Yorkshire Dental Practice Limited

Burlington Dental Practice

Inspection Report

15 Burlington Crescent
Goole
North Humberside
DN14 5EF
Tel: 01405 762917
Website:

Date of inspection visit: 06 October 2015
Date of publication: 10/12/2015

Overall summary

We carried out an announced comprehensive inspection on 06 October 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 not providing well-led care in accordance with the relevant regulations

Background

Burlington Dental Practice is situated in Goole, East Yorkshire. It offers predominantly NHS treatment to patients of all ages and some private dental treatments. The services include preventative advice and routine restorative dental care.

The practice has two surgeries, one decontamination room, an X-ray processing room, a waiting area and a reception area. Treatment and waiting rooms are on the ground floor of the premises. The decontamination room and patient toilet are on the first floor.

The practice is open:

Monday/Wednesday/Thursday and Friday 08:30 – 17:00.

Tuesday 08:00 – 19:00.

There is one dentist, one registered dental nurse, one trainee dental nurse and a practice manager at this practice.

The practice owner is the registered manager. 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.

During the inspection we spoke to three patients who used the service and we also reviewed 31 CQC comment

Summary of findings

cards. All the comments were positive about the staff and the services provided. Comments included: the practice was safe and hygienic; staff were very caring and polite and they were impressed with the services.

Our key findings were:

- Patients were treated with care, respect and dignity.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions. Staff received training appropriate to their roles.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- The appointment system met patients' needs.

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

- Review the practice's protocols for completing dental records giving due regard to guidance provided by the Faculty of General Dental Practice in respect of clinical examinations and record keeping.
- Ensure all audits have a documented action plan with guidance on improvements required and timescales for review.
- Ensure the practice's protocols for the taking of X-rays giving due regard to the Faculty of General Dental Practice (FGDP) guidance on the 'Selection Criteria for Dental Radiography
- Ensure availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Ensure the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2014.

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 practice protocol for the manual scrubbing of instruments.
- Aim to record daily tests conducted on the autoclave.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the complaints policy including information about reporting to external agencies including the ombudsman and the General Dental Council (GDC) – the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians.
- Accessibility to the complaints procedure through practice information leaflets and patient waiting room information.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the-X-rays and reporting on the X-rays giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

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 did not have effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, emergency equipment and medicines were not all in date. This was not in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. The practice did not have a blood glucose monitor, a portable suction unit and some emergency drugs were not available. This was brought to the attention of the practice owner and new equipment was ordered whilst the inspection was taking place and evidence of this was seen.

Staff had received training in safeguarding patients, they knew how to recognise the signs of abuse and how to report them although this training was now out of date and the newest member of staff had received no training to date. Staff had also received training in infection control in January 2015, however there was no evidence to support this. There was a decontamination room and guidance for staff to provide effective decontamination of dental instruments.

Patients' medical histories were obtained verbally before any treatment took place. This provided the dentist with up to date information about any health or medication issues which could affect the planning of treatment.

Staff were recruited, suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction procedures were in place and had been completed by new staff; this information was received verbally however no evidence was available to support this.

We reviewed the legionella risk assessment dated May 2015; a requirement for staff training was reported. Evidence all members of staff had received training and regular testing was being carried out in accordance to the assessment.

Are services effective?

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

Patients' dental care records did not always provide comprehensive information about their current dental needs. Dental care records which we reviewed on the day of inspection were frequently not thorough, did not include discussion about treatment options, relevant X-rays, reports or justification of X-rays.

Consultations were carried out in line with best practice guidance from the Faculty of General Dental Practice (FGDP). For example, patients were recalled after an agreed interval, for an oral health review, during which their medical histories and examinations were updated and recorded. Any changes in risk factors were also discussed although this was not always recorded.

Patients were referred to other specialist services in a timely manner and all returning information was reviewed. Patients were offered a follow up appointment at the practice to ensure continuity of care.

Staff were supported in delivery of effective care through training and development. The clinical staff could not provide clear evidence to support their continuous professional development (CPD). They were supported to meet the requirements of their professional registration however no systems were in place to monitor this.

Are services caring?

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

Summary of findings

Comments from the 31 completed CQC comment cards included statements saying the staff were caring, friendly, helpful and professional.

We observed patients being treated with respect and dignity during interactions at the reception desk and whilst on the telephone.

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice had a complaints process however this was not accessible to patients who wished to make a complaint. The policy did not include which external organisations to contact. Patients we spoke with on the day confirmed they did not know how to complain about the services and who to if the need arose.

There were no practice information leaflets available for patients.

Are services well-led?

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

Staff were supported through training and offered opportunities for development.

Staff reported the registered provider was approachable, they were able to raise issues or concerns at any time and they felt supported in their roles. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice sought feedback from patients in order to improve the quality of the service provided. No action plans were in place to review and discuss the feedback provided from patients.

The practice undertook various audits to monitor their performance and help improve the services offered, audits included infection control and X-rays. The X-ray audit findings were not within the guidelines of the Faculty of General Dental Practice (FGDP). The patients' records audit had not been completed but the practice assured us they would do this as soon as possible.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

Burlington Dental Practice

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 registered provider was meeting their obligations associated with the Health and Social Care Act 2008.

The inspection was carried out on 06 October 2015 and was led by a CQC Inspector with a clinical background.

The methods that were used to collect information at the inspection included interviewing staff, observations and review of documents.

We informed Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we spoke with the dentist and two dental nurse/receptionists. We saw policies, procedures and other records relating to the management of the service. We reviewed 31 Care Quality Commission comment cards that had been completed prior to the inspection.

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

The practice had clear guidance for staff about how to report incidents and accidents. However, we saw no evidence that incidents or accidents had been documented, investigated and reflected upon by the dental practice. Significant events were not discussed regularly at the monthly staff meetings. Patients would be given an apology and informed of any action taken as a result.

The staff understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy; however this was not always carried out. The practice had an accident book with no entries recorded in the previous year. Information was shared during the inspection about two incidents that had occurred and no evidence was available on the day of the inspection to support this. Protocols had been followed and evidence was available to corroborate information regarding the incidents.

The practice was aware of the national patient safety and medicines alerts from the Medicines and Healthcare products Regulatory Authority (MHRA) that affected the dental profession but the information received by the provider was not documented or shared within the practice.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for child protection and safeguarding vulnerable adults using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies.

The dentist was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice. We saw that some staff had received safeguarding training in vulnerable adults and children although this was overdue. In respect of safeguarding children the dentist was not trained to level two. This was brought to the attention of the registered manager and steps were taken to book a course as soon as possible.

Staff could easily access the safeguarding policy. The staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were aware of the procedures they needed to follow to address safeguarding concerns.

The practice had safe systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments).

The registered manager told us that they did not routinely use a rubber dam when providing root canal treatment to patients. A rubber dam is a small rectangular sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient. We discussed the good practice guidelines for their use so that they could reflect on their approach.

Dental care records were stored on paper and electronically, these records were stored securely to keep people safe from abuse.

During the course of our inspection we discussed patient care records with the dentist however we found these were not always in accordance with the guidance provided by the Faculty of General Dental Practice. For example, X-rays were not always justified, graded or reported. Basic periodontal examination (BPE) – a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums were not always updated and evidence of a discussions of treatment requirements, with the patient was not routinely recorded. However, the practice recorded that medical histories had been updated prior to treatment. We discussed our findings with the registered manager.

The practice had a whistleblowing policy which staff were aware of. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training within the last 12 months in basic life support including the use of an Automated External Defibrillator (An

Are services safe?

AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency in the reception area although some of the equipment was not in date, including oro-pharyngeal airways, syringes and needles. We also found that the practice did not have Midazolam available or a portable suction device. This was not in line with the 'Resuscitation Council UK' and British National Formulary guidelines.

All staff knew where these items were kept. We saw that the practice kept some logs which indicated that the emergency equipment was checked routinely including the oxygen cylinder. Information regarding the emergency medicines dates for replacement was brought to the attention of the registered manager by an external company. Some emergency drugs were not available on the day including midazolam, used for epileptic emergencies. We discussed our findings with the registered manager and all equipment was ordered immediately.

Staff recruitment

The practice had a policy for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had not been followed. Records of the last member of staff recruited showed not all these checks were place; there was no evidence of a written reference as this had been done verbally.

The practice carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks 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

All qualified clinical staff at this practice were registered with the General Dental Council (GDC). There were copies of current registration certificates present. The dentist had their own indemnity insurance cover and the nurses were covered by the registered provider's personal indemnity policy (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had no evidence of undertaking any risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety and manual handling of clinical waste. We saw the policy had not been reviewed recently.

The practice had a Control of Substances Hazardous to Health (COSHH) folder although the risk assessments had not been completed for any materials used on the premises. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We brought this to the attention of the registered manager during the inspection.

The registered manager showed us that there had been a fire risk assessment done previously but he was no longer required to do this as he employed less than five members of staff. There was no evidence of a fire drill having taken place.

A contract of employment for the cleaner was not in place and no guidance on what and how the cleaner should carry out their duties was recorded. Also, there was no lone working policy in place.

The practice displayed fire exit signage. We observed the fire extinguishers had been checked annually to ensure that they were suitable for use if required. We noted the fire extinguishers had been checked in February 2015. On the day of the inspection we noticed the rear fire door was locked. This was brought to the attention of the registered provider and was unlocked immediately.

Infection control

The practice had a decontamination room upstairs that was set out in according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' zones.

Are services safe?

There was a separate hand washing sink for staff although there was no hand washing flow chart or soap available. Two separate sinks for decontamination procedures were available.

The procedure for cleaning, disinfecting and sterilising the instruments was not clearly displayed on the wall to help staff. We discussed with staff the appropriate personal protective equipment (PPE) when working in the decontamination, this included disposable gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05).The dental nurses we spoke with were knowledgeable about the decontamination process. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored but had no expiry date. Systems should be in place to be able to demonstrate that the 12 month storage time has not been exceeded. For safety, instruments were transported between the surgeries and the decontamination area in lockable boxes.

The practice had some systems in place for daily quality testing of the decontamination equipment and we saw records which confirmed these had taken place. These tests included test strips being used on the first sterilisation cycle of the day. However, the practice did not undertake a daily automatic control test of the autoclaves. This test ensures that the correct temperature and pressure is achieved during the sterilisation cycle. We informed the registered manager who told us that these tests would be done from now on.

All staff had received infection control training. Although there was no evidence to support this.

There were adequate supplies of liquid soap, paper hand towels in the surgeries but not in the decontamination room. A poster describing correct hand washing techniques was displayed above some of the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

We observed the sharps bin was being used correctly and located appropriately in the surgery.

Clinical waste was not stored securely for collection, the locks on the door could be opened by any member of the public, and this was brought to the attention of the provider during the inspection. The registered manager had a contract with an authorised contractor for the collection and safe disposal of clinical waste although the risk assessment was overdue.

Staff records of immunisation were not available on the day of the inspection, some evidence was found regarding the Hepatitis B immunisation against blood borne viruses but this was only available due to needle stick injuries.

The practice had carried out the self- assessment audit relating to the Department of Health's guidance on decontamination in dental services (HTM01-05) in September 2015. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards. The practice did not have an action plan to review the findings of the audit.

We reviewed the legionella risk assessment which was dated May 2015; a requirement for staff training was reported. We saw evidence that all members of staff had received training and regular testing was being carried out in accordance to the assessment.

Equipment and medicines

Prescriptions were stamped before they were issued, this was raised with the provider to only stamp at the point of issue to maintain their safe use. The practice did not keep a log of all prescriptions given. There was no evidence of audits to monitor prescriptions given by the dentist to ensure that they were in line with current guidelines.

Staff told us that Portable Appliance Testing (PAT) – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) took place annually and certification was available.

We reviewed equipment maintenance records such as autoclaves that showed they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose. There was no evidence available on the day regarding the X-ray equipment maintenance and no inventory was present, this was however provided the next day.

Are services safe?

Anaesthetics were not stored correctly and were mixed with latex containing cartridges; this was brought to the attention of the provider on the day. Other materials within the surgery were found to be out of date.

Other than emergency medicines no other medicines were kept at the practice.

Radiography (X-rays)

The X-ray equipment was located in the surgery and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine needed to be operated safely. The local rules were displayed on the wall of the surgery. The file also contained the name and contact details of the Radiation Protection Advisor.

There was no evidence available on the day regarding the radiography equipment last service. However information was provided the next day with evidence this had taken place in May 2013. We reviewed that the dentist was up to date with continuing professional development training in respect of dental radiography. The dentist told us that they undertook annual quality audits of the X-rays taken. We reviewed the results of the last audit; no action plan had been put in place to help improve the quality of X-rays.

The practice used chemical processing of films but a routine quality control test film was not taken and used regularly. Yearly tests for the dark room and light penetration test were not recorded.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information on the patients' electronic dental records for future reference. In addition, the dentist told us that they discussed patients' social lifestyle and behaviour such a smoking and drinking and where appropriate offered them health promotion advice, this was not always recorded in the patient's records.

We saw from the dental care records we discussed with the dentist , that at all subsequent appointments patients were always asked verbally about their medical history. This ensured the dentist was aware of the patient's present medical condition before offering or undertaking any treatment. The records showed that dental examination appointments included oral cancer checks had taken place.

There was no evidence that dental care records had been audited to ensure that they complied with the guidance provided by the FGDP. We explained to the registered manager that the patient records we reviewed were not always accurate and complete. They acknowledged our findings and told us they would take steps including undertaking patient records audits and developing action plans to address the issues we raised.

The dentist told us that they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. The dentist did not always include an assessment of the patient's gum health and did not include details of discussions with regards to treatment options being discussed. There was no record of patients being informed of a diagnosis of gum disease. We also noted that there was no record of oral hygiene advice, dietary advice or smoking cessation advice which had been given.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the NICE recommendations. We saw from the records that the dentist was following the NICE guidelines on recalling patients for check-ups but not recording the justification of the recall period.

The practice did not always follow current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists did not always follow the guidance from the FGDP with regards to taking X-rays to ensure that disease processes could be monitored or treatment could be provided effectively. Justification for the taking of an X-ray was infrequently recorded in the dental care records.

Health promotion & prevention

The medical history form patients completed included questions about smoking and alcohol consumption. The dentist we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. However, this was not always recorded in the dental care records.

The dentist advised us that they offered patients oral health advice and provided treatment including prescribing high fluoride toothpaste to high caries risk patients in accordance with the Department of Health's policy the 'Delivering Better Oral Health' toolkit (an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay; again, this was not always recorded.

Staffing

We saw that all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels although evidence of this was not available. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

Staff training was not monitored or recorded by the registered provider so they were unaware of any short falls in staffs training requirements. Records we reviewed showed that all staff had received training in basic life support. Staff told us that infection control training had

Are services effective?

(for example, treatment is effective)

been provided in house this year but there was no evidence to support this. Safeguarding children and vulnerable adults training was done over three years ago, this was now overdue.

Staff we spoke to said that they did not have staff annual appraisals. We brought this to the attention of the registered manager who said systems would be put in place to address this.

Working with other services

The dentist explained that they would refer patients to other dental specialists when necessary. They would refer patients for sedation, minor oral surgery and orthodontic treatment when required. The referrals were based on the patient's clinical need. In addition, the practice followed a two week referral process to refer patients for screening for cancer. Referral letters and proformas were completed with adequate patient details.

The patient's oral health was then monitored at the practice after they had been referred back. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Consent to care and treatment

Staff we spoke with demonstrated awareness and its relevance to their role of the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions for themselves. The dentist demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff ensured patients gave their consent before treatment began. The dentist informed us that verbal consent was always given prior to any treatment. In addition, the advantages and disadvantages of the treatment options were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the surgery or in a private room.

Staff we spoke with understood the need to maintain patients' confidentiality. The registered manager was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that dental care records, both paper and electronic were held securely.

Comments on the 31 completed CQC comment cards we received included statements saying the staff were caring, very friendly, respectful and professional.

Involvement in decisions about care and treatment

Comments made by patients who completed the CQC comment cards confirmed that patients were involved in their care and treatment.

When treating children the dentist told us that to gain their trust and consent they explained the reasons for the treatment and what to expect. For patients with disabilities or in need of extra support staff told us that they would be given as much time as was needed to provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

There was minimal information within the patient waiting area, for example the GDC standards poster or the complaints policy was not available.

Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours. The practice also had a sit and wait service for emergency patients where the emergency slots had been taken for that day. Patients confirmed they had good access to routine and urgent appointments. Patients were sent text messages to remind them of appointments and also if they were due for a routine check-up.

The practice was open:

Monday, Wednesday, Thursday and Friday: 08:30-12:30 and 13:30-17:00

Tuesday: 08:30-12:30 and 13:30-19:00

Tackling inequity and promoting equality

The surgery was located on the ground floor of the building with access via a ramp for patients with mobility issues.

We saw no evidence that staff had received equality and diversity training. Staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

There was no patient toilet available on the ground floor but advice regarding a local ground floor toilet was displayed in the waiting room to provide patients with mobility requirements an option, which was two minutes away.

There was no audio loop system for patients with a hearing impairment to use.

The patient toilet had no lock to secure the facility in place.

Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day. For patients in need of urgent care out of the practice's normal working hours the answer phone message directed them to the NHS 111 service who would then provide information about an out of hours dental service for treatment.

Concerns & complaints

The practice had a policy and processes to deal with complaints. However, these were not easily accessible to patients. The policy did not clearly provide any external organisation contact information. This was not in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The practice had not received any complaints in the last year.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, safety policy and an infection control policy. Staff we spoke with were aware of their roles and the practice manager was in charge of the day to day running of the service. We saw the practice had patient surveys in place to monitor the quality of the service; however, these systems were not always followed through.

There was limited evidence of processes to identify where quality of treatment was being compromised. The practice had not conducted an audit of clinical records or of prescriptions. The cross infection audit and X-ray audit had been completed but no action plans were in place to review and gain feedback from this.

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings, where relevant it was evident that the practice worked as a team.

All staff were aware of whom to raise any issues with and told us that the registered manager was approachable to their concerns and acted appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos**.**

Learning and improvement

The practice did not maintain full records of staff training so it was difficult to see if staff were up to date with their training. Records showed that training was accessed through a variety of sources including formal courses and informal in house training. Staff we spoke with stated they were given sufficient training to undertake their roles and given the opportunity for additional training.

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

The registered manager explained that the practice had a good longstanding relationship with their patients. The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. This information was not accessible to patients in the practice and the NHS choices page was not up to date.

We understood the practice held monthly practice meetings which were minuted. This platform allowed sufficient opportunity to share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered provider failed to assess the risks to the health and safety of service users of receiving the care or treatment.** **The registered provider failed, where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs.** **The registered provider failed to maintain the proper and safe management of medicines.** Regulation 12 (1)(2)(a)(g)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **The registered provider failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.** Regulation 16(2)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered rovider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.**

This section is primarily information for the provider

Requirement notices

The registered provider failed to maintain accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided (including justification and results of diagnostic tests).

The registered provider failed to evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

Regulation 17 (1)(2)(a)(c)