. We were told that the clinical waste bin would be secured to the wall as soon as the scaffolding was removed. We were shown copies of policies and procedures in place regarding clinical waste and segregation of waste.

We could not find evidence to demonstrate that infection prevention and control audits had been completed twice a year and we were told that these were not done. We were shown an audit dated 2012. We were told that infection prevention and control had been discussed with staff. An administration manager had been employed and was due to start working at the practice on 18 September 2019. The administration manager would be completing infection prevention and control audits.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. However, we noted that the expiry date for the Glucagon had not been amended to reflect the storage method and the practice were unable to demonstrate whether the Glucagon was in date for use. Glucagon was replaced during this inspection.

The principal dentist was not available on the first day of inspection, we were therefore unable to ascertain whether they were aware of current guidance with regards to prescribing medicines. This was discussed with the principal dentist during the inspection period and we identified that they had a detailed knowledge of guidance.

The practice was not carrying out antimicrobial prescribing audits annually. We discussed this with the principal dentist and were told that the practice had a low level of prescribing but in future all would be logged and an audit completed.

Track record on safety and Lessons learned and improvements

Improvements were required to risk assessments in relation to safety issues. There were no control of substances hazardous to health risk assessments and there was no evidence to demonstrate that the practice had acted upon all the issues identified in their fire risk assessment. The practice risk assessment was completed in 2010, this risk assessment was sub-divided into separate areas. Not all the information had been dated or signed by the person who completed the information. We were told that this was reviewed on an annual basis but there was no documentary evidence to demonstrate this. During the inspection period we identified that actions had been taken to address issues identified in the fire risk assessment, and additional information had been included on the practice risk assessment and a review date added. COSHH risk assessments were not available. We were told that these would be completed as soon as the file had been reviewed to remove out of date information.

In the previous 12 months there had been no safety incidents, significant events or accidents. The practice owner discussed the systems in place for reviewing and investigating when things went wrong. Systems were in place to learn, share lessons identify themes and act to improve safety in the practice.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

We were told that the practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that some improvements were required to demonstrate that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. For example, risk assessments were not recorded on patient dental care records regarding caries, oral cancer, tooth wear or periodontal condition. Basic periodontal examination information was not recorded for children aged over seven years of age. We discussed this with the principal dentist who told us that they were checking this but not recording the results. A new format had been added to dental care records to include the missing information.

The principal dentist carried out some private orthodontic treatments. We reviewed some patient dental care records and identified that prior to any treatment the patient's oral hygiene would also be assessed to determine if the patient was suitable for orthodontic treatment. An assessment was carried out prior to treatment.

The practice used a machine to create three dimensional models of a tooth when a dental crown was required. The dental crown would be created on site and could be fitted into the mouth on the day of the appointment. This machine negates the need for a dental impression being taken and multiple visits to the practice.

We were told that the principal dentist was a member of the British Association of Cosmetic Dentists and attended informal meetings with other local dentists monthly as part of their approach in providing high quality care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients.

The dentists/clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records.

The practice did not have a policy regarding the Mental Capacity Act (MCA) and staff had not received training regarding this. Staff were unable to find capacity assessment forms. This issue was addressed during the inspection period. Evidence was available to demonstrate that staff had completed training regarding the MCA and had signed to confirm that they had read information provided by the Care Quality Commission "MCA 2005 guidance for providers".

Staff spoken with showed an understanding of Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance although improvements were required to record keeping. Details of basic periodontal examinations for children aged seven plus years of age were not recorded. Risk assessments regarding for example, caries, oral cancer or

Are services effective?

(for example, treatment is effective)

tooth wear were not always recorded in patient dental care records. This was addressed during this inspection period and comprehensive templates were developed for record keeping which included all the required information.

We were not shown evidence to demonstrate that the practice audited patients' dental care records to check that the dentist/clinician recorded the necessary information. We were told that record keeping audits had not been completed. This was one of the tasks to be completed by the newly employed administration manager who commenced their employment on 18 September 2019.

Effective staffing

Staff new to the practice had a period of induction. Induction records seen had not been signed by the person completing or receiving the induction training. There was no evidence to demonstrate that the staff member had received and understood the training or been deemed competent. The practice owner told us that new staff were given access to a copy of the staff handbook as part of the induction process. Standardised documentation was available. In one file we saw that the three-month induction checklist had not been completed but this had a date to be completed by end of June 2019. Information regarding targets and training and development were all blank. We were told that standardised documentation had not been completed on this occasion and hand-written notes were available. The organisation who provide recruitment and human resources advice to the practice were contacted and a request was made to amend induction paperwork to include space for the trainee and trainer to sign induction records as discussed.

Staff told us that they were able to request training if required. We were told that staff kept their own personal development plans which contained evidence of training completed. These were not available during the initial part of the inspection. Some training certificates were available. However, we did not see evidence that some staff had completed training regarding safeguarding or infection prevention and control. Without this information the practice was unable to demonstrate that clinical staff completed the continuing professional development required for their registration with the General Dental Council. This issue had been partly addressed during this inspection period. We were shown evidence to demonstrate that staff had been requested to complete infection prevention and control training. Safeguarding training had been completed as required.

There was no appraisal system in place. We were told that appraisal meetings had been held previously. The practice owner had obtained advice from the external company who provided recruitment and human resources advice and been told that appraisal was not a legislative requirement. The practice had therefore stopped completing appraisals. The practice did not have any other formal method of recording information regarding the staff members' development and progress. For example, learning needs, general wellbeing and aims for future professional development. There was no formal system for the employer and employee to discuss performance at work. The practice had a policy which recorded information regarding staff appraisal. We were told that informal chats were held with staff about training and the practice owners completed spot checks to ensure staff were working to procedures.

Co-ordinating care and treatment

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

The dental nurse confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The provider also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice was using an online system for referrals which enabled them to check the status of any referral to an NHS service they had made. We were told that referrals for private treatment were all sent to one provider and were monitored by the receptionist.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively on CQC feedback forms that staff were professional, caring and provided expert treatment. There were no patients at the practice during the inspection. However, we observed staff speaking with patients on the telephone. Staff were helpful, kind and friendly. The receptionist had worked at the practice for over 13 years and felt that she knew the patients well and had built up a good relationship with them.

Patients commented staff were compassionate and understanding. The principal dentist who worked at the practice five days per week was male. Patients could request to see the other practice owner (female) who mainly undertook facial aesthetic treatments at the practice but who was also a registered dentist.

Thank you cards were available for patients to read. The television in the waiting room showed information about treatments and other dental information.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. However, we were told that appointments were usually sufficiently spaced so that there were no patients in the waiting room. If a patient asked for more privacy, staff would take them into another room. There was a consulting room on the ground floor which could be used and a therapy room located on the first floor of the building. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the requirements under the Equality Act. We saw:

- Staff had not used interpretation services. We were told that all patients at the practice could speak or understand English. Staff said if necessary they would be able to obtain information about interpretation services.
- Staff communicated with patients in a way that they could understand, we were told that information could be made available in larger print to help patients with visual impairment. No other communication aids were available to assist patients with sight or hearing impairments. This issue was addressed during the inspection period. A hearing induction loop had been purchased and was awaiting delivery. Various strengths of reading glasses had been purchased and were available for use by patients.

Staff gave patients clear information to help them make informed choices about their treatment. A plan outlining the proposed treatment was given to each patient so they were fully aware of what the treatment entailed and its cost. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos, X-ray images and we were told that the principal dentist used a whiteboard to draw diagrams if necessary.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

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

The receptionist described examples of patients who were anxious about visiting the dentist and the methods they used to try and reduce their anxiety. This included offering patients a hot drink or water and chatting to them to distract them whilst they waited to see the dentist. Patients could bring a friend or relative with them to appointments. Staff made every effort to ensure that the dentist could see anxious patients as soon as possible after they arrived and the dentist was always informed if a patient was anxious. The receptionist told us that new patients were invited to attend the practice to have a look around, be introduced to staff and have a hot drink. They felt this was particularly important for anxious patients to get to know staff and help make them feel at ease.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were told about the action staff took to assist partially sighted patients which included reading information to them and assisting them to gain entry to the waiting room, treatment room and to exit the building.

The practice had made some adjustments for patients with disabilities. These included step free access and an accessible toilet with hand rails and a call bell. There was a ground floor treatment room. The dental hygienist worked in the first-floor treatment room. We were told that they would see patients in the ground floor treatment room if the patient was unable to use stairs.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived. We were told that patients could also wait in private in the consultation room or the therapy room (if this was not in use). Staff said that they would sit with the patient if requested to do so.

Phone calls, text or email reminders were sent to patients to remind them of their appointment. Staff also gave a courtesy call to patients following any extraction or lengthy dental treatment.

Timely access to services

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

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

The practice had an appointment system to respond to patients' needs. We were told that patients who requested an urgent appointment were seen the same day or within 24 hours of their call to the practice. There were usually appointment slots available to enable the dentist to see patients in dental pain. Patients were able to sit and wait to see the dentist once these appointment slots were full. There were no dental patients booked for treatment at the practice on the day of inspection. Staff told us that patients always had enough time during their appointment and were not rushed. We were told that generally appointments ran smoothly and patients were not kept waiting.

Patients were able to contact the practice using the website. Reception staff would then call the patient as required.

The staff took part in an emergency on-call arrangement with some other local practices.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and systems were in place to respond to them appropriately to improve the quality of care. The provider used the services of an external agency to provide advice and guidance regarding handling complaints. The provider had a policy providing guidance to staff on how to handle a complaint.

Are services responsive to people's needs?

(for example, to feedback?)

One of the practice owners was responsible for dealing with complaints. Staff would tell the practice owner about any formal or informal comments or concerns straight away so patients received a quick response.

The practice owner aimed to settle complaints in-house and would invite patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice had dealt with their concerns.

We were told that the practice had not received any complaints. A comments and suggestions book was available in the waiting room and this recorded positive comments.

Are services well-led?

Our findings

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 Notice section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The principal dentist, one of the practice owners, was not available during the initial day of inspection. We spoke with another of the practice owners who was knowledgeable about issues and priorities relating to the quality and future of services. Staff told us that the practice owners were visible and approachable. Staff said that the practice was a nice place to work and had a friendly, family atmosphere. Patients praised staff saying that they were excellent, professional and provided treatment of the highest standard.

Culture

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

Staff told us that their priority was patient care and meeting the needs of patients. Staff said that they worked hard to provide high quality, patient centred care, working well together as a team. A copy of the General Dental Council nine principles was on display for patients to see. This sets out what patients can expect from dental professionals.

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

We were told that there was a supportive, positive atmosphere at the practice. Staff told us that they had a lot of patients who had been seen at the practice for many years.

Staff were not aware of the Duty of Candour (the requirement to be open and transparent in relation to care and treatment). We were not provided with evidence to demonstrate that the practice had systems to ensure compliance with the requirements of the Duty of Candour. This issue was addressed during the inspection period. We were shown a copy of a duty of candour policy. We saw that a copy of this policy was available in a folder for staff. Patients were able to request some of the practice policies and a list of the available policies was on display in the waiting room. We were told that duty of candour requirements and the new policy had been discussed with staff.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

The principal dentist had overall responsibility for the management, clinical leadership and day to day running of the practice. The other practice owner supported the principal dentist with practice management tasks. The practice owners currently held all lead roles but planned to delegate tasks to staff in future. Staff spoken with were aware who they should speak with if they had any issues or concerns. We were told that the practice owners were approachable and helpful.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. We noted that some of these policies were missing and some did not record a date of implementation or review. Staff were unable to find some information and some was out of date. For example, policies regarding whistleblowing, Duty of Candour, infection prevention and control and waste handling. We saw that some new policies had been introduced, for example the general data protection regulations and data protection action plan. This action plan referred to various other policies which had not been implemented at the practice. However, we noted that this issue had partly been addressed during the inspection period. For example, we saw that a whistleblowing, duty of candour and waste handling policy had been developed. An administration manager had recently been employed and was due to start working at the practice on 18 September 2019. They would be responsible for implementing new governance systems, including audits, risk assessments and policies and procedures.

CCTV systems were used as a security measure in the practice. We were told that the system only recorded video without sound.

We saw there were some processes for managing risks, issues and performance although improvements were required. For example, there was no evidence to demonstrate that the practice risk assessment had been reviewed or updated since 2010, there were no COSHH risk

Are services well-led?

assessments and not all issues for action had been addressed in the fire risk assessment. The practice was not completing appraisal and there was no system for monitoring staff training. This issue was partly addressed during the inspection period. The practice risk assessment had been updated and now recorded a date for review and action had been taken to address issues identified in the fire risk assessment. The practice was aware of the need to complete COSHH risk assessments and were due to complete these as soon as the COSHH file had been updated.

The staff we spoke with on the day of inspection were not aware of never events, the yellow card system (for reporting adverse drug reactions or medical device adverse incidents, defective medicines, and counterfeit or fake medicines within the UK), or the serious incident framework (to help identify, investigate and learn from serious incidents). We were unable to discuss these issues with the principal dentist who completed the majority of dental work at the practice as they were not available on the initial day of inspection. Never events were discussed with the principal dentist during the inspection period. We were shown a list of never events. The principal dentist had downloaded the serious incident framework and was working through this document and adapting to meet the needs of The Stafford dental practice.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Improvements were required to the quality and operational information used to ensure and improve performance. The provider had not completed infection prevention and control audits since 2012 and there was no audit of patient dental care records.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

The practice website recorded that a laser was in use. We discussed this with the practice owner and were told that the laser was currently not in use but consideration was being given to using this again.

Engagement with patients, the public, staff and external partners

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

The provider used verbal comments and a comments book to obtain patients' views about the service. We saw a random sample of comments recorded in the comments book which were all positive. We were told that any suggestions recorded would be acted upon but to date only positive comments had been recorded. Patients were able to leave feedback on the practice's social media sites. We were told that comments received in thank you cards were recorded on the practice website.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. We were told that weekly "huddles" were held with staff. These were informal staff meetings where, for example, issues for action, changes at the practice were discussed and staff were able to raise any issues or concerns.

Continuous improvement and innovation

Improvements were required to the provider's quality assurance processes to encourage learning and continuous improvement. For example, there were no infection prevention and control audits since 2012 and no audits of dental care records.

Staff CPD records were not on the premises on the day of inspection. Staff told us that they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. We were shown evidence that basic life support training had been completed. Safeguarding training was completed during the inspection period. Staff told us that the provider supported and encouraged staff to complete CPD.

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 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 17** **Good governance** Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: The practice's log for checking that emergency equipment was available, in good working order and within their expiry date was ineffective as items of medical emergency equipment were missing or out of date on the first day of inspection. Not all emergency medical equipment was recorded on the checklist. Risk assessments or safety data sheets were not available for each hazardous substance in use at the practice. The registered person had not completed infection prevention and control audits at regular intervals, the last audit completed was dated 2012. The practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities were not effective. Staff had not completed fire safety training and not all staff had completed training regarding infection prevention and control.

This section is primarily information for the provider

Requirement notices

The registered person had not considered guidance issued in Health Technical Memorandum 07-01 regarding the storage of clinical waste. Clinical waste bins were locked but were stored unsecured in an area of public access within the premises.

There was additional evidence of poor governance. In particular:

The registered person had not established an effective recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

Regulation 17 (1)