Mr. Julian Atkinson

Cheddleton Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on 12 December 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Cheddleton Dental Surgery is in Cheddleton and provides NHS and private dental care for adults and children.

Car parking spaces are available in the practice's dedicated car park adjacent to the practice.

The dental team includes the principal dentist, two dental nurses and a dental hygiene therapist. The practice has two treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

We received feedback from 26 people during the inspection about the services provided. The feedback provided was positive.

During the inspection we spoke to the principal dentist and the two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 9.00am to 5.00pm

Friday 9.00am to 1.00pm.

Our key findings were:

- The practice had infection control procedures in place which reflected published guidance.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with medical emergencies. Appropriate medical emergencies medicines and equipment were available, with the exception of one medicine which was not in the recommended format.
- The provider had staff recruitment procedures in place. These were not always followed.
- Staff took account of some of the current guidelines when providing patients' care and treatment in line. Not all recognised guidance was followed.
- The dental team provided preventive care and supported patients to achieve better oral health.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for dealing with complaints. The practice dealt with complaints positively and efficiently.
- The practice had a leadership and management structure.
- The provider had systems in place to manage risk. Several of these were not operating effectively.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.

We identified regulations the provider was not meeting. They must:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Review the practice's protocols and procedures for the use of X-ray equipment in compliance with the Ionising Radiations Regulations 2017, specifically in relation to registration with the Health and Safety Executive.
- Review the practice's system for recording, investigating and reviewing incidents and significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's protocols and adopt an individual risk-based approach to patient recalls taking into account the National Institute for Health and Care Excellence guidelines.
- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities in relation to this.

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?

Enforcement action 

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

We are considering our enforcement actions in relation to the regulatory breach identified. We will report further when any enforcement action is concluded.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the identified issues have been put right, the likelihood of them occurring in the future is low. We will be following up on our concerns to ensure they have been put right by the provider.

The premises and equipment were clean. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

Staff knew how to report safeguarding concerns.

Staff were qualified for their roles, where relevant.

The provider had a recruitment policy in place. This had not been fully followed during a recent recruitment.

The practice had arrangements for dealing with medical and other emergencies. One of the medical emergency medicines was not in the recommended format. After the inspection the provider confirmed to us that this had been addressed. We were not provided with evidence of this.

The practice had systems in place in relation to the use of X-rays. The provider had not registered with the Health and Safety Executive for the use of radiation on the premises. The dentist was not consistently following legislation and recognised guidance for the taking of X-rays. The provider confirmed to us after the inspection that this had been addressed. We were not provided with evidence of this.

Risks at the practice relating to the safety of access to the basement stairs, and the security of patients' dental records had not been identified and reduced. After the inspection the provider confirmed to us that these had been reviewed. We were not provided with evidence of this.

Are services effective?

No action 

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

The practice provided dental implants. These were placed by the principal dentist who had completed post-graduate training in this speciality. The provider had put in place systems and processes to ensure implant placement was carried out in accordance with recognised guidance.

Summary of findings

Patients described the treatment they received as first class. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements for referring patients to other dental or health care professionals.

The dentist did not always take into account current legislation, standards and guidance when assessing patients' care and treatment needs, for example, guidelines for patient recalls and for the use of X-rays were not consistently followed.

The provider supported staff to complete training relevant to their roles.

The practice's consent policy referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves in certain circumstances. Not all the staff were aware of the need to consider this when treating young people under 16 years of age.

Are services caring?

No action

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

We received feedback about the practice from 26 people. Patients were positive about all aspects of the service the practice provided. They told us staff were attentive, polite and welcoming.

Patients said they were given thorough explanations about dental treatment, said their dentist listened to them, and they felt valued.

Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

Staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action

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

The practice's appointment system took account of patients' needs. Patients could book an appointment quickly if in pain.

Staff considered patients' differing needs and put measures in place to help all patients receive care and treatment. This included providing facilities for patients with disabilities and families with children.

The practice had access to interpreter services and had arrangements to assist patients who had sight or hearing loss.

Summary of findings

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints constructively.

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).

The provider's strategy included using a dental team approach. A mix of dental care professionals was used to deliver care in the best possible way for patients. Staff described examples of working together to achieve the best results when providing care.

The provider had systems in place to ensure the smooth running of the service. Some of these systems were not operating effectively, for example, in relation to the monitoring of staff training to ensure recommended training was completed.

The provider had systems in place to identify and manage risks at the practice. These systems were not operating effectively, for example, in relation to health and safety, patient record security, and radiation.

Roles and systems of accountability were in place but responsibilities to support governance and management were not sufficiently clear.

The provider had systems and processes in place to encourage learning and continuous improvement. Several of these were not operating effectively. For example, limited use was made of auditing to help identify where improvements could be made, and of significant event analysis to identify measures which could be put in place to prevent recurrence.

Staff asked for and listened to the views of patients.

Requirements notice 

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The provider had put systems in place at the practice to keep patients safe. Some of these were not operating effectively.

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. The provider could not demonstrate that all staff had received safeguarding training. The provider assured us this would be sent to us after the inspection. We did not receive evidence of training.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns.

The provider had staff recruitment procedures in place to help the practice employ suitable staff. These reflected the relevant legislation. We looked at two staff recruitment records. Most of the staff had been employed at the practice for several years. We found that the records for the most recently recruited member of staff did not contain all the prescribed information and did not follow their recruitment procedure. We saw that some recruitment checks had been carried out and some of the required documentation was available. No photographic identification, employment history and no reference were available. After the inspection the provider confirmed to us that these had been obtained. We were not provided with evidence of this.

We saw that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

The practice had some arrangements in place to ensure that facilities and equipment were safe, for example, the provider had ensured that the fixed electrical installation and electrical appliances had been tested. We saw that some of these arrangements were not sufficient, for example, the security arrangements for some of the patient's dental records. The provider assured us these would be moved to secure storage. We were not provided with evidence to confirm this had been done.

Records showed that fire detection equipment, such as smoke detectors, was regularly tested, and firefighting equipment, such as fire extinguishers, was regularly serviced.

The provider had put arrangements in place at the practice in relation to X-ray procedures and had the required radiation protection information available, with the exception of the registration with the Health and Safety Executive. The provider assured us an application would be made to register and confirmed this had been done after the inspection. We were not provided with evidence that this had been done.

We found that the practice's Radiation Protection Adviser, (RPA), had recommended annual electro-mechanical checks on the two X-ray machines, and annual performance surveys on the hand-held X-ray machine. These had not been carried out. The provider assured us they would review this in conjunction with the RPA and the manufacturer's instructions. We were not provided with evidence that this had been done.

We saw that the dentist did not consistently justify or evaluate every X-ray they took in accordance with current guidance and legislation. After the inspection the provider confirmed to us this was now carried out. We were not provided with evidence of this.

We could not confirm that, where appropriate, clinical staff completed continuing professional development in respect of dental radiography as the provider did not have evidence of this available at the practice. The provider assured us this would be sent to us after the inspection. We were not provided with this evidence.

Risks to patients

The provider did not consistently monitor and act on risks to patients.

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace risks, for example, fire, and specific dental practice risks. We saw that the practice had put in place measures to reduce some of the risks identified in the

assessments. Not all reasonably practicable measures to reduce risk had been put in place, for example, in relation to the stairs leading to the basement and the access to these stairs. The provider assured us they would address this. After the inspection the provider confirmed to us that improvements were in progress. We were not provided with evidence of this.

The provider had current employer's liability insurance.

The provider had carried out a generic sharps risk assessment, which did not take account of the specific circumstances at the practice. Staff confirmed the dentist was responsible for dismantling needles, and the dental nurse for dismantling one other piece of equipment. The risk assessment had not identified or reduced risks associated with other sharps used in the practice, for example, it did not detail responsibility for dismantling and disposing of other types of sharps.

Staff were aware of the importance of reporting inoculation injuries. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. Arrangements were in place to check the effectiveness of the vaccination. The provider did not have a risk assessment in place in relation to staff working in a clinical environment when the effectiveness of the vaccination was unknown. After the inspection the provider confirmed to us that a risk assessment had been carried out. We were not provided with evidence of this.

Staff knew how to respond to medical emergencies and completed training in medical emergencies and life support every year. The practice had medical emergency equipment and medicines available as recommended in recognised guidance, with the exception that one of the medical emergency medicines was not in the recommended format. After the inspection the provider confirmed to us that this had been rectified. We were not provided with evidence of this.

Staff carried out, and kept records of, checks to make sure the medicines and equipment were available, within their expiry dates and in working order. We observed that the provider had not reviewed the expiry date for one of the medical emergency medicines, taking into account its storage conditions in the practice. After the inspection the provider confirmed to us this had been done. We were not sent evidence of this. Two medical emergency medicines which were no longer recommended were included with the medical emergency kit. The practice's checking system had not identified that these medicines were no longer recommended. The provider assured us they would address these issues.

A dental nurse worked with the dentist and the dental hygiene therapist when they treated patients.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These took account of most of The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), guidance published by the Department of Health. Staff carried out infection prevention and control audits infrequently and not at the recommended time intervals. We observed that the last audit was carried out in 2016.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in accordance with the manufacturers' guidance.

The provider had had a Legionella risk assessment carried out at the practice in accordance with current guidance. We saw all the recommended actions had been completed. We saw evidence of measures put in place by the provider to reduce the possibility of Legionella or other bacteria developing in the water systems, for example, water temperature testing and the management of dental unit water lines.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected and patients confirmed that this was usual.

Staff ensured clinical waste was segregated and stored securely in accordance with guidance.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at several dental care records to confirm what was discussed and observed that individual records were written and managed in a way that kept patients safe.

Medical histories were updated at every patient attendance.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

Safe and appropriate use of medicines

The provider had implemented systems for the handling of medicines at the practice.

The practice had a stock control system for medicines to assist in monitoring expiry dates and to ensure enough medicines were available when required.

The practice had systems for prescribing, dispensing and storing medicines.

Staff stored blank NHS prescriptions securely. We saw that no system was in place to enable tracking should a prescription go missing.

The dentist was aware of current guidance with regards to prescribing medicines.

Track record on safety

We saw that the practice monitored and reviewed incidents to minimise recurrence and improve systems.

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. We saw that some incidents, for example, a recent flood at the practice, had not been appropriately responded to, to reduce risk, support learning and prevent such occurrences happening again in the future. Staff were unaware which incidents are required to be reported to CQC.

The practice had a system for receiving and acting on safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. The practice learned from external safety events as well as from patient and medicine safety alerts. We saw that relevant alerts were shared with staff, acted on and stored for future reference.

Lessons learned and improvements

Staff confirmed that learning from incidents, events and complaints was shared with them to help improve systems at the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentist took account of some of the recognised guidance when assessing patients' care and treatment needs. We saw that the dentist did not always deliver care in line with current legislation, standards and guidance, for example, patient recall intervals were not always assessed appropriately, and guidelines on the use of X-rays were not always taken into account.

The dental nurses took care to ensure that where they noticed any unusual patient signs and symptoms when they were assisting, they highlighted these to the clinician.

The practice provided dental implants. These were placed by the principal dentist who had completed post-graduate training in this speciality. The provision of dental implants took into account recognised guidance and the provider had put in place systems and processes to ensure this was carried out in accordance with the guidance.

The practice had access to an intra-oral camera to enhance the delivery of care.

Helping patients to live healthier lives

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentist told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The dentist discussed smoking, alcohol consumption and provided dietary advice to patients during appointments. We saw that an easy-to-use guide to alcohol consumption was available in the practice to assist patients in identifying their alcohol intake in advance of discussing their oral health with the dentist.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. This was not consistently recorded in patients' dental care records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves in certain circumstances. Not all the staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers where appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The dentist kept dental care records containing information about patients' current dental needs, past treatment and medical histories.

Effective staffing

Staff had the skills and experience to carry out their roles.

Staff told us the practice provided support and training opportunities to assist them in meeting the requirements of their registration, and with their professional development. The provider did not monitor training to ensure recommended training was completed. Staff discussed training needs with the provider if they arose. The provider carried out appraisals but was unsure whether these had been carried out for all staff. We looked at the records of appraisals for one member of staff. These did not include a review and identification of training needs.

The provider was unsure as to when or whether the newest member of staff had completed, for example, infection prevention and control, and safeguarding training. The provider assured us evidence of safeguarding, infection prevention and control, medical emergencies and life support and, where appropriate, radiology training would be sent to us after the inspection. We were not provided with this.

One of the dental nurses had completed enhanced skills training in radiography.

Are services effective?

(for example, treatment is effective)

The practice had a documented structured induction checklist for new staff. The provider told us an induction had been carried for the newest member of staff but they had not documented this.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

The practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections.

Staff tracked the progress of all referrals to ensure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring and thoughtful, and nothing was too much trouble for them. We saw that staff treated patients appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

The practice team respected and promoted patients' privacy and dignity.

The layout of the reception and waiting areas provided limited privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

They were aware of the Accessible Information Standard, and the requirements of the Equality Act.

- Interpreter services were available for patients whose first language was not English.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentist described to us the conversations they had with patients to help them understand their treatment options.

The practice's information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand the treatment options. These included, for example, photographs and demonstration models. The provider had an intra-oral camera. This enabled photographs to be taken, for example, of the tooth being examined or treated, and images shown to the patient to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to take account of patients' needs and preferences.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Staff were clear on the importance of emotional support needed by patients when delivering care.

A disability access audit had been completed and an action plan formulated in order to continually review and improve access for patients.

The practice had considered the needs of different groups of people, for example, people with disabilities, and put in place reasonable adjustments, for example, handrails to assist with mobility and step free access.

The practice was not accessible to wheelchair users. Staff provided information on nearby practices which were accessible.

A dedicated car park was available at the practice.

Both treatment rooms were located on the first floor along with the patient toilet facilities. Access was by a flight of stairs.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, appointments could be arranged by email.

Larger print forms were available on request, for example, patient medical history forms.

Timely access to services

Patients could access care and treatment at the practice within an acceptable timescale for their needs.

The practice displayed its opening hours on the premises, and included this information in their practice information leaflet and on their website.

The practice's appointment system took account of patients' needs. We saw that the clinicians tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Staff made every effort to keep waiting times and cancellations to a minimum. Patients told us they had enough time during their appointment and did not feel rushed.

The practice took part in an emergency on-call arrangement including with the NHS 111 out of hours' service. The practice had appointments available for dental emergencies and staff made every effort to see patients experiencing pain or dental emergencies on the same day.

The practice's website, information leaflet and answerphone provided telephone numbers for patients who needed emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointments.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information on how to make a complaint was clearly displayed for patients.

The principal dentist was responsible for dealing with complaints. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

We looked at comments and compliments the practice received in the previous 12 months. The practice had received no complaints within this time period.

Are services well-led?

Our findings

Leadership capacity and capability

The provider demonstrated they had the experience, capacity and skills to deliver quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service.

Vision and strategy

The provider had a strategy to deliver quality patient-centred care from the practice. The provider had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The practice planned its services to meet the needs of the practice population.

The provider's strategy included the implementation of a dental team approach to deliver care and treatment at the practice. They did this by using a skill mix of dental care professionals, including a dentist with advanced skills, a dental hygiene therapist and dental nurses, some with enhanced skills, to deliver care in the best possible way for patients. Members of the dental team described examples of working collaboratively to achieve the best results when providing care.

Culture

Staff said they were respected, supported and valued.

The provider and staff demonstrated openness, honesty and transparency when responding to incidents and complaints. Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff said they were encouraged to raise issues and they were confident to do this. They told us the principal dentist was approachable, would listen to their concerns and act appropriately.

Staff communicated regularly on an informal basis to share information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Governance and management

The provider had put systems in place at the practice to support the management and delivery of the service.

Systems included policies, procedures and risk assessments to support governance and to guide staff. We saw these were not consistently reviewed to ensure they were up to date with regulations and guidance, for example, the confidentiality policy did not take account of new legislation relating to data protection, and the fire risk assessment had not been regularly reviewed. After the inspection the provider confirmed to us that the fire risk assessment had been reviewed. We were not provided with evidence of this.

Most of the staff had worked at the practice for several years and were familiar with the systems in operation at the practice.

We saw the provider had put in place systems and processes to support governance and to guide staff, for example, in relation to adequate staffing, patient consent, and safeguarding,. Some of these systems were found not to be operating effectively and had resulted in oversights, for example, the monitoring of staff training to ensure recommended training was completed.

The provider had systems in place to ensure risks were identified and managed. We saw that some of these systems were not operating effectively, for example, in relation to health and safety, patient record security, and radiation.

The principal dentist had the overall responsibility for the management and clinical leadership of the practice and for the day to day running of the service. Staff had additional roles and responsibilities, for example, a lead role for infection control.

Roles and systems of accountability were in place but responsibilities to support governance and management were not sufficiently clear.

Appropriate and accurate information

The practice's staff acted appropriately on information.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support services.

Are services well-led?

The practice used patient surveys to obtain the views of patients about the service.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had systems and processes in place to encourage learning, continuous improvement and innovation, and to monitor the quality of the service. We found some of these were not operating effectively and did not encourage continuous improvement. For example, limited use was made of auditing to assess where improvements could be made. Infection prevention and control audits were not carried out at the recommended intervals, radiography audits did not identify learning points or outline actions which could be taken to improve systems, and no dental care record keeping audits had been carried out.

Limited use was made of significant event analysis to identify measures which could be put in place to prevent recurrence.

Staff told us the practice provided support and training opportunities for their on-going learning.

The clinical staff told us they completed continuous professional development in accordance with General Dental Council professional standards. Staff told us the practice provided support and encouragement for them to do so.

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 Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 **How the regulation was not being met** The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: · The registered person had not regularly and consistently reviewed their governance policies and procedures to ensure they were up to date with legislation and guidance, for example, the confidentiality policy. · The registered person had an ineffective system for monitoring staff training. The registered person could not demonstrate that all staff had completed training in infection control, safeguarding, fire safety, medical emergencies and life support, and, where relevant, radiation. · The registered person's Radiation Protection Adviser, (RPA), had recommended annual electro-mechanical checks on both the practice's X-ray machines, and annual performance surveys on the hand-held X-ray machine. These had not been carried out nor reviewed with the RPA.

This section is primarily information for the provider

Requirement notices

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

· The registered person's systems and processes for assessing risk were operating ineffectively, for example, no assessment had been made on the risks associated with the stairs to the basement, limited assessment had been made of security risks, and the sharps risk assessment was not specific to the practice's circumstances. Processes for monitoring risks were ineffective, for example, the auditing, and risk assessments were not regularly reviewed, for example, the fire risk assessment. The registered person was not aware of when or whether an infection prevention and control audit had been undertaken, and had not implemented the HTM 01 05 recommendation to carry these audits out 6 monthly. Processes for mitigating risk were not fully effective, for example in the case of used sharps, security of the premises, and potential stair hazards.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular:

· The registered person had not reviewed the security of patients' dental care records and the security of the practice's server.

Regulation 17 (1)(2)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met** The registered person had not carried out assessments of the risks to the health and safety of service users of receiving care or treatment. The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: · The glucagon was not stored in a refrigerator but had not been appropriately date adjusted. · The medical emergency medicine, Midazolam, was in a format for intra-venous injection, which is not the British National Formulary recommended format. · Atropine and diazepam were included in the medical emergency kit. The registered person's checking system had not identified that these were no longer recommended medicines. · The registered person did not have a risk assessment in place in relation to specific staff working in a clinical environment where the effectiveness of the Hepatitis B vaccination is unknown or where it has been ineffective. · The registered person had not carried out checks on one member of staff's photographic identification, employment history and references and did not have this prescribed information available in accordance with the practice's recruitment policy and legislation.

This section is primarily information for the provider

Enforcement actions

· The registered person had not carried out a review of the fire risk assessment since it was originally completed.

· The registered person had not carried out an assessment of the risks associated with the stairs leading down to the basement and the access to the stairs. No signage was displayed to warn of possible safety risks.

· The registered person had not reviewed the security of patients' dental care records and the practice's server. Unauthorised access to both was possible throughout the inspection.

· The registered person was not following current recognised guidance in relation to selection criteria for panoramic radiography, or justifying and evaluating the outcome of every radiographic exposure in accordance with the legislation.

Regulation 12 (1)(2)