

Arundel Lodge Dental Surgery Ltd

Arundel Lodge Dental Surgery Ltd

Inspection Report

20 Howard Road
Dorking
Surrey
RH4 3HR
Tel: 01306 887764

Website:
<http://www.arundellodgedentalsurgery.co.uk/>

Date of inspection visit: 29 February 2016
Date of publication: 13/07/2016

Overall summary

We carried out an announced comprehensive inspection on 29 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

Arundel Lodge Dental Surgery is located in Dorking, Surrey. The premises are situated in a quiet residential road off the High Street and consist of a ground floor and a basement. There are two treatment rooms, an X-ray room, a reception area and a patient toilet on the ground floor. There is a storage room, staff room and toilet in the basement.

The practice provides mainly private services to adults and children and has a small NHS list for children. The practice offers a range of dental services including routine examinations and treatment, veneers and crowns and bridges.

The practice staffing consisted of one principal dentist (who was also the provider), one visiting dentist who provides dental implants, one dental hygienist, one trainee dental nurse, one qualified dental nurse and two receptionists.

Summary of findings

The practice is open Monday and Thursday 9:00am to 7:00pm, Tuesday and Friday 8:30am to 5:00pm and closed on Wednesday.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual provider. 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 dental specialist advisor.

Before the inspection we sent Care Quality Commission (CQC) comments cards to the practice for patients to complete to tell us about their experience of the practice. Twenty-one patients provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental practice team.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective systems in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances however staff must complete formal training.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients indicated they felt they were listened to and that they received good care from a helpful and caring practice team.
- The practice had not ensured staff maintained the necessary skills and competence to support the needs of patients. For example staff had not completed training in safeguarding.
- The staff told us they were well supported by the provider and felt listened to if they raised any concerns.
- Governance arrangements and audits were not always effective in improving the quality and safety of the services.

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

- Ensure there are robust processes for reporting, recording, acting upon and monitoring significant events and learning points are documented and shared with all relevant staff.
- Ensure that all practice risk assessments are updated and accurately reflect potential hazards to both patients and staff and comply with the Control of Substances Hazardous to Health 2002 (COSHH) regulations.
- Ensure the training, learning and development needs of staff members are reviewed and recorded at appropriate intervals including areas such as infection control, safeguarding and radiography. Establish and ensure an effective process for the on-going assessment and supervision of all staff employed.
- Ensure audits of various aspects of the service, such as infection control and dental care records are undertaken at regular intervals to help improve the quality of service provided and record keeping in accordance with the Faculty of General Dental Practice (FGDP). The practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.

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

- Review its responsibilities to meet the needs of patients with a disability and the requirements of the Equality Act 2010 and ensure a Disability Discrimination Act 1995 audit is undertaken for the premises.

Ensure dental care records are maintained appropriately giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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 arrangements in place to deal with medical emergencies at the practice and staff received annual training in using the emergency equipment. There were effective systems in place to reduce the risk and spread of infection within the practice. We found that the equipment used at the practice was regularly serviced and well maintained. There were suitable arrangements in place to ensure the safety of the X-ray equipment.

However we found areas where improvements must be made by the provider with regards to having proper arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations and reporting and learning from incidents and accidents within the practice.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant published guidance. 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. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers.

However we found areas where improvements should be made and the provider should record the training and development staff have received to ensure they are suitably trained and competent to fulfil their role.

Are services caring?

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

We received positive feedback from patients through 21 CQC comment cards. Patients reported they felt the staff were kind, caring and supportive. We observed staff were welcoming and helpful when patients arrived at the reception desk for their appointment.

We found that dental care 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.

The practice had a system in place to schedule enough time to assess and meet patient's needs. Patients could access routine treatment and urgent or emergency care when required. The practice offered dedicated emergency appointments each day enabling effective and efficient treatment of patients with dental pain. There was a system in place to acknowledge, investigate and respond to complaints made by patients. However we found areas where improvements should be made relating to access for patients with limited mobility using a wheelchair.

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).

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the provider. They were confident in the abilities of the provider to address any issues as they arose.

Summary of findings

However we found areas where improvements must be made relating to the governance arrangements such as the practice's health and safety and recruitment and training processes for the safety and well-being of patients.

Arundel Lodge Dental Surgery Ltd

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 29 February 2016. The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We reviewed information received from the provider prior to the inspection. During our inspection we reviewed policy documents and spoke with all members of staff working on the day. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. The dental nurse demonstrated how they carried out decontamination procedures of dental instruments.

Prior to the inspection we contacted NHS England who shared with us concerns that they had highlighted to the practice by way of an action plan. The action plan included providing training certificates and updating information leaflets.

21 patients provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental team.

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 a system in place for recording incidents and significant events, however there was no formal system in place for learning from these with a view to prevent a recurrence. Staff told us they would report any incidents to the manager, who was the registered provider, however they were not sure if the incident reported was recorded. We did not find any incidents or accidents had been recorded. The provider did not have a policy in place for staff to refer to where they could understand the systems in place for recording and learning from incidents.

Staff were aware of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). They confirmed there had not been any such incidents in the past 12 months.

The staff we spoke with understood the duty of candour and 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.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults however these were dated July 2012 and had not been updated. The provider told us they had read all the guidance supplied nationally by the Department of Health and we saw a copy of this document with evidence of notes recorded by the provider. However they had not completed formal training as required in the guidance set out in the Intercollegiate Document for Healthcare Staff. The provider advised us they would review this and complete the training and update the policy to which staff could refer.

We noted that the hygienist had completed safeguarding training however saw no evidence other members of staff had received formal training. The staff we spoke with were able to describe what might be signs of abuse or neglect and how they would raise concerns with the provider.

Staff we spoke with were aware of the contact details for the local authority safeguarding team and told us they

would inform the lead professional who was the provider. We saw the details of the process for reporting a potential safeguarding concern were displayed in the reception area for staff to refer to if needed.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. 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]. The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. Medical oxygen and other related items, such as manual breathing aids and portable suction, were available however the adult and child masks were not sealed and dated in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff.

Staff received annual training in using the emergency equipment. The most recent staff training sessions had taken place in December 2015.

Staff recruitment

The practice staffing consisted of one principal dentist (who was also the provider), one visiting dentist who provides dental implants, one dental hygienist, one trainee dental nurse, one qualified dental nurse and two receptionists.

We reviewed the staff recruitment files for all staff that were working at the practice and found records kept were inconsistent. We saw all clinical staff had Hepatitis B immunisation records and Disclosure and Barring Service (DBS) checks. However the reception staff had not had DBS checks or risk assessments noted on file. The DBS 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 saw there were no induction records completed by the provider or designated member of staff or signed by new members of staff although the staff we spoke with explained they had received an induction. We also noted employment profiles were missing in some files including

Are services safe?

references. All the staff we spoke with confirmed they had completed and submitted employment profiles and references had been taken before they started work. All clinical staff had professional registration with the General Dental Council (GDC) and there were certificates on file to evidence this however we noted the professional indemnity insurance was out of date for one member of staff.

Monitoring health & safety and responding to risks

The practice had carried out risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, the practice used a 'safer sharps' system to minimise needle stick injuries. This was in line with recommended national guidance and the EU directive of 2013. The staff we spoke with demonstrated a clear understanding of the practice policy and protocol with respect to handling sharps and needle stick injuries.

There were no proper arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. COSHH is the law that requires employers to control substances that are hazardous to health by carrying out risk assessments and planning for emergencies. The staff we spoke with were not aware of any processes that were in place. They had a vague understanding of COSHH and told us the provider was responsible. When we reviewed the file for COSHH we saw entries were not up to date. Some materials were recorded from 2002/2003. We saw there had been no entries in the past two years. The provider was unable to demonstrate a coherent understanding and process for the safe management of substances hazardous to health. We found mercury in a sealed jar that the provider told us had been in the practice for over five years at least. They had not realised the potential risks of the COSHH item under the regulated waste disposal system. They told us they would arrange to dispose of this safely.

The provider told us they received Medicines and Healthcare products Regulatory Agency (MHRA) advice via email. MHRA issue alerts to healthcare professionals, hospitals and GP surgeries to tell them when a medicine or piece of equipment is being recalled or when there are concerns about the quality that will affect its safety or effectiveness. Although the provider reviewed these via email there was no formal system in place to demonstrate

how the practice responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. The provider had no information about any relevant MHRA alerts where the practice may have taken action.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. It was demonstrated through direct observation of the cleaning process and a review of protocols that the practice was following 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)'.

We observed dental treatment rooms, the waiting area, the reception and two toilets were clean, tidy and clutter free. Clear zoning marked clean from dirty areas in all of the treatment rooms. Hand washing facilities including liquid soap and paper towels were available in each of the treatment rooms and toilets. Hand washing protocols were displayed appropriately in various areas of the practice and bare below the elbow working was observed.

We examined the facilities for cleaning and decontaminating dental instruments. The dental nurse showed us how they used the clean and dirty zones in the rooms and demonstrated a good understanding of the correct processes. They wore appropriate personal protective equipment, such as heavy duty gloves and eye protection. Items were manually cleaned in the treatment rooms and an illuminated magnification device was used to check for any debris during the cleaning stages. Items were then placed in an autoclave (steriliser) in the treatment room. Once instruments were sterilised they were placed in pouches and a date stamp indicated how long they could be stored for before the sterilisation became ineffective. We saw the process for manual cleaning was displayed in the treatment rooms.

The autoclaves were checked daily for their performance, for example, in terms of temperature and pressure tests. A log was kept of the results that demonstrated the equipment was working effectively.

The drawers and cupboards of both treatment rooms were inspected. All of the instruments were placed in pouches and it was obvious which items were for single use as they

Are services safe?

were clearly labelled. Each treatment room had the appropriate routine personal protective equipment such as gloves, aprons and eye protection available for staff and patient use.

The practice used a system of individual consignments and invoices with a waste disposal company. Waste was being appropriately stored and segregated. This included clinical waste and safe disposal of sharps.

Records showed that a Legionella risk assessment had been carried out by an external company in July 2015. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The practice demonstrated that they had acted upon advice to minimise any risks. For example, they could demonstrate they were now testing and recording hot and cold water temperatures on a regular basis. We also saw evidence that dental water lines were being flushed in accordance with current guidance in order to prevent the growth of Legionella.

The premises appeared clean and tidy. There was a good supply of cleaning equipment which was stored appropriately. This took into account national guidance on colour coding equipment to prevent the risk of infection spreading.

There had been infection control audits carried out however these were not every six months as required. A self-audit had been carried out in November 2014 and then in September 2015. We were unable to view the last audit as the provider told us they were not able to print a copy of the audit from the computer. Staff were not able to review and discuss the audit as part of the practice governance records to understand the areas for improvement and plan how these would be implemented for the safety and protection of patients and staff.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents which showed the air compressor, autoclaves and X-ray equipment had all been inspected and serviced in 2015/2016. Portable appliance testing (PAT) had been completed in November 2014. PAT is the name of a process during which electrical appliances are routinely checked for safety.

The expiry dates of medicines, oxygen and equipment were monitored using a check sheet which enabled the staff to replace out-of-date drugs and equipment promptly.

Radiography (X-rays)

The practice followed the Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER) guidelines. They 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 held in the file and displayed in clinical areas where X-rays were used. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) in December 2015 which was within the recommended timescales of every three years. The provider was the radiation protection supervisor (RPS).

We noted that the location of the X-ray equipment was situated on the left hand side as you entered the practice there was no door or screen to protect patient's privacy. The provider told us they had always had this setup since they had been working at the practice. They agreed to review this and carry out a risk assessment.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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 was aware of the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health Toolkit when considering care and advice for patients.

We reviewed dental care records kept by the principal dentist and discussed the patient care with the principal dentist who was also the provider and the dentist working on the day of inspection. We found that the dentist checked patient's medical history and medicines prior to treatment and regularly assessed patient's gum health and soft tissues (including lips, tongue and palate). They took X-rays at appropriate intervals, as informed by FGDP guidance issued nationally.

We noted that the records were not easy to read as they were hand written. We found the details for assessments and treatments were not always complete. For example in some records we noted there were no BPE assessments recorded and no details of the local anaesthetic administered with batch numbers. [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 trigger further clinical action. There was no evidence of a record keeping audit that would help identify where improvements were necessary.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. The principal dentist told us they discussed oral health with their patients, for example, effective tooth brushing and dietary advice. They 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.

We observed that there was a limited range of health promotion materials displayed in the waiting area for patients to take away and read.

Staffing

Staff told us they received appropriate professional development and training. However apart from the practice based basic life support training the provider was unable to show us any training records to demonstrate staff had completed safeguarding, infection control and radiography training.

There was a written induction programme for new staff to follow however there was no evidence in the staff recruitment files to show this had been used at the time of their employment. Staff we spoke with told us they received an induction that included showing them where the practice policies and procedures were stored.

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 provider told us they used a system of onward referral to other providers, for example, the practice referred patients for dental implants and complex root canal treatment.

The practice kept a file with contact details for local providers. The referring dentist and the receptionist ensured that referral letters were sent out on the same day the dentist made the recommendation. All letters included the patients medical history, details of the presenting complaint and proposed treatment. A copy of the letter was kept in the patients notes and on the computer. Patients were offered a copy of their referral letters to ensure they understood to which service they had been referred. 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. We saw dental records included notes about the discussions around treatment options, including risks and benefits, as well as costs, with each patient. Patient's comment cards confirmed that dentists discussed treatment options with them. Formal written consent was obtained using standard treatment plan forms. Patients were asked to read and sign these before starting a course of treatment.

Staff we spoke with were aware of the Mental Capacity Act 2005 (MCA). They could explain the general principles and described to us the responsibilities to act in patients' best

Are services effective?

(for example, treatment is effective)

interests, if patients lacked some decision-making abilities. However, staff told us they had not completed MCA training and there were no training records to confirm if staff had completed training. 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.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The 21 CQC comments cards we received from patients all commented positively about 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 well-supported.

We observed staff were welcoming and helpful when patients arrived at the reception desk for their appointment.

Staff understood the importance of data protection and confidentiality. They described systems in place to ensure

that confidentiality was maintained. The receptionist's computer screens were positioned in such a way that they could not be seen by patients in the waiting area. Staff also told us that patients could request to have confidential discussions in an empty treatment room.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area which gave details of NHS and private dental fees.

The staff told us they spent time answering patients questions and gave patients a copy of their treatment plan. The patient feedback we received via the CQC comment cards confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the care and treatment given by staff.

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 patient's needs. The staff at reception gave a clear description about which types of treatment or reviews would require longer appointments. The dentist used the patient's notes to indicate the type of treatment required so that the receptionist knew the length of appointment needed. 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.

Tackling inequity and promoting equality

The practice had not fully met the needs different patient groups. For example, the practice was not accessible for patients using a wheelchair or mobility scooter. There was no level access to the reception area and ground floor treatment rooms. There was a concrete ramp at the entrance of the practice however this could only be accessed after a step up. Inside the entrance of the practice were two steps to be overcome by patients with mobility difficulties. The toilet was not suitable for wheelchairs and did not include appropriate hand rails. The practice leaflet indicated the practice had disabled access. When we spoke with staff they were not aware of the difficulties patients and carers may encounter and told us the provider always assisted patients in wheelchairs. We asked the staff and provider if a risk assessment for disabled access had been completed. They told us this had not been done.

Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. We noted there were no aids available for patients with visual impairments or hearing problems. The

staff told us they did not find any problems when communicating with patients because they were usually accompanied by someone who could help translate. Staff told us they would book longer appointments for patients where more time for communication was needed.

Access to the service

The practice is open Monday and Thursday 9:00am to 7:00pm, Tuesday and Friday 8:30am to 5:00pm and closed on Wednesday.

We asked the staff at reception about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message gave details on how to access out of hours emergency treatment. The practice left a mobile number that was managed by the provider during out of hours. Staff told us the dentist kept some gaps in their schedule on any given day so that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated.

Concerns & complaints

Information about how to make a complaint was displayed in the reception area. We saw there was a notice displayed advising patients to speak to a member of staff if they wanted to make a complaint. We noted that the information referred patients to a local Primary Care Trust (PCT) that does not exist, if they wanted to escalate their complaint.

The staff told us the provider was responsible for leading investigations following a complaint and that they would seek advice from the member staff concerned regarding the complaint. The provider told us they had not received any complaints that needed to be formally recorded. Patients were generally comfortable raising any concerns directly with the provider.

Are services well-led?

Our findings

Governance arrangements

We found the practice did not always have effective systems and governance arrangements in place to ensure and improve quality of service provision. The governance files were disorganised and not regularly reviewed and the practice had no programme in place for clinical audits. [Clinical audits are a quality improvement process that seeks to improve patient care and outcomes through systematic review of care and the implementation of change. It includes an assessment of clinical practice against best practice to measure whether agreed standards are being achieved, and to make recommendations and take action where standards are not being met].

We found, for example the health and safety policy had not been reviewed between July 2012 and January 2016 to ensure it was still accurate and relevant. The practice risk assessments had not been reviewed since January 2014 and the COSHH file was not kept up to date and had entries dated back to 2003. The practice did not regularly ensure effective systems and processes were in place for monitoring, managing and mitigating risks.

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. They felt they were listened to and responded to when any concerns were raised.

The staff we spoke with all told us they enjoyed their work and were well-supported by the provider. The trainee dental nurse told us they had received on going supervision. If they had any questions they felt open to talk to the principal dentist and other members of the team.

Throughout the inspection process the provider and staff cooperated in an open and transparent way. The provider

demonstrated learning from the areas of improvement we identified and told us they were willing to implement changes and processes where necessary to meet the regulations.

Learning and improvement

There was no effective system in place for recording training that had or had not been completed by staff working within the practice. There was no evidence of the induction programme being formally documented and completed by new staff although staff told us they had completed this. The provider had no evidence that the practice had an ongoing programme of clinical audit in place.

The provider told us they had informal meetings where they discussed different dental related subjects. However there were no records of staff meetings showing discussions around priorities, lead roles or follow up actions from issues raised by staff.

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

The practice had collected feedback through the use of Patient Survey forms. The feedback from patients was positive and all were likely to recommend the service to friends and family. However we found the responses were not dated and therefore it was difficult to know when they had been received. We noted there was no consistent programme in place to manage feedback on a regular basis. A member of staff showed us they received 10 responses in 2013, 18 responses in 2015 and 10 responses from January to February 2016. The practice had not analysed why the feedback had gone up recently compared to other years and how they could keep this consistent. We noted the patient survey forms were not well displayed in the waiting area as they were hidden under other leaflets which did not encourage patient feedback.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a)(b)(d (i))</p> <p>How the regulation was not being met:</p> <p>The provider did not have systems in place to:</p> <ul style="list-style-type: none">· Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services)· Assess, monitor and mitigate the risks relating to the health, safety and welfare of staff and patients who may be at risk which arise from the carrying on of the regulated activity· Maintain securely such other records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity