Dr. Louise Southworth

Dr Louise Southworth - Richmond Terrace

Inspection Report

21 Richmond Terrace, Blackburn, Lancashire, BB1 7BL
Tel: 01254 670105
Website:

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Overall summary

We carried out an announced comprehensive inspection on 25 January 2017 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 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

Dr Louise Southworth Dental Practice is located in the centre of Blackburn. The practice predominantly provides an NHS service but patients can request private treatments. The practice has four dental surgeries over two floors. There are patient waiting areas on each floor. The premises has not been adapted for patients with a disability and does not provide access for wheelchair users.

The practice is open from 8.30am - 5.00pm Monday to Friday.

The practice owner is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We reviewed three CQC comment cards on the day of our visit and spoke with two patients during the inspection. Patients spoke positively about the staff and the care and treatment they received. Patients commented they were made to feel at easy by lovely staff. They said staff were attentive and polite.

Our key findings were:

- An infection prevention and control procedure was in place.

Summary of findings

- The sterilisation of dental instruments followed Department of Health guidance.
- The practice had systems for recording incidents, accidents and significant events.
- Dental professionals provided treatment in accordance with current professional guidelines.
- A process was established to seek patient feedback about the service.
- Patients could access urgent care when required.
- A process was in place for managing complaints.
- The practice provided oral health education to children.
- Patients received explanations about their proposed treatment, costs, benefits and risks, and were involved in making decisions about their treatment.
- Staff received annual medical emergency training.
- Not all equipment for dealing with medical emergencies reflected the guidance from the Resuscitation Council (UK).
- Recruitment checks to ensure staff were suitable to work with vulnerable patients had not been undertaken for all staff.
- The requirements of the fire assessment were not being followed, including routine checks of fire equipment and systems to minimise the risk of fire.
- Not all dental practitioners had routine chairside support when treating patients.
- Not all staff had completed safeguarding training and some staff had not completed the correct training level for their role.
- The governance system was not effective as risk assessments and audits had not identified concerns we found.
- Patient paper records were not stored in accordance with the NHS Code of Practice for records management.
- Products assessed as potentially hazardous to health were not always stored securely.

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

- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from the undertaking of the regulated activities. This should include a review of the reliability of the current approach to audit.
- Ensure the storage of records relating to people employed and the management of regulated activities is in accordance with current legislation and guidance.
- Ensure that all staff undertake child and adult safeguarding to appropriate level for their role.
- Ensure staff awareness of the Gillick competency and their responsibilities.
- Ensure staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and their responsibilities under the Act as it relates to their role.

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

- Review the 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 practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure they are stored securely.
- Review the protocols and procedures for use of X-ray equipment giving due regard to guidance notes on the Safe use of X-ray equipment.
- Review the protocols and procedures to ensure staff are up to date with their training and their Continuing Professional Development.
- Review the arrangements for chairside support when staff are treating patients.

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?

No action

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

A process was in place to manage any accidents and incidents that occurred at the practice.

Equipment for sterilisation, radiography and general dental procedures were tested and checked according to manufacturer's instructions.

Not all emergency equipment was available in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Not all staff had completed adult and child safeguarding training and some staff had not completed the training to the correct level for their role.

Checks to ensure staff were suitable to work with vulnerable patients had not been completed for all staff when they were recruited.

Routine checks of the environment, including fire safety checks were not were not taking place.

The upholstery to one of the dental assistant stools was torn, which meant it could not be effectively decontaminated.

Not all dental practitioners were supported by another member of staff when treating patients.

Products that could be hazardous to health were not always stored securely.

Are services effective?

No action

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

Dentists were working with national guidelines, such Delivering Better Oral Health toolkit to ensure their treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Not all staff were fully aware of the principles of the Mental Capacity Act and the Gillick competency test.

Are services caring?

No action

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

Summary of findings

Patients we spoke with were positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were three responses all of which were positive. Patients commented they were made to feel at easy by lovely staff. They said staff were attentive and polite.

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

Are services responsive to people's needs?

No action ✓

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

The practice ensured that patients requiring urgent dental care were seen on the day they contacted the practice.

The practice was unable to accommodate wheelchair users due to the location and layout of the building.

Staff had access to a translation service.

Are services well-led?

Requirements notice ✗

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

The practice owner was responsible for the day-to-day running of the service.

Staff said there was an open culture at the practice and they felt confident raising any concerns.

The practice held monthly staff meetings, which provided an opportunity to openly share information and discuss any concerns or issues at the practice.

A programme of audit to support continuous improvement was in place for the practice but the audits had not identified the concerns we found.

A process for seeking patient feedback was in place. Suggestions made by the patients about how to improve the service had not been acted on.

Archived patient paper records were not stored securely or safely.

Dr Louise Southworth - Richmond Terrace

Detailed findings

Background to this inspection

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

The inspection took place on 25 January 2017. It was led by a CQC inspector and supported by a dental specialist advisor.

We informed NHS England area team that we were inspecting the practice; we did not receive any information of concern from them. We also reviewed information held by CQC about the practice and no concerns were identified.

During the inspection, we spoke with the owner of the practice and two dental nurses. We reviewed policies, protocols, certificates and other documents as part of the inspection. We also had a look around the building.

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

A range of policies were in place for the management of incidents, including a serious incident policy, safety incident reporting policy and accident policy. Accidents were recorded in an accident book and incidents that did not involve an accident were recorded on an event record form. We looked at two recorded event forms for incidents that had happened and noted they were completed in detail. One of the incidents involved a patient with collapsing at the practice. The form indicated that a significant event analysis would take place at a practice meeting but staff said this had not happened for any of the incidents recorded. Staff said they would ensure this analysis happened going forward.

Staff we spoke with were clear about what needed to be reported in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR).

The practice received safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and Department of Health Central Alerting System (CAS). These alerts identify problems or concerns relating to medicines or equipment. If the alert was relevant to the operation of the practice then it was shared with the staff at practice meetings.

Staff we spoke with were aware of the need to be open, honest and offer an apology to patients if anything should go wrong; this was in accordance with the Duty of Candour principle which states the same.

Reliable safety systems and processes (including safeguarding).

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Staff advised us that the practice did not use a safe sharps system. Dentists re-sheathed needles. A risk assessment was in place to address the fact there was not a safe sharps system in place. A procedure was in place for staff to follow in the event of a sharps injury that included occupational health contact details. Staff advised us that there had been one sharps injury in the last four years.

The practice owner told us they routinely used a rubber dam when providing root canal treatment to patients in accordance with guidance from the British Endodontic Society. We confirmed this when we looked at dental records. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use a rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

Child and vulnerable adult safeguarding policies and procedures were in place. The practice owner was the designated lead for safeguarding. The staff we spoke with were knowledgeable about abuse and were aware of how to report any concerns in relation to abuse. Local safeguarding contact numbers were displayed should staff have a concern they wished to report. We sent the practice owner a staff recruitment and training template to complete for us in preparation for the inspection. This showed that not all staff had completed safeguarding training and some staff had not completed the appropriate level training for their role.

The practice had a whistleblowing policy that was reviewed in July 2016. Staff we spoke with understood what whistleblowing meant and said they were confident with raising concerns about colleagues with the practice owner without fear of recriminations.

Employer's liability insurance was in place for the practice. Having this insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969 and we saw the practice certificate was up to date. Professional indemnity was in place for all staff.

Medical emergencies

Procedures were in place for staff to follow in the event of a medical emergency. The practice kept medicines and equipment for use in an emergency and all staff knew where these items were located. Staff told us they completed regular checks of the medicines and equipment but we found that not all equipment was available in accordance with the Resuscitation Council UK and British National Formulary guidelines. For example, portable suction, self-inflating bags and masks were not in place. It

is important that the full range of equipment is available in the event of a medical emergency. We noted from the incident reporting system that a patient had a medical emergency at the practice last year.

Staff had received basic life support training from an external company in November 2016, including the use of an Automated External Defibrillator. An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff said the training did not involve using a self-inflating bag which is why staff were unaware these bags were required as part of a medical emergency kit. The practice owner provided evidence shortly after the inspection to confirm that the missing items had been ordered.

We checked the emergency medicines and found they were of the recommended type and were all in date. Staff were unaware of the need to modify the expiry date of Glucagon if it was not stored in a fridge. In addition, we found that the Glucagon was being inappropriately stored alongside a piece of equipment that generated a lot of heat. Staff said they would change the storage area.

We also checked the first aid kit and observed that the majority of the items had expired beyond their use-by-date. The practice owner confirmed shortly after the inspection that a new first aid kit had been purchased.

A mercury spillage kit was in place in the event that staff should need to use it.

Staff recruitment

We sent the practice owner a staff recruitment and training template to complete for us in preparation for the inspection. We also looked at the personnel records for three members of staff; one recruited in January 2017, one recruited in 2016 and a member of staff recruited in 2014. Both the completed template and recruitment records showed that the required recruitment checks had not been completed in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw that full employment history, references, DBS checks, a contract and identification, including a recent photograph were missing from recruitment files. Five out the team of 13 staff employed at the practice had had a Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children. A recruitment policy was not in place for the practice.

Monitoring health & safety and responding to risks

Not all staff had chairside support when treating patients. According to General Dental Council (GDC) guidance staff should be routinely supported when treating patients except in exceptional circumstances. The GDC describes 'exceptional circumstances' as those which are unavoidable, not routine and could not have been foreseen. Although a risk assessment had been undertaken regarding the absence of chairside support, it did not take into account the impact if the member of staff had not had a DBS.

A health and safety risk assessment was carried out in 2016 and it took account of matters, such as the premises, sharps, clinical waste, hazardous substances, radiology and equipment used at the practice.

We observed at least one fire door retained in the open position using a door wedge; this practice is unsafe and is not in accordance with fire regulations. We also saw that a self-closure device on one of the fire doors was broken, which meant the door would not automatically close in the event of a fire. Despite numerous attempts, we were unable to open the fire escape door. These issues had not been identified in the 2016 health and safety risk assessment or via the regular visual checks of the building staff told us they carried out.

The practice owner confirmed shortly after the inspection that the fire exit door had been repaired and that routine weekly, monthly and annual fire checks would take place commencing the 26 January 2017. Furthermore, they said enquiries had been made regarding the provision of an updated fire risk assessment.

A fire risk assessment was carried out by an external specialist fire service in 2000. Requirements were identified on the assessment and these had not been put in place at the practice. For example, the staff team had not participated in a fire drill. Regular checks of the fire system, equipment and emergency lighting were not taking place. A fire evacuation procedure was in place and displayed in the waiting area.

Are services safe?

We noted that the banisters for both staircases were unsteady and saw some parts of the structure were held in place with cable ties. We observed that the carpets in the corridors were creased in places, which could cause a trip hazard for patients and staff.

There was a stair case outside the upstairs waiting room that provided access to the attic area. The attic was not locked and the practice owner said they would arrange for a lock to be placed on the attic door to prevent patients accessing the area.

We looked at the Control of Substances Hazardous to Health (COSHH) file. COSHH files are kept to ensure information is available on the risks from hazardous substances in a dental practice. A dedicated member of staff was responsible for ensuring the COSHH file was up-to-date. They kept a record of the annual review of the file and advised us that they also reviewed the file if there were any changes to the products used and particularly if a new product was introduced. Risk assessments for the COSHH products and safety data sheets; information sheets about each hazardous product, including handling, storage and emergency measures in case of an accident were in place.

The room that was used to store COSHH products, medicines for emergencies and local anaesthetics was lockable with a sign reminding staff to keep it locked. This room was located in an area that could be accessed by patients and we found it had been left unlocked during the inspection. We informed staff of this and the door was locked when we later checked.

Infection control

Two of the dental nurses were the leads for infection prevention and control (IPC). An IPC procedure was in place for the practice. One of the nurses showed us how instruments were decontaminated in the dedicated decontamination room. They outlined the practice's process for cleaning, sterilising and storing dental instruments and reviewing relevant policies and procedures. This was in accordance with the Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. Produced by the Department of Health, this guidance details the recommended procedures for sterilising and packaging instruments.

We observed that the decontamination and treatment rooms were clean. Drawers and cupboards were organised and clutter free with adequate dental materials available. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

We observed on three occasions staff walking about the premises wearing disposable gloves and masks. We noted a tear in the upholstery of a dental stool and chips in the dental units in one surgery. This meant it would be difficult to decontaminate the stool and units effectively. Computer keyboards were not covered in accordance with HTM 01-05. Shortly after the inspection the practice owner advised us they planned to order a new stool. They also said staff had been reminded via a memo of the need to remove disposable gloves and masks between patients.

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria. Legionella is a term for particular bacteria which can contaminate water systems in buildings. Water lines were flushed in the morning and at the end of a session. A Legionella risk assessment had been carried out in July 2015. Checks of the water temperature of the sentinel taps (nearest and furthest taps from the water distribution source) were taking place.

A contract was in place for the removal and disposal of clinical waste. Waste consignment notices were available for the inspection. Clinical waste was disposed of in accordance with Health Technical Memorandum 07-01: Safe management of healthcare waste.

Schedules were in place for the cleaning of the premises and checklists were completed daily to confirm the premises had been cleaned. We observed the building was clean, tidy and clutter-free. Environmental cleaning equipment was labelled to identify the area it should be used in. We noted that the floor cleaning equipment was not stored in accordance with national guidance and we highlighted this to staff at the time of our inspection. The practice owner contacted us shortly after the inspection to say that this equipment was now being stored correctly.

IPC audits were being undertaken every six months. An annual statement of infection control had been completed for the practice.

Equipment and medicines

Are services safe?

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of up-to-date examinations and servicing of sterilisation equipment, X-ray machines, autoclaves and compressor. Portable electrical appliances were tested in February 2016 to ensure they were safe to use.

Radiography (X-rays)

We looked to see if the practice was working in accordance with the Ionising Radiation Regulations (IRR) 1999 and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. The practice kept a radiation protection file, including the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. Maintenance certificates were contained in the file. Local rules were displayed in the surgery. A rectangular collimator was not being used with one of the x-ray sets. This is a piece of equipment used to reduce the amount of radiation the patient receives when they are being x-rayed. The practice owner advised us shortly after the inspection that they were arranging quotations to change current collimation.

We saw that two of the dentists were up-to-date with their continuing professional development (CPD) training in respect of dental radiography. It was unclear exactly when one of the dentists had completed this training as their training records were not available for us. We established that the training took place at least eight years ago. The GDC recommends that dentists do at least five hours in every five-year CPD cycle. The practice owner provided evidence after the inspection to confirm that a radiology course had been booked for the dentist to attend in March 2017.

A radiological audit had been completed and was in accordance with the National Radiological Protection Board (NRPB) guidance.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found the dentists were following guidance and procedures for delivering dental care. We noted from the dental records that a medical history form was completed with patients and this was checked at every visit. An examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patient's gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are. The dental records we looked at informed us that patients were advised of the findings, treatment options and costs.

The dentists were familiar with the current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon individual risk of dental diseases.

The dentists used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required. A justification, grade of quality and report of the X-ray taken was documented in the patient dental care record.

Health promotion & prevention

From the dental records we looked at and from discussion with staff, we determined that the practice was promoting the importance of good oral health and prevention in accordance with the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients. Preventative measures included assessment of risk category, provision of oral hygiene advice, application of fluoride varnish and the prescribing of high concentration toothpaste. Smoking and alcohol consumption was also checked where applicable.

We spoke with one of the dental nurses who provided oral health education to children one afternoon a week. These sessions were organised after school hours to make it easier for children to attend.

Staffing

A process for induction was in place for newly recruited staff and we saw that an induction had been completed for the most recently recruited staff.

Staff told us they undertook training as part of their continuous professional development (CPD). We sent the practice owner a staff recruitment and training template to complete for us in preparation for the inspection. It showed staff had completed training in basic life support and IPC. Staff advised us that training was linked to the five year CPD cycle, which individual staff were responsible for keeping up-to-date. The practice did not have a system for monitoring training and staff said they would look into developing a system going forward to monitor staff the training staff were undertaking.

A programme of staff appraisal was not in place. The practice owner advised us after the inspection that they would consider the need for and benefit of appraisal for staff.

Working with other services

A member of staff was responsible for processing patient referrals to other services. They said that patients could be referred to a range of services if the treatment required was not provided by the practice. Referral could be made on-line or by letter. Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

Consent to care and treatment

We spoke with a range of staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then if appropriate documented in a written treatment plan. The patient would be provided with a copy of the plan and a copy would be retained in the patient's dental care record.

Not all staff were clear about the principles of the MCA and the concept of Gillick competence, and how they applied in a dental setting. The MCA is designed to protect and

Are services effective?

(for example, treatment is effective)

empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent. The staff recruitment and training template the practice owner completed for us in preparation for the inspection showed no staff had completed MCA training. The practice owner advised us shortly after the inspection that staff had been asked to complete MCA training by a specific date.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We spoke with two patients during the inspection and they were complimentary about the treatment and care they received at the practice. We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were three responses all of which were very positive with compliments about the staff and treatment received. Patients commented they were made to feel at easy by lovely staff. They said staff were attentive and polite.

We observed all staff maintained the privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and treatment rooms which ensured patient's confidential information could not be viewed by others. We saw that doors of treatment rooms were closed at all times when patients were being seen.

We saw that there was a door off the upstairs waiting room. We opened it not realising it led to a treatment room and that a patient was being treated at the time. Staff said this door was not used as there was another door to access the treatment room. We highlighted that in the absence of a sign on the door to restrict access there was a risk that the privacy and dignity of a patient being treated could be compromised.

Involvement in decisions about care and treatment

From our observation of dental records it was clear that patients were involved in decisions about their care. Information showing NHS and private treatment costs were available in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We noted that information was available for patients in the waiting area, including the practice opening hours, emergency out-of-hours contact details, fire procedures, the complaint procedure and treatment costs.

Staff said that patients needing an urgent appointment were always seen on the day they contacted the practice. They said time was set aside each day for any urgent requests. Even if this time was taken then patients requiring an urgent appointment would be invited to come in and wait.

Tackling inequity and promoting equality

Adjustments had not been made to the premises to ensure the needs of patients with a disability were accommodated. Staff said that they had looked into portable ramps for wheelchair access via the front door but this was complicated by the position of the building next to the road and the steepness of the steps to the front door. Although there was a back door entrance, it was not suitable for wheelchair access. An induction loop was not in place for people with needs associated with their hearing.

Staff told us they directed patients who could not access the premises to another local dental practice that was accessible. We noted that the practice leaflet did not mention the restricted access and staff said they would include this information when they revised the leaflet.

A disability access audit had not been completed for the premises. We noted this had been raised as needed from the outcome of a practice management audit in 2015. Shortly after the inspection the practice owner confirmed that this audit had been completed.

Staff working at the practice spoke a range of languages fluently, which was supportive if there was a need for translation. These languages were Urdu, Punjabi and Gujarati. Staff said they did not have access to an interpreter service for translation of other languages. The practice owner advised after the inspection that the contact details for a translation service had been made available to staff.

Access to the service

Opening hours were displayed in the premises and in the practice information leaflet. Patient feedback indicated there was good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints.

The practice owner was the lead for managing complaints. A complaints policy was in place which provided guidance on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC. Information for patients about how to make a complaint was displayed in the waiting area.

The practice had a system in place to log both NHS and private complaints. There had been five complaints since April 2016 and we noted that the practice provided a detailed written response to each complaint.

Are services well-led?

Our findings

Governance arrangements

Staff advised us that the practice owner was responsible for the day-to-day running of the practice. One of the dental nurses was responsible for overseeing the governance activities and was allocated two days a week to complete the related tasks.

Governance arrangements underpinning the operation of the service included a framework of operational policies and procedures, risk management systems and a programme of audit. The practice used a dental software package to undertake many governance activities, including risk assessment and audit.

Policies were reviewed annually to ensure they were up-to-date with national guidance and best practice. We asked to see the recruitment policy and were advised that one was not in place. We highlighted this to the practice owner at the time of the inspection.

Risk management processes were in place to support with ensuring the safety of patients and staff members. The risk assessments we saw included fire, sharps, hazardous substances, waste, radiation and the general environment. Some of the assessments had not identified issues we saw, such as risks within the environment and that the requirements of the fire risk assessment were not being followed.

We found that archived confidential patient paper records were not stored in accordance with the NHS Code of Practice regarding records management.

A business continuity plan was in place, which sets out how the service would be provided if an incident occurred that impacted on its operation.

Leadership, openness and transparency

Staff told us there was an open culture within the practice that encouraged candour, openness and honesty to promote the delivery of high quality care, and to challenge poor practice. From discussions with staff it was evident the practice worked as a team and that staff were comfortable raising matters with the practice owner.

We were told there was a no blame culture at the practice. Staff said the practice owner was approachable and would listen to their concerns and act appropriately. Staff told us regular practice meetings were held involving all staff members and provided us with the meeting minutes from March, May, October and November 2016. Staff said any updates or changes were discussed at the meetings.

Learning and improvement

A programme of audit was in place. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations. Audit topics included: radiography; IPC; dental records; emergency procedures; human resources (HR) management; consent; clinical waste and cleaning. We queried the reliability of some of the audits as they had not identified issues we found. For example, the HR audit indicated there was a recruitment policy yet we were informed there wasn't one. The consent audit stated practitioners should be trained to carry out mental capacity assessments yet none of the staff were trained in mental capacity. The emergency procedures audit had not identified that equipment required in accordance with the Resuscitation Council UK and British National Formulary guidelines was missing from the medical emergency kit.

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

A patient survey was undertaken by the practice in June 2016. The results were available for the practice overall and for individual dental practitioners. Staff said this survey was undertaken each year. The practice participated in the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided. We looked at approximately 40 FFT feedback cards.

From both feedback systems we noted there were suggestions to introduce a text message system to remind patients of appointments. Staff told us this had been looked into but was not considered resourceful. There were a number of comments from patients about the décor and facilities requiring upgrading.

We asked to see the refurbishment plan, not only to check any plans around décor and upgrading as suggested by patients, but also to see the arrangements for repair and maintenance. This was because we had seen areas of the building that required attention. We were advised that a written refurbishment plan was not in place.

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 **Regulation 17 HCSA 2008 Regulations 2014** **Good governance** The registered person did not have effective systems in place to ensure that the regulated activities were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met: • The registered provider failed to ensure an effective system was established to assess, monitor and mitigate the various risks arising from the undertaking of the regulated activities, including sufficient assessments and checks to be undertaken to ensure the premises and equipment were safe. • The registered provider failed to ensure the reliability of audits to monitor and improve the quality and safety of the service. The audits had not identified concerns we found with the service. • The registered provider failed to ensure that a system was in place to ensure staff training and awareness, including safeguarding training and mental capacity training. • The registered provider failed to maintain patient paper records in a secure and safe way. Regulation 17(1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19 HCSA 2008 Regulations 2014**

This section is primarily information for the provider

Requirement notices

Fit and proper persons employed

How the regulation was not being met:

The registered provider failed to ensure recruitment procedures were established, including ensuring all the necessary checks to ensure that persons employed met the conditions as specified in Schedule 3. These included seeking appropriate DBS checks.

Regulation 19(1)(2)(3)