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Clifton Garden Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 8 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Clifton Garden Dental Surgery is situated in Goole, Humberside. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services include preventative advice and treatment and routine restorative dental care. They also have a contract for the provision of minor oral surgery on a referral basis.

The practice has two surgeries, a decontamination room, one waiting area and a reception area. The reception area, waiting area and both surgeries are on the ground floor. The decontamination room is on the first floor. The toilet facilities were on the first floor of the premises.

There were two dentists, two dental nurses (one of which was on maternity leave) and a practice manager who also covered reception duties. The practice owner was also a qualified dental nurse and would assist when required.

The opening hours are Monday to Thursday from 9-00am to 5-30pm and Friday from 9-00am to 4-30pm.

The practice owner is registered with the Care Quality Commission (CQC) as an individual. 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 received feedback from 46 patients. The patients were positive about the care and

Summary of findings

treatment they received at the practice. Comments included that the staff were respectful and courteous. They also commented that the environment was clean and hygienic and that they were listened to.

Our key findings were:

- The surgeries appeared clean and hygienic.
- The practice was not recording water temperatures on a monthly basis or running infrequently used taps on a weekly basis following recommendations from their Legionella risk assessment.
- The dentists were qualified and staff had received training appropriate to their roles.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed that patients were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- Patients were able to make routine and emergency appointments when needed.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.

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

- Ensure audit protocols to document learning points are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.
- Ensure an effective system is established to monitor and mitigate the various risks arising from undertaking of the regulated activities.

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's procedure for automatic control test giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Review the practice's protocol for the frequency of checks on the emergency drugs.
- Review the availability of a handwashing sink in the staff toilet.
- Display only this practice's sharps injury procedure display and ensure it contains local contact details for occupational health.
- Review the training, learning and development needs of individual staff members and have an effective process established for the on-going assessment and supervision of all staff.
- Review the storage of dental care records to ensure they are stored securely.
- Review the practice's business continuity plan to include details of what the practice would do in the event of not being able to see patients.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

The dentists were suitably qualified and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The decontamination procedures were effective and the equipment involved in the decontamination process was serviced, validated and checked to ensure it was safe to use. However, we noted that one particular check was not recorded for one of the autoclaves.

Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made referrals for specialist treatment or investigations where indicated.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). The dentists were aware of the importance of prevention and advice and treatment was provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).

Staff had completed training relevant to their roles. The clinical staff were up to date with their continuing professional development (CPD).

Referrals were made to secondary care services if the treatment required was not provided by the practice. Referrals received for minor oral surgery came through the NHS England local area initially and once the treatment had been provided patients were referred back to their own dentist.

Are services caring?

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

During the inspection we received feedback from 46 patients. Patients commented that staff were respectful and courteous. Patients also commented that they were listened to and treatment options were explained thoroughly.

We observed the staff to be welcoming and caring towards the patients.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Summary of findings

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which they understood.

Are services responsive to people's needs?

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

Patients commented they could access treatment for urgent and emergency care when required. There were instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice was accessible for patients with a disability or limited mobility to access dental treatment. However, the recommendations from the latest disability access audit should be implemented.

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).

There was a well-defined management structure in place and staff felt supported and appreciated in their own particular roles. The principal dentist was responsible for the day to day running of the practice.

The practice had a basic approach to clinical governance. However, we saw evidence that when recommendations had been made as a result of a risk assessment these had not always been actioned.

The practice audited clinical and non-clinical areas. However, these audits did not have any action plans in order to continuously improve the service being provided.

They conducted patient satisfaction surveys, were currently undertaking the NHS Friends and Family Test (FFT) and there was a comments box in the waiting room for patients to make suggestions to the practice.

Clifton Garden Dental Surgery

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We informed local NHS England area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we received feedback from 46 patients. We also spoke with two dentists, one dental nurse and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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 guidance for staff about how to report incidents and accidents. We reviewed the incidents which had occurred in the last year and noted these had been documented, investigated and reflected upon by the dental practice. Staff described to us, as a result of a particular event, that the protocol for handling sharps had been highlighted. Any incidents would be discussed at staff meetings in order to disseminate learning.

Staff understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and there was guidance within the practice's health and safety policy.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These would be looked at and actioned if necessary.

Reliable safety systems and processes (including safeguarding)

The practice had child and vulnerable adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The principal dentist was the safeguarding lead for the practice and all staff had undertaken level two safeguarding training. There had not been any referrals to the local safeguarding team; however staff were confident about when to do so.

The practice had systems in place to help ensure the safety of staff and patients. For example, there was a protocol to prevent nurses from handling sharps (needles and sharp instruments). We saw that if this protocol was ever breached then the member of staff would be made aware of the risk assessment.

Rubber dam (this is a square sheet of latex used by dentists for effective isolation of the root canal and operating field and airway) was used in root canal treatment in line with guidance from the British Endodontic Society.

We saw that patients' clinical records were computerised, and password protected to keep people safe and protect

them from abuse. The dental care records relating to the minor oral surgery referrals were held on paper. These records were stored in a locked room. However, these records would not be considered secure in the event of a fire. We discussed this with the practice owner and the principal dentist and we were told that a new filing system would be implemented to ensure dental care records were appropriately secure from fire.

Medical emergencies

The practice had procedures in place which provided staff with guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff had completed training in emergency resuscitation and basic life support within the last 12 months.

The emergency resuscitation kits, oxygen and emergency medicines were stored in the upstairs staff room. Staff knew where the emergency kits were kept. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An 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).

Records showed daily checks were carried out on the AED and the oxygen cylinder. These checks ensured that the oxygen cylinder was full and the AED was fully charged. We saw that the emergency drugs were checked on a quarterly basis. We discussed the frequency of these checks with the principal dentist and we were told that these would now be done more frequently.

Staff recruitment

The practice had a policy and a set of procedures 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 been followed. The practice manager told us they 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

Are services safe?

in roles where they may have contact with children or adults who may be vulnerable. We reviewed records of staff recruitment and these showed that all checks were in place.

Both of the dentists and the practice owner (who worked as a dental nurse when needed) were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy was in place at the practice. A health and safety audit had been completed by an external company on 3 March 2016. This identified potential risks to patients and staff who attended the practice. This had shown that the practice was performing well.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about 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)'.

Staff received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to

be cleaned and the practice manager signed a weekly checklist to confirm this had been done. However, we saw that this checklist had been signed in advance for upcoming weeks.

There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. We noted there were no handwashing facilities in the staff toilet. We discussed this with the principal dentist who told us this toilet was not used. However, we were told earlier in the visit that this was used by staff.

Patients confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely manually cleaned used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in a validated autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

The practice had some systems in place for quality testing the autoclaves and we saw records which confirmed these had taken place. However, we noted that the daily automatic control test was not conducted on one of the autoclaves. We discussed this with the dental nurse and went through the procedure involved in this. We were told that this would now be done and recorded appropriately.

Are services safe?

The practice had carried out an infection control audit in March 2016. The audit showed the practice was meeting essential standards. There was no evidence that an action plan had been formulated in order to continuously strive for best practice.

Records showed a risk assessment for Legionella had been carried out (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook some processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients and the use of a water conditioning agent in the dental unit water lines. However, we saw no evidence that monthly water temperatures were being taken or that infrequently used taps were run on weekly basis. We discussed the running of infrequently used taps in the patient bathroom with the principal dentist and we were told that these had been shut off. However, when we checked these taps they were still operational.

Equipment and medicines

Records showed that equipment at the practice was generally maintained and serviced in line with manufacturers' guidelines and instructions. We were told that the compressor was due to be serviced two days after the inspection. We were later told that this service identified a fault with the compressor and it had to be taken away for repairs. We asked the practice when the compressor had been serviced prior to this. They were unable to provide us with this information. Portable appliance testing (PAT) had taken place on electrical

equipment with the last testing recorded as March 2016. Fire extinguishers were checked and serviced by an external company and staff had been trained in the use of equipment and evacuation procedures.

Local anaesthetics used at the practice were stored and disposed of in line with published guidance.

Prescriptions were stamped only at the point of issue to maintain their safe use. The practice kept a log of all prescriptions given to patients to keep a track of their safe use. Prescription pads were kept locked away when not needed to ensure they were secure.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested and serviced. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in both surgeries and within the radiation protection folder for staff to reference if needed. We saw that a justification, grade and a report was documented in the dental care records for all X-rays which had been taken

An X-ray audit had been carried out in November 2015. This included assessing the quality of the X-rays which had been taken. The results of this audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER) guidance. However, there was no recorded action plan in order to continuously improve the quality of X-rays taken and when we looked at radiographs they were not always graded appropriately.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date electronic and paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease such as dental decay or gum disease. These risk factors were documented in the dental care records.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were updated by the patient every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary.

Health promotion & prevention

Staff told us that the practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentists applied fluoride varnish to all children who

attended for an examination. Fissure sealants were applied to children at high risk of dental decay. High fluoride toothpastes were also prescribed for patients at high risk of dental decay.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice was given to patients where appropriate.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included observation of how the reception worked and in-surgery observation. As part of the induction process new recruits had a meeting with more senior members of staff to check up on their progress and identify any further training needs. A formal induction checklist was not used by the practice.

Staff told us they had access to on-going training through online courses and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Working with other services

The practice worked with other professionals in the care of its patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics and sedation. There was a fast track process for the referral of patients with a suspected malignancy. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records.

Are services effective?

(for example, treatment is effective)

The practice also had a contract for the provision of minor oral surgery. Upon receiving a referral the patient was contacted for an initial consultation appointment. This initial appointment was to check the suitability of the patient and see whether the treatment was appropriate. Further appointments were then booked for the treatment. Upon completion of the treatment a letter was sent back to the referring dentist to inform them of what treatment had been completed.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients

had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

Staff had undertaken training and had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began and this was signed by the patient. We were told that individual treatment options, risks, benefits and costs were discussed with each patient.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented that they were treated with care, respect and dignity. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. Dental care records were not visible to the public on the reception desk. We observed staff were helpful, discreet and respectful to patients. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them

Patients' electronic care records were password protected and regularly backed up to secure storage. The paper parts of the dental care records (mainly relating to minor oral surgery referrals) were stored in a locked room. This room

was not fire proof therefore these records could not be considered secure in the event of a fire. The principal dentist informed us that they would look into getting fire proof storage for these records.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. There were models available in the surgeries to enable the dentists to show patients different options for replacing teeth. There was also a great deal of information on the practice's website about different treatment options offered at the practice.

The dentist explained to us that they would interact with children and explain treatments with children. They would make them feel comfortable to improve cooperation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen within 24 hours, if not the same day.

Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. A DDA audit had been completed as required by the Disability Discrimination Act 2005. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. There was a ramp to access the premises. Some of the recommendations from the DDA audit had not yet been implemented including installing a bell at the front door and getting an audio loop. There were no ground floor toilets due to building restrictions.

Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet on the practice website. The opening hours are Monday to Thursday from 9-00am to 5-30pm and Friday from 9-00am to 4-30pm.

Patients told us that they were rarely kept waiting for their appointment. Patients could access care and treatment in

a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen within 24 hours if not the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service on the telephone answering machine. Information about the out of hours emergency dental service was also in the practice information leaflet.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room, in the practice information leaflet and on the practice website. The practice manager was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us that they aimed to resolve complaints in-house initially. The practice had received one complaint in the past 12 months and we found they had been dealt with in line with the practices policy.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within seven working days and providing a formal response within six months. If the practice was unable to provide a response within six months then the patient would be made aware of this.

Are services well-led?

Our findings

Governance arrangements

The principal dentist and the practice manager were responsible for the day to day running of the service. There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff told us that they felt supported and were clear about their roles and responsibilities.

There was a range of policies and procedures in use at the practice. The practice had some governance arrangements in place to ensure risks were identified, understood and managed appropriately. We saw that policies and procedures were signed to indicate they were regularly checked. When we looked at the sharps injury procedure we identified that this was from NHS Grampian and still had the contact details from this regional health board. This procedure had been checked in May 2015 but the discrepancy had not been identified.

The practice had an approach for identifying where safety was being affected. Health and safety and risk management policies were in place. We saw that the practice had undertaken several external risk assessments including Legionella, fire and health and safety. The recommendations of these risk assessments were not always followed up. For example, the risk assessment for Legionella recommended that monthly water temperature tests should be taken and that infrequently used taps should be flushed. These had not been done. The most recent fire risk assessment had recommended that the external stairway from the decontamination room was unsafe and should not be used. We were told that there was a plan to get this stairway removed. There was no sign on the fire door leading to this stairway to say that it should not be used.

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 and it was evident that the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly staff meetings. These meetings were minuted for those who were unable to attend. We

looked through the minutes of the most recent staff meetings. Topics discussed included infection control and training. We saw the dates of these staff meetings were inconsistent. For example, we saw that staff meetings had taken place in November 2016 and December 2016. We were told that the practice completed quarterly medical emergency scenario training. We saw completed documents about these. The most recent record showed that the training was completed in December 2015 but included reference to a staff member who we were told had not commenced working until February 2016.

All staff were aware of whom to raise any issue with and told us that the practice manager was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice and that the delivery of high quality care was part of the practice's ethos.

The Principal Dentist told us that they were the lead for the practice although they generally worked there two days per week. They told us that he worked clinically on one day, performed administrative functions on another day and worked in another practice for the remainder of the week.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as dental care records, X-rays, infection control and a NICE guideline audit. We looked at the audits and saw that there were no documented action plans. For example, the X-ray audit showed that not all of the X-rays taken were of optimum quality but the reasons for the X-rays for not being optimal quality were not recorded. Therefore, there was limited opportunity to identify how to improve the quality of X-rays taken.

We saw that staff did not have regular appraisals. During the induction process they had performance meetings to discuss whether any further support was needed. We discussed the importance of undertaking regular appraisals and we were told that these would be undertaken in order to determine learning needs and future development.

The principal dentist attended a peer review group every six weeks. This enabled them to share and receive learning from local colleagues.

Are services well-led?

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out patient satisfaction surveys. We were told that as a result of feedback from patients that the practice now offered longer opening hours.

The practice also undertook the 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 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 The registered provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17(1)(2)(a) |