

Cadis Practice Limited

Cadis Practice Limited

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 11 February 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

We found that this practice was 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 practice offered private dental treatment to patients of all ages. This was a single handed principal dentist supported by a dental nurse in addition to reception staff.

The principal dentist is the registered provider for the practice. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice has one treatment room, reception/waiting area and decontamination room. The practice is open five days per week 9.00am until 5.00pm.

Unfortunately the principal dentist was unable to attend on the day of our visit and all patient appointments were cancelled. We did however speak with the principal dentist after the inspection visit.

We did not receive any returned comment cards that had been left for patients to complete, prior to our visit. However we were able to speak with two patients on the day of our inspection. Feedback from patients was positive about the care they received from the practice. They commented staff were caring and respectful and that they had confidence in the dental services provided. Patients told us the dentist was good at putting them at ease, building children's confidence in dental procedures and involving them in their treatment.

Our key findings were:

Summary of findings

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- Staff had been trained to manage medical emergencies.
- Patients commented they felt involved in their treatment and that it was fully explained to them.
- Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- Patients told us staff were kind, caring and competent.
- Patient care and treatment was planned and delivered in line with evidence based guidelines and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients told us they were treated with dignity and respect and their confidentiality was maintained.

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

- Ensure audits of radiography, dental care records and infection control are undertaken at regular intervals to help improve the safety and quality of the service. The practice must also ensure all audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure that the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.

- Ensure the procedure for rinsing and cleaning used dental instruments is robust and meets guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Ensure that staff follow cleaning guidelines detailed in The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Ensure the right medical emergency equipment is in place and risk assess how they would manage a medical emergency in the absence of an automated external defibrillator (AED).

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

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

- Review the system for stocking Personal Protective Equipment (PPE) to ensure it is continually available for staff.
- Review how staff are suitably supported in undertaking their duties, for example through performance appraisals
- Review the current legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had safety systems in place although these were not always followed to ensure that learning and improvement could take place. For example risk assessments were in place but some of them were not reviewed and appropriate action taken place. Other risk assessments were omitted such as legionella and infection control.

There were systems in place for the cleaning and decontamination of dental instruments which were mostly in line with national guidelines. However the process for rinsing and manually cleaning used instruments did not follow national guidelines and required a review. Quality monitoring checks of the decontamination procedures were omitted.

There were procedures in place regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. However we found that some equipment for use in the event of a medical emergency was omitted and equipment not easily accessible.

Are services effective?

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

On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was used to plan patient care and treatment. Patients were offered options of treatments available and were advised of the associated risks and benefits. Patients were provided with a written treatment plan which detailed the treatments considered and agreed together with the fees involved. Patients were referred to other specialist services where appropriate in a timely manner.

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

Records were complete in relation to continuous professional development (CPD) and the practice was able to demonstrate staff, where applicable, were meeting all the training requirements of the General Dental Council (GDC).

Are services caring?

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

Patients were complimentary about the practice and how the staff were caring and sensitive to their needs. Patients commented positively on how caring staff were, they felt that they were given good information and explanations about their treatment options.

We spoke with two patients on the day of the inspection. Patients were positive about the care they received from the practice, felt fully involved in making decisions about their treatment and listened to.

Staff we spoke with were aware of the importance of providing patients with privacy and how to maintain confidentiality. Policies and procedures were in place regarding patient confidentiality and maintaining patient data securely.

Are services responsive to people's needs?

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

Summary of findings

The practice opened Monday to Friday. Appointment times within this were flexible and met the needs of patients. Patients told us that the dentist did not keep them waiting and accommodated their needs in an emergency. The dentist would see a patient beyond the usual surgery hours to accommodate a patient with dental pain.

There was an effective system in place for complaints, concerns and suggestions made by patients. Information for patients about how to raise a concern or offer suggestions was available in the waiting room. This included contact details of other agencies if a patient was not satisfied with the outcome of the practice investigation into their complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

Are services well-led?

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

The practice recently commenced regular staff meetings, which were minuted. Staff had the opportunity to share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

Staff reported that the registered provider was approachable; that they felt supported in their roles and were freely able to raise any issues or concerns with them at any time.

The practice undertook patient satisfaction surveys in order to improve the quality of the service provided. However we could not see how this information was reviewed or any action followed up to improve the quality of the service.

The registered provider (principal dentist) was responsible for the day to day running of the practice and also delegated tasks to the dental nurse. We saw that there was a range of policies and procedures in place. However the provider had not followed guidelines from the Faculty of General Dental Practice (FGDP) – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. For example some risk assessments were not in place or regularly reviewed and appropriate action had not taken place. Other risk assessments were omitted such as legionella and infection control.

There were systems in place for the cleaning and decontamination of dental instruments which were mostly in line with national guidelines. However the provider did not ensure the procedure for rinsing and cleaning used dental instruments was robust and meets guidelines issued by the Department of Health - Health Technical Memorandum.

We found that audits of radiography, dental care records and infection control were not undertaken at regular intervals to help improve the safety and quality of the service. The practice did not have documented learning points and the resulting improvements could not be demonstrated.

The provider did not ensure that the practice was in compliant with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000. We found annual quality audits of the X-rays were not undertaken. This was not in accordance with the National Radiological Protection Board (NRPB). Action plans were not in place to continuously improve the procedure and reduce future risks.

There were procedures in place regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. However we found that some equipment for use in the event of a medical emergency was omitted and equipment not easily accessible.

Cadis Practice Limited

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.

This inspection took place on the 11 February 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We informed NHS England area team / Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives, a record of any complaints received in the last 12 months and details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we toured the premises and spoke with practice staff including, the dental nurse and receptionist. We spoke to the provider (principal dentist) after the inspection.

To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

This was a single dentist practice with one dental nurse and a receptionist. The staff told us that any accident or incidents would be discussed each day and at the monthly meetings. We saw the accident book and historical incidents had been followed up in accordance with their policy and reviewed at a staff meeting to prevent further incidents. The registered provider told us they received alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, actioned and stored for future reference.

We saw the incident reporting policy which included information and guidance about the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff told us that they understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). However no such incidents had occurred.

The staff told us they were aware of their responsibilities to responded to concerns and to complaints in an open manner. Patients were told when they were affected by something that goes wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had up to date adult and child protection policy and procedures in place. These policies provided staff with information about identifying, reporting and dealing with suspected abuse. Staff had access to contact details to raise concerns about child and adult protection in the Kendal area. The principal dentist was the safeguarding lead for the practice. Staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns and were confident that if they raised any concerns they would be followed up appropriately by the principal dentist. We saw that staff had undertaken safeguarding training.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). Records contained evidence of staff immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva). However we noted that there were inadequate supplies of personal protective equipment such as face visors, and gloves within the decontamination area which may put staff and patients at risk

Medical emergencies

Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months. The practice had clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). However we found that the practice failed to maintain an effective emergency resuscitation kit, we found that some equipment was not in place and medicines and equipment were not easily accessible in a central location where all staff could access. The practice also did not have immediate access to an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The nearest AED was based in the town of Kendal and staff were not clear how long it would take to access this. This was discussed with the dental nurse who said that the emergency bag had been an oversight. They staff ordered missing equipment the same day.

We advised that the emergency bag audit was made robust with content checked to minimise future risk. We spoke with the provider who said they would review the access arrangement to the local community automated external defibrillator (based in Kendal) to ensure they could deal in a timely manner with an emergency.

Staff recruitment

There were clear recruitment and selection procedures in place that described the process for employing new staff. They included seeking references, proof of identity, immunisation status and checking qualifications and professional registration.

Are services safe?

There was an induction programme in place for all new staff to familiarise them with how the practice worked. This included ensuring staff were familiar with fire procedures, use of personal protective equipment and accident and incident reporting.

We saw that all relevant staff had personal indemnity insurance (this is an insurance professionals are required to have in place to cover their working practice) In addition there was employer's liability insurance which covered all employees working in the practice and which was valid until June 2016. The staff professional registration were recorded and validated with the General Dental Council (GDC) The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

Monitoring health & safety and responding to risks

The practice had arrangements to monitor health and safety and deal with foreseeable emergencies. A Health and Safety Policy was in place and we saw a risk management process which was continually updated and reviewed annually to ensure the safety of patients and staff members. For example, we saw risk assessments for fire and handling sharps.

The practice did not have information relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We noted that this did not include all chemicals used on the premises. Staff explained that this information was held at the other practice. The provider told us they would ensure this information was available with immediate effect.

Records showed that fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. The fire safety equipment was tested in July 2015. Evacuation instructions were available and staff were knowledgeable about their role in the event of a fire.

Infection control

We saw from staff records that all staff had received infection control training and an infection control policy was in place. These included hand hygiene, manual cleaning, managing waste products and decontamination guidance. We confirmed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

We looked around the premises during the inspection and found the treatment rooms and the decontamination room appeared clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection control. The practice had cleaning schedules and infection control daily checks for each treatment room which were complete and up to date. Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards.

The infection control lead was the principal dentist who had completed an infection control audit. However we did not see any action had been taken or learning from this put into place.

The practice had a decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination area from the 'dirty' to the 'clean' zones. We noted however that there was only one sink in the decontamination room with no separation of dirty and clean water during washing instruments or a separate hand washing sink.

The dental nurse showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments; and packaging and storing clean instruments. We looked at the bagged instruments and saw that whilst they were clean and free from damage they were not dated. We also found undated and opened packages containing instruments in the treatment area. We discussed this with the dental nurse who told us this practice had ceased dating the bagged instruments. The practice did not follow the appropriate decontamination guidance issued by the Department of Health. (Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and

Are services safe?

related guidance.) We discussed this with the provider who told us that they would ensure these practices were put in place with immediate effect. This was to ensure the all instruments were transported and stored safely.

The practice did not appear to have effective systems in place for testing each single autoclave cycle. These tests validate that the sterilisation cycle is working within accepted parameters. The provider explained that they followed the indicator on the autoclave but did hold records to confirm that appropriate checks were in place.

We saw that all sharps bins were being used correctly, located appropriately but not dated. The practice operates a “safer sharps” policy to reduce the risk of injury to staff and patients.

Clinical waste was stored securely for collection outside the practice in a designated and locked bin. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

There were adequate supplies of liquid soap and paper hand towels in the and surgeries, however soap was not available in the decontamination room and a poster describing proper hand washing techniques was not displayed above the hand washing sinks.

The practice did not have a legionella risk assessment. The staff told us that they regularly ensured running the water lines in the treatment rooms at the beginning and end of each session and between patients but did not check water temperatures each month. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. Staff told us that they had been told that this was

not required. Staff were unclear about the process regarding the water bottle to the dental chair unit. We discussed this with the provider who confirmed that they followed the manufacturer's instruction for safe usage.

Equipment and medicines

Staff told us that Portable Appliance Testing (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) was undertaken annually and had been completed in June 2015. We also saw additional an electrical five yearly certificate, which confirmed all electrical installation in the building is safe.

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

Anaesthetics were stored appropriately. Other than anaesthetics and emergency medicines, no medicines were kept at the practice.

Radiography (X-rays)

The practice had a maintenance log which showed that the X-ray machine had been serviced regularly. We confirmed that the dentist was up to date with continuing professional development training in respect of dental radiography. However when we reviewed the practice's radiation protection file it was not complete. The file stated the name and contact details of the Radiation Protection Advisor (RA) and the principal dentist was the Radiation supervisor (RS). However the registered provider did not undertake annual quality audits of the X-rays taken. This was not in accordance with the National Radiological Protection Board (NRPB). Action plans were not in place to continuously improve the procedure and reduce future risks.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept paper records of the care given to patients. We reviewed a sample of dental care records and found that information was inconsistent and that advice given, outcomes of discussions and treatment plans were sometimes omitted. We also saw that basic information was recorded regarding medicines prescribed to patients and when anaesthetic was given the batch number and expiry date of the product was not recorded.

We noted that medical history checks were updated at least every 6 months and staff routinely asked patients at every visit if there had been any changes to their health conditions or current medicines being taken. However we noted that the dentist did not follow Faculty of General Dental Practice guidance on the recording of X Rays; X-rays were mostly graded but it was not always clear if they were justified as there was no account of the reasoning for the action and reported in the patient's care record. This is important to ensure that the patients is not being subjected to unnecessary X-rays. We discussed record keeping with the principal dentist they stated that the practice had not undertaken any record keeping audits. They acknowledged that record keeping audits needed to be undertaken and agreed to ensure that the practice would now undertake them in accordance with the guidelines.

Health promotion & prevention

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

The principal dentist advised us that they offered patients oral health advice and provided treatment in accordance with the Department of Health's guidance 'The Delivering Better Oral Health' toolkit. Staff we spoke with were aware of the impact of patients' and their family's general health and wellbeing and were proactive in providing information and support.

Staffing

Staffing levels were monitored and staff absences planned for to ensure the service was uninterrupted. The practice

had systems in place to support staff to be suitably skilled to meet patients' needs. Essential training included basic life support, and infection control. Records showed staff were up to date with this learning.

The dental nurse told us they had access to training to maintain their professional registration. All clinical staff were required to maintain an on-going programme of continuous professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff and we saw evidence of on-going continuous professional development.

A period of induction was arranged for new staff to support them in the first few weeks of working at the practice. Staff told us they had easy access to a range of policies and procedures to support them in their work.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment.

The practice completed referral letters to ensure the specialist service had all the relevant information required. Staff were knowledgeable about following up urgent referrals, for example regarding oral cancer. Dental care records contained details of the referrals made and the outcome of the specialist advice.

Consent to care and treatment

Staff explained to us how valid consent was obtained for all care and treatment. The practice had consent policies which provided staff with guidance and information about when consent was required and how it should be recorded. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental treatment. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Staff described the role family members and carers might have in supporting the patient to understand and make decisions and how this was recorded in the patient's dental care record. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Are services effective?

(for example, treatment is effective)

Patients we talked with confirmed that treatment options, risks, benefits and costs were discussed with them and their consent obtained.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We spoke with patients on the day of the inspection. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity and that staff were sensitive to the individual needs of their patients and on reducing patient anxiety.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Staff we spoke with were aware of the importance of providing patients with privacy and how to maintain confidentiality. The design of the reception desk ensured any paperwork could not be viewed by patients booking in for their appointment. The treatment room was on the first floor away from the ground floor waiting area and conversations could not be overheard. During our observations we noted staff were discreet and confidential information was not discussed at reception.

We observed positive interactions between staff and patients (these were who arrived at the surgery who were not aware the dentist was unavailable). We observed staff were helpful, apologetic and respectful to patients on both in person and on the telephone.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about treatment. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentist and felt listened to. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options.

Patients were given a copy of their treatment plan and associated costs. This gave patients clear information about the different elements of their treatment and the costs relating to them. They were given time to consider options before returning to have their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the facilities were appropriate for the services that were planned and delivered.

The practice provided patients with information about the services they offered in the waiting room in the practice leaflet. We looked at the practice's appointment system and found there were appointment slots each week for urgent or emergency appointments. Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours.

Patients we spoke with confirmed that they had been able to a prompt appointment if needed and they had sufficient time during their appointment and were not rushed.

Tackling inequity and promoting equality

Practice staff told us they had very few registered patients with limited English language skills. If required, they could access translation services. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions.

The surgery was on two levels with the treatment level inaccessible for patients with mobility difficulties. If the access to the practice was not suitable, patients were advised to attend an alternative practice run by the provider that had better access and facilities. However, this was outside of the town and required additional travel.

The practice did not have a hearing loop available and told us they did not have any patients with profound deafness registered.

Access to the service

The practice is open on daily Monday to Friday. The dentist is available to see patients every day. The practice displayed its opening hours in the practice information leaflet on the practice website. Patients could access care and treatment in a timely way and the appointment system met their needs. They told us they were rarely kept waiting for their appointment. Emergency care information was available both on the patient information leaflet and the telephone answering service. There were clear instructions in the practice and via the practice's answer machine for patients requiring urgent dental care when the practice was closed. Patients confirmed they felt they had easy access to both routine and urgent appointments.

Concerns & complaints

The practice had not received any complaints in the last 12 months. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with provider to ensure responses were made.

Information for patients about how to raise a concern or offer suggestions was available in the waiting room. This included contact details of other agencies if a patient was not satisfied with the outcome of the practice investigation into their complaint.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had policies in place for areas such as health and safety and infection control. However we saw that some of the clinical governance processes were not well managed had not taken place. We noted clinical record keeping, and patient records audits had not been undertaken. The decontamination and radiation guidance was not adhered to and adequate arrangements were not in place for health and safety assessments and medical emergencies.

The provider did not undertake annual quality audits of the X-rays taken. This was not in accordance with the National Radiological Protection Board (NRPB).

The Infection prevention and control audit had no learning outcomes and action plans were not in place to continuously improve the procedure and reduce future risks.

Leadership, openness and transparency

The practice maintained some records of staff training which showed that some staff were up to date with their training. We saw staff had personal files that showed training was accessed through a variety of sources including formal courses and informal in house training. Staff stated they were given sufficient training to undertake their roles and given the opportunity for additional training.

The practice had a duty of candour policy in place to support an open, honest and transparent culture. Patients were informed when they were affected by something that goes wrong, given an apology and told about any actions taken as a result.

Staff told us they felt valued and well supported and reported the practice manager and provider/dentists were very approachable.

Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). However we did not find an effective appraisal system for dental nurses and reception staff in place to identify training and development needs.

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

The practice had systems in place to seek and act upon feedback from patients using the service. These included formal patient surveys every two years.

We saw that the practice held regular team meetings.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found the registered person did not assess the risks to the health and safety of service users of receiving the care or treatment and did not do all that was reasonably practicable to mitigate any such risks.</p> <p>How the regulation was not being met:</p> <p>They had failed to identify the risks associated with health and safety.</p> <p>The practice was in not compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.</p> <p>Emergency medicines were out of date or not in place to ensure the safety of patients in an emergency. AED was not easily accessible.</p> <p>Decontamination processes were not in accordance with HTM 01:05 guidelines: Decontamination in primary care dental practices or The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17(1)(2)(a) and (b)

We found the provider did not have effective systems in place to ensure that equipment was safe.

How the regulation was not being met:

The registered provider had not ensured that the infection control, legionella, clinical record keeping and x ray risk assessment and audits were in place.