

Dr. Enas Wall

# Hanwell Dental Centre

## Inspection Report

Hanwell Health centre  
1st Floor  
20 Church Road  
London W7 1DR  
Tel: 020 8840 0155  
Website: [www.hanwelldental.co.uk](http://www.hanwelldental.co.uk)

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### Overall summary

We carried out an announced comprehensive inspection on 29 June 2015 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.

Hanwell Dental Centre is located in the London Borough of Ealing. The practice is based on the first floor of

Hanwell Health Centre, and consists of two treatment rooms, a dedicated decontamination room, and a reception area. There are also shared areas for patient toilet facilities, a meeting room, and a store room.

The practice provides NHS and private dental services and treats both adults and children. The practice offers a range of dental services including routine examinations and treatment, veneers, crowns and bridges, and oral hygiene.

The staff structure of the practice consisted of a principal dentist, three dentists, a dental nurse, a practice manager who was also a dental nurse, a hygienist, and two receptionists. The practice is open Monday to Friday from 9.00am to 5.00pm.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. 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.

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

We received 13 CQC comment cards completed by patients and spoke with five patients during our inspection visit. Patients we spoke with, and those who

# Summary of findings

completed comment cards, were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the staff.

Our key findings were:

- Patients' needs were assessed and care was planned in line with best practice guidance, such as from the National Institute for Health and Care Excellence (NICE).
- Equipment, such as the air compressor, autoclave (steriliser), ultrasonic cleaner, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients, although some staff required training in the Mental Capacity Act 2005.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and patient practice team.
- The practice had implemented clear procedures for managing comments, concerns or complaints, although the complaints procedure was not easily available to patients.
- The principal dentist had a clear vision for the practice and staff told us they were well supported by the management team.

- Risks to patients and staff had not always been suitably assessed and mitigated

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

- Review governance arrangements including the effective use of risk assessments, and audits, such as those for infection control.
- Establish an effective system to assess, monitor and mitigate the risks including and not limited to those associated with cleaning of used dental instruments, control of substances hazardous to health and recruitment of staff.

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:

- Ensure patients have easy access to the practice's complaints procedures.
- Ensure the information provided in the practice leaflet is up to date.
- Ensure all staff are aware of their responsibilities under the Mental Capacity Act (MCA) 2005 as it relates to their role.

# 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 some systems in place to minimise the risks associated with providing dental services. The practice had policies and protocols related to the safe running of the service. Staff were aware of how to access these. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. Equipment was well maintained and checked for effectiveness. The practice had systems in place for waste disposal, the management of medical emergencies and dental radiography. Staff engaged in training to keep their skills up to date.

However, we also found that the practice had a recruitment policy in place, but had not sought references for all members of staff. There was no clear segregation between clean and dirty areas in the decontamination room and staff were not following the practice's protocol for cleaning instruments manually. Following our inspection the provider sent us evidence that clinical staff had undergone updated training in decontamination and cross-infection. They had also displayed signs in the decontamination room to highlight a clear flow from 'dirty' to 'clean'.

### **Are services effective?**

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

The practice could demonstrate they followed relevant guidance, for example, issued by the National Institute for Health and Care Excellence (NICE). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. There were systems in place for recording written consent for treatments.

The practice maintained appropriate dental care records and details were updated regularly. The practice worked well with other providers and followed patients up to ensure that they received treatment in good time.

Staff engaged in continuous professional development (CPD) and where applicable were meeting 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.

We received feedback from patients on the day of inspection and through comment cards. Patients said they were treated with dignity and respect. They noted a positive and caring attitude amongst the staff. We found that patient records were stored securely and patient confidentiality was well maintained.

### **Are services responsive to people's needs?**

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

Patients had good access to appointments, including emergency appointments, which were available on the same day. Members of staff spoke different languages which supported good communication between staff and patients. The needs of people with disabilities had been considered in terms of accessing the service. Patients were invited to provide feedback via a satisfaction survey, and the Friends and Family Test.

# Summary of findings

There was a complaints procedure and we saw that the practice responded to complaints in line with the stated policy. The outcomes of complaints were reviewed and discussed at staff meetings in order to identify and share strategies for improving the service. However, the complaints procedure was not on display or easily accessible to patients.

## **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 section at the end of this report).

Governance arrangements were in place to guide the management of the practice. This included having appropriate policies and procedures, and staff meetings where relevant topics, such as complaints and incidents, were discussed in order to share best practice strategies. However, we found staff were not always acting in line with practice policies. For example, staff were not following the practice's decontamination procedures or recruitment policy. Risk assessments, and audits relating to infection control were not being used effectively to monitor and improve the quality of care. We also found that the outcomes of risk assessments or audits had either not been reviewed or not been acted on in a timely manner. The practice assured us they would address these issues by notifying staff of the correct procedures to follow, provide staff training, and put procedures in place to manage risks.

# Hanwell Dental Centre

## Detailed findings

### Background to this inspection

We carried out an announced, comprehensive inspection on 29 June 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dental nurse specialist advisor.

We reviewed information received from the provider prior to the inspection. We also informed the NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them.

During our inspection visit, we reviewed policy documents and dental care records. We spoke with six members of staff, including the management team. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed dental nurses carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

We reviewed 13 Care Quality Commission (CQC) comment cards completed by patients and spoke with five patients on the day. Patients we spoke with and those who completed comment cards were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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

There was an effective system in place for reporting and learning from incidents. There had been one incident reported in the past year. This related to a needle stick injury and the practice protocol had been followed. There was a policy in place which described the actions that staff needed to take in the event that something went wrong or there was a 'near miss'. The practice manager and dentist confirmed that if patients were affected by something that went wrong, they would be given an apology and informed of any actions taken as a result.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any such incidents in the past 12 months.

### Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team and social services. This information was displayed in each of the treatment rooms.

The registered manager, who was also the principal dentist, took the lead in managing safeguarding issues. Staff had completed safeguarding training and were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had been no safeguarding issues reported by the practice to the local safeguarding team.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. Staff told us they were confident about raising such issues with the principal dentist or practice manager.

The practice and the health centre had carried out a range of risk assessments and the practice had implemented policies and protocols with a view to keeping staff and patients safe. For example, they had an infection control policy, health and safety policies, and had carried out recent risk assessments relating to the safe use of X-ray equipment, disposal of waste, and the safe use of sharps (needles and sharp instruments). We noted that the last

practice-wide risk assessment, which included fire safety, was in January 2011. We were told that the health centre were exempt from having a fire certificate and we saw evidence from the local fire service to confirm this.

The practice followed national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments. [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].

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies. All staff, with the exception of one receptionist, had received training in emergency resuscitation and basic life support. This training was renewed annually. We were told that training for the receptionist would be arranged. The staff we spoke with were aware of the practice protocols for responding to an emergency.

The practice had suitable emergency equipment in accordance with guidance issued by the Resuscitation Council UK. This included emergency medicines (with the exception of buccal midazolam which is a sedative medicine used in the emergency treatment of an epileptic seizure), oxygen and 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). There were face masks of different sizes for adults and children. The AED and oxygen were shared with another healthcare provider based on the same floor as the practice. The equipment was tested regularly and a record of the tests was kept. Records showed bimonthly checks were made to help ensure the emergency medicines were safe to use and we noted that all the medicines were in date.

### Staff recruitment

The practice staffing consisted of a principal dentist, three dentists, a dental nurse, a practice manager who was also a dental nurse, a hygienist, and two receptionists. There was a recruitment policy which had been reviewed in November 2014. We reviewed the staff files and saw that the practice carried out some relevant checks to ensure that the person being recruited was suitable and competent for the role. This included the checking of qualifications, identification, registration with the General

# Are services safe?

Dental Council (where relevant) and checks with the Disclosure and Barring Service (DBS) for clinical staff only. However, we noted that the practice had not kept copies of references for all members of staff. We were told the majority of staff had worked at the practice for over 10 years and references were sought for new employees. However, we did not see evidence of references for two dentists employed in 2014 and 2015, and a dental nurse employed in 2015 in line with the practice's policy of obtaining two references prior to employment.

## Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place. The health centre was responsible for carrying out fire safety checks and the practice had a designated fire marshal who had received training to carry out this role. Staff told us they had received basic fire safety training.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors that were associated with hazardous substances had been identified, and actions were described to minimise these risks. However, we noted that this file had not been updated since 2011.

The practice responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts arrived via email to the principal dentist who then disseminated these alerts to the other staff, where appropriate. We could see that the practice had responded to some alerts, for example, information about Ebola risk was displayed in the waiting area following an alert.

There was a business continuity plan in place to ensure continuity of care in the event that the practice's premises could not be used for any reason. The plan had been reviewed in March 2015. Key contacts, for example, for the servicing of equipment were kept up to date in the plan.

## Infection control

There were some systems in place to reduce the risk and spread of infection. There was an infection control policy and written protocols for the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. The

practice manager (who was also a dental nurse) was the infection control lead. Staff files we reviewed showed that staff regularly attended external training courses in infection control.

The practice had followed some of the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'. In accordance with HTM 01-05 guidance, an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which ensured the risk of infection spread was minimised.

We examined the facilities for cleaning and decontaminating dental instruments. There was a dedicated decontamination room. The dental nurses and hygienist showed us how they used the room, and we noted that they wore appropriate protective equipment, such as heavy duty gloves and eye protection. However, there was lack of clarity amongst staff about which of the three sinks in the decontamination room were used for cleaning, rinsing and hand washing. For example, all staff told us the main sink was used for 'dirty' instruments, however the dental nurses told us the second sink was for hand washing, whereas the hygienist told us the second sink was for rinsing 'clean' instruments.

We found staff were not following the practice's protocol for cleaning instruments manually despite it being on display in the decontamination room. Specifically, a detergent was not used and instruments were manually scrubbed in water alone. Staff told us that an illuminated magnifier was used to check for any debris during the cleaning stages. After manual cleaning, instruments were placed in an ultrasonic cleaner however one member of staff told us they seldom used the ultrasonic cleaner. The dental nurses told us they reused the main sink to rinse instruments following the ultrasonic bath, and the hygienist said she used the second sink for rinsing. Items were then placed in an autoclave (steriliser) after cleaning. Sterilised instruments were transported in a 'clean' box back to the treatment rooms where they were placed in pouches and a date stamp indicated how long they could be stored for before the sterilisation became ineffective. We raised the decontamination issues with the principal dentist on the day of the inspection. She informed us that all staff would

# Are services safe?

be alerted of the correct decontamination protocols before they left the practice on the day of inspection, and that infection control training would be arranged to support staff.

Following our inspection the provider sent us evidence that the dental nurses, hygienist, dentist and principal dentist had undergone updated training in decontamination and cross-infection (including HTM 01-05 update). The provider told us they had displayed signs above the sinks in the decontamination room to highlight a clear flow from 'dirty' to 'clean'. A hand washing technique sign was displayed by the hand washing basin. We were told that a new checklist of the decontamination procedures was also displayed, and the principal dentist would carry out checks to ensure this was being followed.

The autoclave was checked daily for its performance, for example, in terms of temperature and pressure. A log was kept of the results demonstrating that the equipment was working well. The ultrasonic cleaner was also being checked with a 'foil' test.

We were told regular infection control audits were carried out by the practice, however the most recent audit we were given was not dated. The practice manager told us the audit was completed in December 2014 and the principal dentist told us it was from January 2015. The audit we were shown prior to this was completed in 2011, and therefore we did not see evidence of regular infection control audits taking place.

The practice had an on-going contract with a clinical waste contractor. Waste was being appropriately stored and segregated. This included clinical waste and safe disposal of sharps. Staff demonstrated they understood how to dispose of single-use items appropriately.

Records showed that a Legionella risk assessment had been carried out by an external company in April 2011. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Issues relating to the water cylinders had been identified and it was the landlord's responsibility to make the necessary changes. Records confirmed these changes had been made in 2013, although we did not see evidence that the water system was retested. A legionella risk assessment had been carried out in March 2015 by an external company. This process identified some risks, however the practice could not demonstrate that they had acted on this

advice to minimise the risks. For example, the dental nurses told us they had not cleaned the dental water lines with water treatment agents in accordance with current recommendations in order to prevent the growth of Legionella.

The premises appeared clean and tidy. We were told cleaning of the practice was undertaken by an external company who cleaned the health centre. Equipment was stored in the basement of the health centre, however national guidance on colour coding equipment to prevent the risk of infection spread had not been followed. The practice did not have cleaning schedules for the cleaning company or practice staff to identify what cleaning tasks were required and where equipment should be used.

There were good supplies of protective equipment for patients and staff members including gloves, masks, eye protection and aprons. There were hand washing facilities in the treatment rooms and the toilets.

All of the staff were required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients.

## **Equipment and medicines**

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, autoclaves and X-ray equipment had all been inspected and serviced in 2015. We were told portable appliance testing (PAT) was completed in accordance with good practice guidance, however the provider could not locate the most recent certificate to confirm this was up to date. PAT is the name of a process during which electrical appliances are routinely checked for safety. We were provided with evidence that PAT testing had been arranged following the inspection.

The practice did not stock medication other than emergency medicines. Prescription pads were kept to the minimum necessary for the effective running of the practice and were stored securely.

## **Radiography (X-rays)**

The practice kept a radiation protection file in relation to the use and maintenance of X-ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were

## Are services safe?

held in the file and displayed in both treatment rooms where X-rays were used. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) within the recommended timescales. The

principal dentist was the radiation protection supervisor (RPS). All clinical staff including the RPS had completed radiation training. X-rays were graded and audited as they were taken.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We reviewed dental care records kept by the dentists and discussed patient care with the principal dentist, dentist and practice manager. We found that the dentists regularly assessed patient's gum health and soft tissues (including lips, tongue and palate). Dentists took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, findings and quality assurance of X-ray images taken.

The records showed that an assessment of periodontal tissues was periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening

tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) Different BPE scores triggered further clinical action. The dentist always checked people's medical history and medicines prior to treatment.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to deciding appropriate intervals for recalling patients, antibiotic prescribing and wisdom teeth removal. The dentists were aware of the Delivering Better Oral Health Toolkit when considering care and advice for patients. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

### Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Staff told us they discussed oral health with their patients, for example, effective tooth brushing or dietary advice. Dentists identified patients' smoking status and recorded this in their notes. This prompted them to provide advice or consider how smoking status might be impacting on their oral health. Dentists also carried out examinations to check for the early signs of oral cancer.

We observed some health promotion materials in the waiting area. These could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition. There was also information in the waiting area which described the availability of smoking cessation services. Patients we spoke with confirmed that clinical staff provided health promotion information to them during consultations.

### Staffing

Staff told us they received appropriate professional development and training. We reviewed staff files and saw that this was the case. The training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies and infection control. There was an induction programme for new staff to follow to ensure that they understood the protocols and systems in place at the practice.

Staff were not engaged in an appraisal process whereby their training needs were identified and performance evaluated. We were told the principal dentist met with staff individually to discuss training needs, however these were informal discussions and were not documented.

### Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. The dentist used a system of onward referral to other providers, for example, for sedation, oral surgery or advanced conservation. The practice kept a file with referral forms for local secondary and tertiary providers. The practice manager and the receptionist ensured that urgent referral letters were faxed the same day that the dentist made the recommendation. All letters were kept in patients' notes which were stored securely. Patients were not offered a copy of their referral letters. When the patient had received their treatment they were discharged back to the practice for further follow-up and monitoring.

### Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff told us they discussed treatment options, including risks and benefits, as well as costs, with each patient. Patients confirmed that treatment options, and their risks and benefits were discussed with them. Our

# Are services effective?

(for example, treatment is effective)

review of the dental care records found that these discussions were recorded. Formal written consent was obtained using standard treatment plan forms. Patients were asked to read and sign these before starting a course of treatment.

The dentists were aware of the Mental Capacity Act (MCA) 2005. They could accurately explain the meaning of the term mental capacity and described to us their responsibilities to act in patients' best interests, if patients

lacked some decision-making abilities. The MCA 2005 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. A dental nurse we spoke with did not have a clear understanding of the MCA and told us they had not received training. We saw evidence that the principal dentist had received MCA training, but there was no evidence that other clinical staff had.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

The comments cards we received and the patients we spoke with all commented positively on staff's caring and helpful attitude. Parents were pleased with the level of care their children received. Patients who reported some anxiety about visiting the dentist commented that the dental staff made them feel comfortable and they were well-supported by the staff.

We observed staff were welcoming and helpful when patients arrived for their appointment. The receptionist spoke politely and calmly to all of the patients, and clearly knew some of the patients well. Doors were always closed when patients were in the treatment rooms. Patients indicated they were treated with dignity and respect at all times.

Patient records were stored electronically and in a paper-based format. Electronic records were password protected and regularly backed up. Paper records were stored in locked filing cabinets behind the reception desk. Staff understood the importance of data protection and confidentiality. They described systems in place to ensure

that confidentiality was maintained. For example, the receptionist was careful to close and lock the filing cabinets when the reception area was not staffed. The receptionist's computer screen was positioned in such a way that it could not be seen by patients in the waiting area. Staff also told us that people could request to have confidential discussions in an empty treatment room or in a meeting room, if necessary.

### **Involvement in decisions about care and treatment**

The practice displayed information in the waiting area which gave details of NHS and private dental charges or fees. Staff told us that they took time to explain the treatment options available. They spent time answering patients' questions and gave patients a copy of their treatment plan. There were some information leaflets in the waiting area which described the different types of dental treatments available. The patient feedback we received via discussions and comment cards confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff. They told us that treatment options were well explained; the dentist listened and understood their concerns, and respected their choices regarding treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The principal dentist gave a clear description about which types of treatment or reviews would require longer appointments. The dentist also specified the timings for some patients when they considered that the patient would need an appointment that was longer than the typical time.

The dentists told us they had enough time to treat patients and that patients could generally book an appointment in good time to see them. The feedback we received from patients confirmed that they could get an appointment within a reasonable time frame and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff spoke a range of different languages (Arabic, Persian, Tamil, German, Punjabi) and also had access to a translation service. We observed the practice manager assisting a patient who did not have English as their first language on the day of the inspection.

The practice was located on the first floor of a health centre and had a lift access and the toilets were accessible to wheelchair users.

### Access to the service

The practice was open Monday to Friday from 9.00am to 5.00pm. The practice displayed its opening hours on their website and in the practice leaflet. New patients were also given a practice information leaflet which included the practice contact details and opening hours. We noted that the opening hours displayed on the leaflet did not accurately match the opening hours displayed on the

website or what was described to us on the day. For example, the leaflet indicated the practice was open on a Saturday morning and the website showed the practice was closed.

Patients could book an appointment up to two weeks in advance. Patients told us that they could get an appointment in good time and did not have any concerns about accessing the dentist.

We asked the receptionist about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message and the practice leaflet gave details on how to access out of hours emergency treatment. Information about local emergency dental services was also displayed at the practice entrance. Staff told us that the dentist planned in some gaps in their schedule on any given day which meant that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated.

### Concerns & complaints

The practice had a complaints policy describing how the practice would handle complaints from patients. However, there was no information displayed in the reception area or the practice leaflet about how to make a complaint. The complaints policy specified that the practice manager was responsible for leading investigations following any complaints and that the dentists would be responsible following any clinical complaint. There had been one written complaint recorded in the past year. This was being dealt with in line with the practice policy. The patients we spoke with told us they could approach the receptionist or the practice manager if they wanted to make a complaint.

The practice also collected feedback through the use of the 'Friends and Family Test'. The survey forms for this test were displayed in the waiting area. The practice had also used its own patient feedback survey to identify any concerns. We saw that complaints and patient feedback had been discussed at practice meetings to share any wider learning points which could lead to improvements in the service. The majority of the feedback collected during the past year indicated a high level of satisfaction, and we saw that the practice had acted on this feedback where possible.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had governance arrangements and a clear management structure. There were relevant policies and procedures in place, although many of these were not dated and we could not identify when they were last reviewed. Staff were aware of these policies and procedures, however we found they were not always acting in line with them. For example, dental nurses and the hygienist were not following the practice's decontamination procedures. Staff were being supported to meet their professional standards and complete continuing professional development standards set by the General Dental Council. Records relating to patient care and treatment were kept accurately, although records relating to staff recruitment were not consistent. The practice assured us they would address these issues by notifying staff of the correct procedures to follow.

There were some arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. However, these assessments were not always being used effectively to drive improvements in a timely manner. For example, advice in the Legionella risk assessment had not been acted on to minimise risks. The practice told us they would address these issues and put procedures in place to manage risks.

Practice meetings were scheduled to take place every month to discuss governance issues, complaints, incidents, patient feedback, health and safety information, and practice protocols. Practice meetings had been taking place since 2012 and the minutes for these meetings were made available to us.

### Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with the principal dentist or practice manager. They felt they were listened to and responded to when they did so.

We spoke with the principal dentist who told us they were committed to both maintaining and continuously improving the quality of the care provided to patients. They had a clear vision about the future of the practice which

included digitalising the systems for patient records and X-rays, and offering out-of-hours sessions in response to patient feedback. Staff were aware of these plans and the overall vision.

The practice did not have a formal appraisal system to support staff and identify their training and career goals. The principal dentist told us they had regular one-to-one sessions with staff to cover such topics, however these meetings were informal and not documented. The principal dentist and practice manager told us they would implement a formal staff appraisal process. The staff we spoke with all told us they enjoyed their work and were well-supported by the management team.

### Management lead through learning and improvement

All staff were supported to pursue development opportunities. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

The practice had a programme of clinical audit in place. These included audits for clinical record keeping, X-ray quality, and hand hygiene. The audits showed a generally high standard of work, but identified some areas for improvement. For example, the X-ray audit showed that image quality could be improved. The first X-ray quality audit showed that 64% were grade 1 (no errors), 28% were grade 2 (some errors but diagnostically acceptable), and 8% were grade 3 (diagnostically unacceptable). The audit had been repeated a month later to determine if any changes implemented had led to an improvement in performance. The re-audit showed that there were improvements as 80% of images were grade 1, 12% grade 2, and 8% grade 3. We did not see evidence that regular infection control audits were taking place.

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

The practice gathered feedback from patients through the use of a patient satisfaction survey during the past year. They had received 28 responses and most had been positive. There was some feedback regarding difficulty in finding the practice, and patients not knowing the dentists' names or qualifications. We saw that the practice had acted on this feedback. For example, signage to the practice had been improved, and the names and

## Are services well-led?

qualifications of the clinical team were displayed in the waiting room. This showed that the feedback had been used to improve patients' experiences of coming to the practice.

The practice had also collected information through the 'Friends and Family Test', with 18 responses received since April 2015. All the feedback had been positive and all 18 people had said they would be 'likely' or 'extremely likely' to recommend this practice to someone else.

Incidents and complaints had been discussed in practice meetings in order to share learning or to decide on a strategy to prevent events from occurring again. Staff said they could approach management with feedback at any time, and did not have to wait till the monthly practice meeting. Staff were positive about the working environment and ability of staff to work together as a team to ensure a high quality service.

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  <b>How the regulation was not being met:</b>  The provider did not have effective systems in place to: <ul style="list-style-type: none"><li>· Assess, monitor and improve the quality and safety of the services provided.</li><li>· Assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.</li><li>· Ensure that their audit and governance systems were effective</li></ul> Regulation 17 (1) (2) (a) (b) (f)