Care Quality Commission

Dr Davinderpal Kooner

Dr Davinderpal S Kooner - Southall Dental Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 02 November 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Dr Davinderpal S Kooner - Southall Dental Centre is located in the London Borough of Ealing and provides NHS and private dental treatment to both adults and children. The premises are on the first floor above retail premises and consist of two treatment rooms and a reception. The practice is open Monday - Friday 9:00am – 6:00pm and alternate Saturdays 9:00am – 1:00pm.

The staff consists of the principal dentist, four associate dentist, a dental nurse, two receptionists and a practice manager.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual 'registered person'. 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 27 CQC comment cards, the NHS Friends and Family test and the practice comments book. Patients were positive about the service. They were complimentary about the friendly and caring attitude of the staff.

Summary of findings

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

Our key findings were:

- Patients were involved in their care and treatment planning so they could make informed decisions.
- Equipment, such as the autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients were treated with dignity and respect.
- Patients indicated that they found the team to be efficient, professional, caring and reassuring.
- Patients had good access to appointments, including emergency appointments, which were available on the same day.
- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- The practice had not implemented clear procedures for managing comments, concerns or complaints.
- Leadership structures were not clear and there were processes in place for dissemination of information and feedback to staff.

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

- Ensure the practice's infection control procedures and protocols are suitable taking into account 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'.
- There were appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies. Staff knew where equipment was stored.< >The practice did not have effective processes in place to reduce and minimise the risk and spread of infection.Ensure the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.Ensure audits of various aspects of the service, such as radiography and dental care records are undertaken at regular intervals to help improve the quality of service. The practice should also check that where applicable audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure the training, learning and development needs of individual staff members are reviewed at appropriate intervals and an effective process is established for the on-going assessment and supervision of all staff.
- Ensure that all staff had undergone relevant training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- 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 waste is segregated and disposed of in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Ensure audit protocols to document learning points are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.
- Ensure the practice establishes an effective system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- **There were areas where the provider could make improvements and should:**
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Ensure that a system for identifying, receiving, recording, handling and responding to complaints by patients is established.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking an X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and

Summary of findings

Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).

- Review the storage of dental care records to ensure they are stored securely.
- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD).

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Action at the end of this report).

Enforcement action

The practice had a whistleblowing policy and staff were aware of their responsibilities under the Duty of Candour. The staff we spoke with described an open and transparent culture which encouraged honesty.

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK; improvements were required to ensure medicines and equipment as per national guidelines were available at all times. There were appropriate service arrangements in place for equipment. The practice had an incidents and accident reporting procedure.

The practice did not have effective systems in place to reduce the risk and spread of infection. The practice infection control procedures required improvement in line with guidance issued by the Department of Health, 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05).

Staff had not undergone relevant training, to an appropriate level, in the safeguarding of children and vulnerable adults. The practice did not have adequate systems in place for the management of substances hazardous to health. The practice did not segregate and dispose of hazardous waste in accordance with Hazardous Waste Regulations 2005 and guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).

Are services effective?

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

No action

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), Department of Health (DH) and the General Dental Council (GDC). Improvements were required to ensure that whenever X-rays were taken this was recorded in the dental care records and X-rays were justified, graded and reported upon.

The practice monitored patients' oral health and gave appropriate health promotion advice. Some staff had completed continuing professional development to maintain their registration in line with requirements of the General Dental Council. The training, learning and development needs of individual staff members were not reviewed at appropriate intervals and the practice did not have an effective process for the on-going assessment and supervision of all staff. Staff

Summary of findings

explained treatment options to patients to ensure they could make informed decisions about any treatment. The practice followed up on the outcomes of specialist referrals made within the practice. We saw examples of effective collaborative team working.

Are services caring?

No action

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

We reviewed 27 CQC comment cards, the NHS Friends and Family test and the practice comments book. Patients were positive about the care they received from the practice. Patients commented they felt fully involved in making decisions about their treatment, they were listened to, were made comfortable and reassured. Patients told us they were treated in a professional manner and staff were very helpful.

We noted that patients were treated with respect and dignity during interactions at the reception desk and over the telephone. We observed that patient confidentiality was maintained.

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 provided friendly and personalised dental care. Patients had good access to appointments, including emergency appointments, which were available on the same day. In the event of a dental emergency outside of normal opening hours details of the '111' out of hour's service were available for patients' reference.

Patients had access to information about the service and the practice reviewed patients' comments from the NHS Friends and Family test.

The practice did not have an effective system in place for patients to make a complaint about the service if required. Patient's complaints were not acknowledged, recorded, investigated and responded to.

Are services well-led?

Enforcement action

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 Enforcement Action at the end of this report).

The practice did not have adequate governance arrangements in place. Policies and procedures were not effective to ensure the smooth running of the service. We noted that the practice did not have robust systems in place to identify and manage risks. Risk assessments such as for fire, the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and COSHH had not been carried out. Practice meetings were not being used to update staff or support staff. There were no processes in place for staff development, no recent appraisals and no evidence of how staff were supported.

Summary of findings

Audits such as those on the suitability of X-rays and dental care records had not been undertaken in the last 12 months. The practice infection control audit had not been completed appropriately. The audit did not have documented learning points, was not analysed and the resulting improvements could not be demonstrated.

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Detailed findings

Background to this inspection

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

We carried out an announced, comprehensive inspection on 02 November 2016. The inspection was carried out by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider.

During our inspection visit, we reviewed policy documents and staff records. We spoke with five members of staff, which included the principal dentist, an associate dentist, a dental nurse, the practice manager and a receptionist. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We reviewed the practice's decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had an incidents and accident reporting procedure. The policy described the process for managing and investigating incidents. All staff we spoke with were aware of reporting procedures including recording them in the accident book. There were no reported incidents within the last 12 months.

Staff were aware of their responsibilities under the Duty of Candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

The practice had a procedure in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). All staff we spoke with understood the requirements of RIDDOR. The practice had not carried out a risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). Staff we spoke with did not understand these requirements.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for safeguarding adults and child protection which were updated in March 2016. The policy contained details of the local authority safeguarding teams, whom to contact in the event of any concerns and the team's contact details. The policy also contained guidance from the General Dental Council. The principal dentist was the safeguarding lead. We saw records which showed that the practice had a staff handbook which included policies on safeguarding adults and child protection. All members of staff we spoke with were able to give us examples of the type of incidents and concerns that would be reported and outlined the protocol that would be followed in the practice. There were no reported safeguarding incidents in the last 12 months.

We saw evidence that showed two members of staff had completed training in safeguarding adults and child protection. We did not see evidence of training for seven members of staff. Following our inspection the practice sent us confirmation of training in safeguarding adults and child protection.

The practice had a health and safety policy and had undertaken a range of risk assessments in March 2016. Policies and protocols were implemented with a view to keeping staff and patients safe. For example, we saw records of risk assessment for fire, sharp injuries, eye injuries, manual handling, electrical faults and slips, trips and falls.

Staff told us that a rubber dam was routinely used for root canal treatment in line with guidelines issued by the British Endodontic Society (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 rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. Oxygen and manual breathing aids were available in line with the Resuscitation Council UK guidelines. The practice had an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). A portable suction and Buccal Midazolam was not available at the practice on the day of our inspection. We discussed this with staff who later showed us confirmation that the item had been ordered. (Buccal (oromucosal) midazolam is a medicine used to stop prolonged epileptic seizures and is given into the buccal cavity (the side of the mouth between the cheek and the gum).

All other emergency drugs and equipment were within the expiry date ensuring they were fit for use. We saw records which showed that regular checks had been carried out to the emergency medicines to ensure they were not past their expiry and in working order in the event of needing to use them.

Are services safe?

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

Staff recruitment

The practice had a recruitment policy. We reviewed the recruitment records for all members of staff. The records contained some of the evidence required to satisfy the requirements of relevant legislation including immunisation and evidence of professional registration with the General Dental Council (where required). There were records which showed that identity checks and eligibility to work in the United Kingdom, where required, were carried out for all members of staff. The practice carried out Disclosure and Barring Service (DBS) checks for all members of staff. [The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable]. We did not see evidence of Hep B and DBS checks for two members of staff. Staff told us these checks had been undertaken. When asked staff could not provide records of this.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies and the practice had a fire safety policy in place. Fire safety signs were clearly displayed, and staff were aware of how to respond in the event of a fire. We saw records of a fire evacuation plan and fire drills had been carried out. The practice had not undertaken a fire risk assessment. Following our inspection the practice sent us confirmation that a fire risk assessment had been booked for 07 November 2016.

The practice had a business continuity plan in place. The business continuity plan detailed the practice procedures for unexpected incidents and emergencies including a flood, equipment, electricity or failure of the computer system. It included the name and contact details for another dental practice where patients could be referred for treatment if necessary.

Staff told us that the practice received the Medicines and Healthcare products Regulatory Agency (MHRA) alerts and alerts from other agencies. The principal dentist told us alerts were received and reviewed and disseminated by them to the staff, where appropriate. However, we did not see records of this.

Infection control

The practice did not have effective systems in place to reduce the risk and spread of infection.

There was an infection control policy which was updated in March 2016 and included minimising the risk of blood-borne virus transmission, the possibility of sharps injuries, decontamination of dental instruments and hand hygiene. The practice policy and procedures on infection prevention and control were accessible to staff. However, the practice protocols were not in accordance with guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'.

We examined the facilities for cleaning and decontaminating dental instruments. The practice did not have a dedicated decontamination room. Staff confirmed the cleaning and decontamination of used dental instruments was not undertaken when a patient was present in the treatment room. Staff explained that decontamination was carried out in one of the treatment rooms which was not in use. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment including heavy duty gloves while instruments were decontaminated. Instruments were cleaned prior to being placed in an autoclave (sterilising machine). We saw instruments were placed in pouches after sterilisation.

We found the practice did not record daily and weekly tests to check that the steriliser was working efficiently and no log were kept. We did not see evidence which showed the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks. Staff told us these checks had been undertaken. When asked staff could not provide records of this.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw records which showed clinical waste and sharps were appropriately segregated and stored at the practice.

Are services safe?

Staff showed us where X-ray solutions were stored in containers. We asked staff to show us records for the safe disposal of used X-ray solutions and this information could not be provided. When asked staff told us the X-ray solutions were poured into the sink. This was not in line with Hazardous Waste Regulations 2005 and guidance issued by Health Technical Memorandum 07-01 (HTM 07-01).

Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

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

The practice had undertaken a Legionella risk assessment in May 2016 and there was a recommended action plan in place. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

Equipment and medicines

There were appropriate service arrangements in place to ensure equipment was well maintained. There were service contracts in place for the maintenance of equipment such as the autoclave which was serviced in October 2016. A pressure vessel check had been carried out in April 2016. The fire extinguisher and X-ray developer had been checked in February 2016. The practice had portable appliances and staff told us the practice had carried out portable appliance tests (PAT). We did not see evidence of this. Following our inspection the practice sent us confirmation a PAT test had been completed in April 2016.

Radiography (X-rays)

The practice had a well maintained radiation protection file. We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment including the local rules. The radiation protection file contained the maintenance history of X-ray equipment along with the critical examination and acceptance test reports. We saw records which showed that the X-ray equipment was installed in June 2014.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) and Faculty of General Dental Practice (FGDP). We saw records which showed the dentist gave preventive advice in line with current guidance. The dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. Improvements were required to ensure that whenever X-rays were taken this was recorded in the dental care records and X-rays were justified, graded and reported upon.

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

The dentists also recorded when oral health advice was given.

Health promotion & prevention

Staff told us appropriate information was given to patients for health promotion. Improvements could be made to ensure the practice had written information relating to health promotion such as brushing, flossing, caring for children's teeth, tooth decay and the benefits of regular dental examinations.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as dietary advice and smoking cessation. Dental care records we checked confirmed this; for example we saw that the dentists had discussions with patients about gum disease and smoking.

Staffing

There was a comprehensive induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff were required to complete the induction programme which included training on health and safety, infection control, disposal of clinical waste, medical emergencies, and confidentiality.

We reviewed the training records for all members of staff. We noted that opportunities existed for staff to pursue continuing professional development (CPD). There was evidence to show that some staff members were up to date with CPD and registration requirements issued by the General Dental Council. We did not see up-to-date evidence of training for three staff members.

The practice had a policy and procedure for staff appraisals to identify training and development needs. Staff showed us the practice training policy which used appraisals to identify staff's individual training needs. We noted staff appraisals had not been completed since 2012.

Working with other services

The practice had a referral policy and appropriate arrangements were in place for working with other health professionals to ensure quality of care for their patients. Referrals were made to other dental specialists when required. The dentists referred patients to other practices or specialists if the treatment required was not provided by the practice.

Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. Improvements were required to ensure that discharge letters following a referral were reviewed and acted upon.

Consent to care and treatment

Staff told us the practice ensured valid consent was obtained for care and treatment. Staff showed us the practice consent policy which detailed the procedures to follow in order to gain valid consent. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and estimate of costs.

Patients would be given time to consider the information given before making a decision. The practice asked patients to sign treatment plans and a copy was kept in the

patient's dental care records. We checked dental care records which showed some treatment plans signed by the patient. Improvements could be made to ensure patients routinely received treatment plans.

The dental care records showed that in some instances options, risks and benefits of the treatment were discussed with patients. Improvements could be made to ensure the discussions of options, risks and benefits of the treatment were routinely recorded.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff had not received formal training in the requirements of the Act; however they demonstrated an understanding of the principles of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and then making decisions in the patient's best interests.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We saw records which showed that the practice sought patients' views through the NHS Friends and Family test and the practice comments book. We reviewed 27 CQC comment cards completed by patients in the two weeks prior to our inspection. Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. Patients commented that they were listened to and treated with dignity and respect. During the inspection we observed staff in the reception area. They were polite, courteous, welcoming and friendly towards patients.

The practice had a policy on confidentiality which detailed how a patient's information would be used and stored. Patients' dental care records were paper based and stored in a filing cabinet. The practice had filing cabinets which could not be locked as the keys could not be found. Improvements could be made to ensure that dental care records were kept secure at all times.

Staff told us that consultations were in private and that staff never interrupted consultations unnecessarily. We observed that this happened with treatment room doors being closed so that the conversations could not be overheard whilst patients were being treated. The environment of the surgeries was conducive to maintaining privacy.

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

Involvement in decisions about care and treatment

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

Staff told us the dentist took time to explain care and treatment to individual patients clearly and were always happy to answer any questions. Patients told us that treatment was discussed with them in a way that they could understand.

Are services responsive to people’s needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients’ needs

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

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

Tackling inequity and promoting equality

The practice had an equality and diversity policy. The demographics of the practice were mixed and we asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions.

Staff told us the practice had undertaken a disability risk assessment and recognised the needs of different groups in the planning of its service. Staff told us that it had not been possible to make changes to the fabric of the building and be able to provide wheel-chair access. Staff explained patients with access needs were referred to a neighbouring practice with these facilities.

Access to the service

We asked staff how patients were able to access care in an emergency. They told us that if patients called the practice in an emergency they were seen on the same day. Emergency appointments were available in the morning and afternoon for patients who required urgent treatment.

In the event of a dental emergency outside of normal opening hours details of the ‘111’ out of hour’s service were available for patients’ reference. These contact details were given on the practice answer machine message when the practice was closed. The practice also had an emergency out of hours mobile contact number. The practice had a patient leaflet in the reception area outlining the name of the dentists, how to make an appointment, the opening hours and emergency out of hours details.

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

Concerns & complaints

The practice had a code of practice for patient complaints which described how formal and informal complaints were handled. Information about how to make a complaint was displayed in the reception area including the contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We noted the practice did not follow its complaint policy. We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an ineffective system in place. Staff told us the practice had received two complaints in the last 12 months. When asked staff told us these complaints had not been recorded, investigated and the resulting improvements could not be demonstrated. This was not in line with guidance issued by the General Dental Council.

Are services well-led?

Our findings

Governance arrangements

There was no evidence that adequate governance arrangements were in place at the practice. The practice did not have arrangements for identifying, recording and managing risks through the use of risk assessments, audits, and monitoring tools. The practice had not undertaken risk assessments around the safe use and handling of COSHH products. The practice had not undertaken a fire risk assessment or monitored electrical safety. The practice had not undertaken a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The practice manager organised staff meetings. We saw records which showed the practice had one staff meeting in the last 12 months. There was limited evidence to show that staff had the opportunity to discuss clinical governance issues and refer matters regarding the management of the practice.

Leadership, openness and transparency

The practice manager had responsibility for the day to day running of the practice. Leadership in the practice was lacking. Responsibilities to undertake key aspects of service delivery had neither been assumed by the principal dentist nor suitably delegated.

There were no protocols and procedures to ensure staff were up to date with their mandatory training and their CPD.

There was evidence to show that the standard of infection control was not in line with guidance issued by HTM 01-05 guidance. The principal dentist had not assessed this risk and provided appropriate guidance and staff development. There was a lack of effective communication within the practice.

The practice had a whistleblowing policy and staff were aware of their responsibilities under the Duty of Candour. The staff we spoke with described an open and transparent culture which encouraged honesty.

Learning and improvement

We found that the practice did not have a formalised system of learning and improvement. There was no schedule of audits at the practice. The practice had not undertaken a record keeping or radiography audit. When asked staff were not aware of the requirements of a radiography audit.

The practice had carried out an infection control audit in October 2016 and the results were 100% compliance. We noted the infection control audit had not been completed appropriately and did not achieve 100% compliance. For example, we observed the practice did not have a dedicated decontamination room, upholstery was damaged on the dental chairs and walls in one of the treatment rooms were damaged. There was no action plan to indicate how the practice would improve infection control in line with current guidance. The audit did not have documented learning points, was not analysed and the resulting improvements could not be demonstrated.

We found that there was no centralised monitoring of professional development in the practice. There had been no recent staff appraisals to support staff in carrying out their role.

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

The practice had a procedure for monitoring the quality of the service provided to patients. We saw records that showed that the practice collected patient's response through the NHS Friends and Family test and the practice comments book.

Staff commented that the principal dentist was open to feedback regarding the quality of the care.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **How the regulation was not being met:** • The practice did not have, and implement, robust procedures and processes to ensure that people were protected from abuse and improper treatment • Not all staff had received safeguarding training that was relevant to their role **Regulation 13(1) (2)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **How the regulation was not being met:** **The practice did not have effective systems in place for;** • Acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. **Regulation 16 (1)(2)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** • The practice did not always ensure all staff members received appropriate support, training and supervision necessary for them to carry out their duties.

This section is primarily information for the provider

Requirement notices

- Staff did not receive regular appraisal of their performance in their role from an appropriately skilled and experienced person and any training, learning and development needs should be identified, planned for and supported.

Regulation 18 (2)

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 **How the regulation was not being met:** • The provider did not have an effective recruitment procedure in place to assess the suitability of staff for their role. Not all the specified information (Schedule 3) relating to persons employed at the practice was obtained. Regulation 19 (1), (2), (3)

This section is primarily information for the provider

Enforcement actions

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 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider had not assessed the risk of preventing, detecting and controlling the spread of infections. Regulation 12(1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not have effective systems in place to : • Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity • Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. • Ensure that their audit and governance systems remain effective. • Maintain securely an accurate and complete record relating to people employed and the management of regulated activities. Regulation 17 (1)