

Dental Excellence London Limited

# Dental Excellence London Limited

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 25 August 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 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 providing well-led care in accordance with the relevant regulations.

#### **Background**

The Dental Excellence practice is located in the London Borough of Kensington and Chelsea. The premises are located within a larger clinic which provides a range of health and wellbeing services. The dental area consists of one treatment room and a dedicated decontamination room. The dental practice shares a reception and waiting area, as well as patient toilet facilities, with the larger clinic.

The practice provides private dental services and treats both adults and children. The practice offers a range of dental services including routine examinations and treatment, and provides cosmetic dentistry such as veneers.

The staff structure of the practice is comprised of an associate dentist and a practice manager who is also a qualified dental nurse. There is a reception team who work for the larger clinic and book appointments for the dental practice. The practice is open Monday to Saturday from 10.00am to 7.00pm.

# Summary of findings

This is a new practice which registered with the CQC in November 2014. It has not previously been inspected. The practice manager was applying to become the registered manager at the time of the inspection. A registered manager is a person who is registered with the Care Quality Commission 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 dentist specialist advisor.

Four people provided feedback about the service. Patients we spoke with and those who responded to the practice's satisfaction survey within the last three months were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

## **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).
- 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.
- Staff understood the process for reporting and recording incidents as well as the importance of identifying shared learning opportunities following the occurrence of incidents or accidents.
- 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.
- The practice manager had a clear vision for the practice and staff told us they were well supported by the management team.

- The practice did not have effective systems to reduce and minimise the risk and spread of infection
- The practice had not sought appropriate checks for all of the clinical staff or kept a record in relation to the content of verbal references.

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

- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.

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

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

- Review the training needs for clinical staff in relation to safeguarding adults and children living in vulnerable circumstances.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Improve arrangements for receiving and responding to public health and medical equipment alerts.
- Review the storage of Control of Substances Hazardous to Health (COSHH) products to ensure they are securely stored.
- Develop the use of appropriate and robust governance arrangements and audits to improve the quality and safety of the services.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

The practice had policies and protocols related to the safe running of the service. Staff were aware of these and were following them. The practice had effective systems for the management of medical emergencies and dental radiography. Equipment was well maintained and checked for effectiveness.

However, we also found that the practice did not have effective systems to reduce and minimise the risk and spread of infection. We noted that dental instruments were not being cleaned in line with relevant guidance and appropriate hand-washing facilities were not available in either the treatment or decontamination rooms. Waste was not disposed of appropriately, including the disposal of sharps and the appropriate segregation of clinical waste. The risks of Legionella had not been assessed by an appropriately-trained person. Environmental cleaning was not being monitored and relevant colour-coded equipment for cleaning different areas was not in use. Not all of the Control of Substances Hazardous to Health (COSHH) or sharps waste products were being securely stored.

We also noted the practice had a recruitment policy in place, but had not sought appropriate Disclosure and Barring Service checks for all of the clinical staff or kept a record in relation to the content of verbal references.

There were safeguarding policies in place which staff members understood. However, appropriate training in safeguarding for clinical staff in contact with vulnerable adults and children had not been completed. Finally, alerts relating to the public health or, the use of medical equipment, were not currently being received or responded to by the practice.

### **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 were working towards 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 through satisfaction surveys and telephone interviews. Patients indicated that they were treated with dignity and respect. They noted a positive and caring attitude amongst the staff. 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.

# Summary of findings

Patients had good access to appointments, including emergency appointments, which were available on the same day. Different members of staff spoke a range of languages which supported good communication between staff and patients. The needs of people with disabilities had been considered in terms of accessing the service, although the practice was not yet fully wheelchair accessible. Patients were invited to provide feedback via a satisfaction survey available in the waiting area. There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area.

## **Are services well-led?**

We found that this practice was providing well-led care in accordance with the relevant regulations.

There were regular staff meetings and systems for obtaining patient feedback. We saw that feedback from staff or patients had been carefully considered and appropriately responded to.

The practice manager had a clear vision for the type of practice they wanted to provide. Staff felt well supported and confident about raising any issues or concerns with the associate dentist, practice manager, or company directors.

There were clinical governance and risk management systems in place. However, we noted that these systems had not always effectively identified and managed the risks to patient safety identified by us during our inspection.

# Dental Excellence London Limited

## Detailed findings

### Background to this inspection

We carried out an announced, comprehensive inspection on 25 August 2015. The inspection took place over two days with a site visit on 25 August and follow up phone calls on 26 August with people who had used the service. The inspection was led by a CQC inspector. They were accompanied by a dentist specialist advisor.

We reviewed information received from the provider prior to the inspection. We also informed the local Healthwatch 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. We spoke with four members of staff, including the dentist. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We asked the dental nurse to demonstrate how they carried out decontamination procedures of dental instruments.

Relatively few numbers of patients were being seen at the time of the inspection as this was a new service in the process of building up a client base. However, four people provided feedback about the service. Patients we spoke with and those who responded to a satisfaction survey were positive about the care they received from the practice. They were complimentary about the friendly and patient 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, although no incidents have been reported since the practice opened. However, there was a policy for staff to follow for the reporting of these events. The staff we spoke with were aware of this policy and understood the protocols for reporting incidents.

We noted that it was the practice policy to offer an apology when things went wrong. The practice had also provided staff with written guidance about the Duty of Candour. This information emphasised the importance of offering an apology and informing people about anything that had gone wrong, and actions that had been 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 been no accidents related to staff which had required notification under the RIDDOR guidance.

### 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, social services and other agencies, such as the Care Quality Commission. This information was held in a folder in the treatment room alongside the safeguarding policy.

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 company directors.

The practice manager was the safeguarding lead for the protection of vulnerable children and adults. They were able to describe what might be signs of abuse or neglect and how they would raise concerns with relevant external agencies. There had been no safeguarding issues reported by the practice to the local safeguarding team.

We noted that staff had not received safeguarding training in the protection of vulnerable children or adults. The practice population was such that very few children were seen by the practice. However, the guidance produced by the Department of Health recommends that all members of

the dental team who have contact with children, or adults who are parents, should train to a minimum of Level 1 in safeguarding children. The guidance also suggests that the designated child protection lead should train to a minimum of Level 2.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, a practice-wide health and safety risk assessment had been carried out in May 2015. This covered topics such as the safe use of X-ray equipment, risk of blood borne viruses, and the safe use of sharps (needles and sharp instruments).

However, we found that the risk assessments were not always complete. In particular, the risk assessment related to the safe use of needles did not correctly identify the current sharps protocol as described to us by the dental nurse. The dental nurse told us that the dentist was responsible for resheathing needles, for example, when they were used for the administration of a local anaesthetic to a patient. However, used needles were placed on a tray and it was the dental nurse's task to dispose of the needle safely in a sharps bin. This protocol had not been formalised in any written document and we found that the risks associated with the current protocol, as described, had not been properly considered. For example, we noted that the sharps bin was not located in the treatment room which would enable the dentist to dispose of the needle immediately after use.

### 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. Oxygen and other related items, such as manual breathing aids and portable suction, were available 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.

# Are services safe?

All staff had received training in emergency resuscitation and basic life support. This training was renewed annually. For example, we noted that the dentist had recently renewed their training in basic life support in August 2015. The staff we spoke with were aware of the practice protocols for responding to an emergency.

## Staff recruitment

The practice staffing consisted of one associate dentist and a dental nurse, who was also the practice manager. There were plans in place to recruit an additional dental nurse as the practice size grew.

There was a recruitment policy and we reviewed the recruitment files for both staff members. We saw that most of the relevant checks to ensure that the person being recruited was suitable and competent for the role had been carried out. This included the use of an application form, review of employment history, evidence of relevant qualifications, and a check of registration with the General Dental Council.

However, we found that the directors were asking for verbal references for new members of staff without keeping contemporaneous notes regarding the contents of these.

We also noted that the practice's policy did not specify under what circumstances a Disclosure and Barring Service (DBS) check would need to be carried out. The dentist had had a DBS check prior to employment and a copy of this information was held in their file. There was also an induction form for the dental nurse which noted that a copy of a recent DBS had been requested. However, on discussion with the nurse we found that a copy of a recent DBS had not been obtained by the clinic owners prior to her starting work. There had been no risk assessment carried out in relation to the lack of a DBS check to identify any restrictions on her role which might be suitable until a DBS check was complete.

The dental nurse was able to supply us with evidence of a recent DBS check, carried out with their previous employer, via email after the inspection. A DBS application had also been made via the Care Quality Commission as part of the nurse's application to become the registered manager, although this was not complete at the time of the inspection.

## 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 practice had been assessed for risk of fire and there were documents showing that fire extinguishers had been recently serviced. There was a business continuity plan in place. This had been kept up to date with key contacts in the local area.

There were effective 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 associated with hazardous substances were identified. Actions were described to minimise these risks. Staff were aware of the COSHH file and of the strategies in place to minimise the risks associated with these products.

COSHH products were generally securely stored. However, the cleaner's cupboard, which held some COSHH products, such as bleach, was located in the patient waiting area and was not locked.

The practice did not keep up to date with advice from the external agencies such as the Medicines and Healthcare products Regulatory Agency (MHRA) or Public Health England (PHE) to enable them to be aware of any new alerts which could relate to the equipment and products held at the practice.

## Infection control

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

The practice manager was the infection control lead and had carried out an infection control audit within the past six months. The results of the most recent audit had been discussed at a staff meeting in August 2015 where the need to increase supplies of protective equipment and the purchase of a washer disinfectant had been discussed. We observed there were now good supplies of protective equipment including gloves, masks, eye protection and aprons for patients and staff members.



# Are services safe?

The practice had considered 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 area which ensured the risk of infection spread was minimised.

However, there were some elements of the HTM 01-05 guidance which had not been appropriately followed. We examined the facilities for cleaning and decontaminating dental instruments. There was a dedicated decontamination room with a clear flow from 'dirty' to 'clean'. Items were being manually cleaned, but were not inspected using an illuminated magnifier to check for any debris. The decontamination room and the treatment room also did not have dedicated sinks for hand washing, and the practice had not made other suitable arrangements to separate hand washing from other processes.

Items were placed in an autoclave (steriliser) after cleaning. Instruments were placed in pouches after sterilisation and a date stamp was used to indicate when the sterilisation became ineffective. 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 practice had an on-going contract with a clinical waste contractor. However, waste was not being appropriately stored and segregated. For example, we found that some sharps bins were being stored in an unlocked cupboard in a patient waiting area. We also noted that a sharps bin located in the decontamination room had not been labelled with the date, locality and signature. We found that the clinical waste bins were being emptied by the cleaner. This was not in line with the practice's schedule for the cleaner which stated that they only dealt with non-clinical waste. There was an external, yellow bin, for the storage of clinical waste awaiting collection by the contractor. However, we found that this bin contained a range of clinical and non-clinical waste demonstrating that the segregation process had not been understood by the cleaner.

The practice had a cleaning schedule that covered all areas of the premises. However, the practice manager could not show evidence that they reviewed the cleaner's work to ensure schedules were being effectively followed. The cleaning cupboard contained only a red mop, which showed that the colour-coding scheme for cleaning different areas was not in use.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The method described was in line with current HTM 01-05 guidelines. A Legionella risk assessment had also been carried out by the practice manager in July 2015. The practice was carrying out water temperature checks to minimise some of the risks associated with Legionella. However, the practice manager had not received any training in relation to the risks of Legionella meaning that they were not an appropriate person to conduct the risk assessment. Not all of the relevant risks had been considered, including, for example, reviewing a full plan of the water system and biofilm testing.

## 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, fire equipment and X-ray equipment had all been inspected and serviced in 2015. Portable appliance testing (PAT) had been completed in accordance with good practice guidance within the past year. PAT is the name of a process during which electrical appliances are routinely checked for safety.

The practice was able to dispense medicines, such as antibiotics. Medicines were stored in a locked cupboard. The dentist kept a record in patient's notes if they received any such medicines. The expiry dates of medicines, oxygen and equipment were monitored using a daily and monthly check sheet which enabled the staff to replace out-of-date drugs and equipment promptly. Some medicines were stored in a fridge which was being appropriately monitored to ensure that it remained within the correct temperature range.

## Radiography (X-rays)

The practice had in place a Radiation Protection Adviser and a Radiation Protection Supervisor in accordance with



## Are services safe?

the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). A radiation protection file, in line with these regulations, was present. This file was well maintained and complete. The file contained the critical examination pack for the X-ray set, the three-yearly maintenance log, a copy of the local rules and appropriate notification to the Health and Safety Executive. We saw evidence that staff had completed radiation training.

Due to the nature of the majority of the work at this practice being related to cosmetic dentistry, such as teeth whitening, very few X-rays had been carried out. There were not enough X-rays to warrant the carrying out of a systematic audit of X-ray quality. However, dental care records showed that, when X-rays were carried out, they were justified, reported on and quality assured.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. The associate dentist described how they carried out patient assessments. During the course of our inspection we checked dental care records to confirm the findings. We found that the dentist assessed patient's gum health and soft tissues (including lips, tongue and palate). The records also 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. Details of the treatments carried out were also documented. New patients completed a medical history form prior to seeing the dentist for the first time. The dentist's notes showed that this history was reviewed at each subsequent appointment. This kept the dentist reliably informed of any changes in people's physical health which might affect the type of care they received.

The practice kept up to date with current guidelines in order to continually develop and improve their system of clinical risk management. For example, the dentist was aware of National Institute for Health and Care Excellence (NICE) guidelines in relation to deciding appropriate intervals for recalling patients and antibiotic prescribing.

### Health promotion & prevention

Our discussions with the dentist and dental nurse, together with a check of the dental care records showed that, where relevant, preventative dental information was given in order to improve outcomes for patients. This included advice around smoking cessation, alcohol consumption and diet. Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to patients in a way they understood. The dentist was aware of the Delivering Better Oral Health Toolkit when considering care and advice for patients. 'Delivering better oral health' is an evidence-based toolkit to support dental teams in improving their patients' oral and general health.

The reception area contained leaflets that explained the services offered at the practice. This included information about effective dental hygiene and how to reduce the risk of poor dental health.

### 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 the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies and X-ray training. 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 told us they would have yearly appraisals which identified their training and development needs, and that they had also developed personal development plans in the meantime. We saw that these plans had been developed within the past six months. Staff had been invited to reflect on their career development goals and assess their training needs.

### Working with other services

The practice manager explained how they currently worked with other services. The dentist was able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. The practice held copies of relevant referral criteria for secondary and tertiary care providers in order to guide their referring practices.

A referral letter was prepared and sent to the other provider with full details of the dentist's findings and a copy was stored in the practices' records system. When the patient had received their treatment they were discharged back to the practice. Their treatment was monitored after referral back to the practice to ensure patients received a satisfactory outcome and appropriate post-procedure care.

### Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff discussed treatment options, including risks and benefits, as well as costs, with each patient. Notes of these discussions were recorded in the dental care records. Formal written consent was also obtained using written consent forms. Patients were asked to read and sign these before starting a course of treatment.

# Are services effective?

(for example, treatment is effective)

We saw evidence that the requirements of the Mental Capacity Act 2005 (MCA) had been considered by the practice. 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. The clinical staff 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.

# Are services caring?

## Our findings

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

We collected feedback from four patients. They described a positive view of the service provided. Patients commented that staff were helpful and considerate. During the inspection we also observed staff in the reception area. They were polite and courteous towards patients and the general atmosphere was welcoming and friendly.

There were systems in place to ensure that patients' confidential information was protected. Dental care records were stored electronically. Paper correspondence was scanned and added to the electronic record and stored separately for reference purposes. Electronic records were password protected and regularly backed up; paper records were stored securely in locked files. Staff understood the importance of data protection and confidentiality and had received training in information governance. People could request to have confidential discussions in the treatment room, if necessary.

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

The practice displayed some information in the waiting area which gave details of the private dental charges and fees. There were also some information leaflets in the

waiting area which described the different types of dental treatments available. Interested patients could request further information about fees and services from the reception staff. The reception staff showed us where they kept information about the full range of dental services and fees so that they could accurately describe the service.

Patients were routinely given copies of their treatment plans which included useful information about the proposed treatments, any risks involved, and associated costs. We checked dental care records to confirm the findings and saw examples where notes had been kept of discussions with patients around treatment options, as well as the risks and benefits of the proposed treatments.

We spoke with both the dentist and the dental nurse during our inspection. They understood the importance of providing clear explanations of treatments and costs in order to promote a shared decision-making process with their patients. They also showed us how they used visual information to illustrate their discussions with patients. For example, the dentist could share photographs with their patients via a computer screen in order to discuss the findings of their examinations. The patient feedback we received confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions 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 patients' needs. The dentist could decide on the length of time needed for their patient's consultation and treatment. Staff told us they had enough time to treat patients and that patients could generally book an appointment in good time to see the dentist of their choice. 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. Some of the staff at the clinic where the practice was located spoke additional languages and the practice manager told us they could arrange to use a telephone translation service, although they had not had to use this so far. There was written information for people who were hard of hearing and as well as large print documents for patients with some visual impairment.

The practice had considered the needs of people with limited mobility and carried out a Disability Discrimination Audit of the premises in December 2014. However, the practice and wider clinic were leaseholders in the building meaning that their ability to make adjustments to the fabric of the building was limited. Therefore, it had not been possible to make all of the adjustments necessary to make the premises fully wheelchair accessible. The

practice manager told us that they made people aware of these access issues prior to their appointment and made arrangements to refer people to more accessible dental practices if they required.

### Access to the service

The practice was open Monday to Saturday from 10.00am to 7.00pm. The practice displayed its opening hours on their premises and on the clinic website. We asked the practice manager about access to the service in an emergency or outside of normal opening hours. They told us that there was an answerphone system which recorded a message to their email. They checked this periodically and aimed to respond within 24 hours. As the practice was relatively new, it still had small numbers of patients being seen each week which meant that patients who needed emergency treatment were currently being seen on the same day. The dentist was also flexible about the practice opening times and would attend to provide treatment either earlier or later in the day, depending on the patient's needs.

### Concerns & complaints

There was a complaints policy which described how the practice handled formal and informal complaints from patients. Information about how to make a complaint was displayed in the reception area, although this information was not yet displayed on the clinic website. The practice also had a satisfaction survey available for patients to complete in the waiting area.

No complaints had been recorded in the past year. However, the practice manager took the lead for handling complaints and was familiar with the contents of the complaints policy. We noted that the policy stated that patients could expect to receive a written response, including an apology, when anything had not been managed appropriately.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had governance arrangements and a management structure. There were relevant policies and procedures in place. These had all been recently reviewed and updated. Staff were aware of these policies and procedures and acted in line with them. Staff were being supported to meet their professional standards and complete continuing professional development standards set by the General Dental Council. However, we found that the clinical staff had not received adequate levels of training in relation to safeguarding vulnerable adults and children.

Records related to patient care and treatment were kept accurately. However, records related to staff employment were not always complete. Notably the recruitment policy did not refer to circumstances where a Disclosure and Barring Service (DBS) check would be required and the dental nurse had been employed, and was working with patients, without a DBS check having been completed.

There were arrangements for identifying, recording and managing risks through the use of risk assessments and audits. However, these assessments were not always being used effectively to drive improvements. For example the Legionella risk assessment had been carried out by the practice manager, who had not had sufficient training to carry out the assessment effectively. Additionally, the sharps risk assessment was incomplete and did not accurately describe the current sharps protocol or identify correctly the level of risk that staff were exposed to as a result.

Practice meetings were scheduled to take place every month and key issues were placed on the agenda for discussion. We reviewed the minutes from the two most recent meetings which had taken place in July and August 2015. These meetings covered infection control and X-ray safety respectively. The meetings successfully identified actions which needed to be taken to improve quality or maintain safety. For example, the need to renew the dentist's X-ray training was identified during a meeting and we found that the dentist had now completed this training.

### 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 either of the company directors and with each other. They felt they were listened to and responded to when they did so. Staff told us they enjoyed their work and were well supported by the management team.

We spoke with the practice manager who outlined the practice's ethos for providing good care for patients. They placed an emphasis on providing treatment in an open and transparent manner where the risks and benefits, as well as costs, were clearly described and patients were given plenty of time to consider their options. The practice manager had a clear vision about the future of the practice which included making improvements to governance structures, recruiting staff and expanding the dental business. Staff were aware of these plans and shared the overall ethos.

A system of personal development plans was used to identify career goals and training needs for each member of staff. Staff were also aware that they would be engaged in an appraisal process by the company directors at the end of probation periods and on a yearly basis thereafter.

### Learning and improvement

We found that there was a rolling programme of clinical and non-clinical audits taking place at the practice. These included important areas such as clinical record keeping, complaints handling, infection control, information governance, and patient waiting times. These audits were used to identify areas for improvement. For example, the record keeping audit carried out in July 2015 identified the need for the practice to improve the recording of patient consent via obtaining signatures on the treatment plans. The dental nurse was now in the process of implementing this strategy. The information governance audit had also successfully improved the management of patient data and staff's understanding of this issue. However, there were other areas where they audits did not successfully identify areas of concern. Notably, the infection control audit had not identified issues, such as the problems with the segregation of waste and disposal of sharps, which we observed during our inspection.

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

## Are services well-led?

Staff described an open culture where feedback between staff was encouraged in order to improve the quality of the care. The practice manager had started to develop a staff survey which would be implemented in due course.

There was also a patient satisfaction survey available for people to complete in the waiting area. The practice had received two completed surveys at the time of the

inspection. Both of these recorded a high level of satisfaction with the care received. The practice manager also listened to, and acted on, ad hoc feedback received from patients. For example, patients had requested that they listen to classical music in the waiting area and treatment rooms and this had now been made available.



## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not have an effective procedure in place to assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated. The provider must review and improve the systems to reduce and minimise the risk and spread of infection including the effective cleaning of dental instruments, the disposal and segregation of dental waste, the provision of hand-washing facilities, the management of Legionella risk, and the provision and monitoring of an environmental cleaning regime.</p> <p>Regulation 12 (2) (h)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not have an effective recruitment procedure in place to assess the suitability of staff for their role. Not all the specified information (Schedule 3) relating to persons employed at the practice was obtained.</p> <p>Regulation 19 (1) (2) (3)</p>