

Mr Paul Michael Dixon

The Chiswick Street Dental Practice

Inspection Report

3 Chiswick Street

Carlisle

CA1 1HQ

Tel: 01228 409140

Website: thechiswickstreetdentalpractice.co.uk

Date of inspection visit: 7 December 2016

Date of publication: 16/03/2017

Overall summary

We carried out an announced comprehensive inspection on 7 December 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 not providing safe care in accordance with the relevant regulations. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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

Established in 2011, The Chiswick Street Dental practice is located in a grade 2 listed building and provides treatment to patients of all ages on private dental payment packages. There are two treatment rooms, a decontamination room for sterilising dental instruments, a staff room/kitchen and a general office. Access for wheelchair users or pushchairs is possible from a side ground floor entrance. There is a spacious reception and a waiting area on both floors of the premises.

The practice is open Monday, Tuesday, Thursday and Friday 08.30 -17.30 and Saturdays from 9.00 – 12.30. The practice is closed on a Wednesday.

The dental team is comprised of the principal dentist, three dental nurses, two part-time dental hygienists and one receptionist. There is no designated practice manager. The principal dentist acted as the CQC lead and was willing to engage with the inspection team.

The practice provides general dentistry.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person.

Summary of findings

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.

We reviewed 50 CQC comment cards on the day of our visit; patients were extremely positive about the staff and standard of care provided by the practice. Patients commented they felt involved in all aspects of their care and found the staff to be helpful, respectful, friendly and were treated in a clean and tidy environment.

Our key findings were:

- The practice was well organised, visibly clean and free from clutter.
- An Infection prevention and control policy was in place.
- The practice had systems for recording incidents and accidents.
- Practice meetings were used for shared learning.
- The practice had a child safeguarding policy and staff were aware on how to escalate safeguarding issues for children should the need arise. There was limited information regarding the protection of vulnerable adults.
- Staff received annual medical emergency training.
- Dental professionals provided treatment in accordance with current professional guidelines.
- Patient feedback was not regularly sought and reflected upon.
- Patients could access urgent care when required.
- Dental professionals were maintaining their continued professional development (CPD) in accordance with their professional registration.
- Complaints were dealt with in an efficient and positive manner.
- The practice was actively involved in promoting oral health.

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

- Ensure the practice's infection control procedures and protocols are suitable 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 gypsum waste received at the surgery is segregated and disposed of in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Ensure audits of various aspects of the service, such as radiography are undertaken at regular intervals to help improve the quality of service. Practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure the practice updates their Legionella risk assessment and implements the required actions 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 by ensuring, where reasonable practicable, the required specified information in respect of persons employed by the practice is held.

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

- 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 why the practice did not receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Review the staff's understanding of the principles of best interest decisions as highlighted in the Mental Capacity Act 2005(MCA).
- Review the availability of an AED 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.

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. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

We found areas where improvements must be made relating to the safe provision of treatment. This was because the provider did not have an AED in the event of an emergency occurring.

Medicines were stored appropriately, both for medical emergencies and for regular use and were in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff were knowledgeable about safeguarding systems for adults and children.

The practice had processes for recording and reporting any accidents and incidents.

Risk assessments were in place for the practice.

The practice's infection control procedures and protocols did not fully comply with nationally recognised guidelines.

Clinical gypsum waste generated from the practice's dental laboratory was not disposed of in accordance with relevant regulations.

Requirements notice 

Are services effective?

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

Dental professionals referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD).

No action 

Are services caring?

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

No action 

Summary of findings

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 50 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

The waiting room was equipped with dental information leaflets and magazines.

Are services responsive to people's needs?

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

The practice had dedicated slots each day for urgent dental care and every effort was made to see all emergency patients on the day they contacted the practice.

Patients had access to telephone interpreter services when required and the practice provided a range of aids for different disabilities including hand rails and a toilet which could accommodate wheelchairs and pushchairs. There was also a stair lift at the side entrance to assist patients with the stairs from this entrance.

No action 

Are services well-led?

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

We found there were support systems in place to ensure the smooth running of the practice which was the responsibility of the principal dentist.

We found that staff recruitment files did not hold all required information to demonstrate safe recruitment practice. Although staff had been employed at the practice for a long time information such as proof of identity and vaccination status had not been added.

The provider could not demonstrate that audits of various aspects of the service were undertaken at regular intervals to help improve the quality of service. Audits did not have documented learning points and the resulting improvements demonstrated.

50 CQC comment cards were completed by patients for the inspection process. All cards were very positive about the care and treatment patients received at the surgery. However there was no formal system in place for the on-going review of patient feedback but the practice had received numerous compliment and thank you cards from patients.

Requirements notice 

The Chiswick Street 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 the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 7 December 2016. It was led by a CQC inspector and supported by a dental specialist advisor.

During the inspection, we spoke with the principal dentist, the receptionist, the hygienist and a dental nurse.

We reviewed policies, protocols, certificates and other documents to consolidate our findings.

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

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

The practice had systems in place for recording accidents and incidents. Staff were clear on what needed to be reported, when and to whom as per the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). There were no accidents or incidents recorded by the practice within the last twelve months.

The principal dentist told us they did not receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.

Reliable safety systems and processes (including safeguarding).

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a thorough sharps risk assessment. Safety needles and disposal kits were implemented for use by the hygienists but the dentist preferred to dismantle sharps themselves. This risk assessment recorded this and was updated annually to ensure any new updates or equipment was added.

The dentist told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We reviewed the practice's policy for adult and child safeguarding which contained contact details of the local authority child protection and adult safeguarding. Staff told

us their practice protocol and were confident to respond to issues should they arise. The principal dentist was the safeguarding lead and training records showed staff had undergone level one or two training as appropriate for the safeguarding of children. There was no evidence available to demonstrate that staff had received training in the safeguarding of vulnerable adults.

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

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date.

Medical emergencies

The practice did not follow guidance from the Resuscitation Council UK and did not have sufficient arrangements in place to deal with 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 in basic life support. We found there was not an Automated External Defibrillator in the practice (An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). This is included in guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team. There was no risk assessment in place to demonstrate that in the absence of an AED a device could be obtained within the recommended time frame.

The practice kept emergency medicines which were in line with the 'Resuscitation Council UK' and British National Formulary guidelines; however some equipment such as an ambubag and different size face masks were not available. (An ambubag is a manual resuscitator. It is a hand-held device commonly used to provide positive pressure ventilation to patients who are not breathing or not breathing adequately.)

We saw the practice kept logs which indicated the emergency equipment, emergency medical oxygen cylinder and emergency drugs were checked. This helped ensure the equipment was fit for use and the medication

Are services safe?

was within the manufacturer's expiry dates. We checked the emergency medicines and found they were of the recommended type and were all in date. All staff knew where these items were kept.

Staff recruitment

We reviewed the staff recruitment files for four members of staff to check that appropriate recruitment procedures were in place. We found files did not hold all required information to demonstrate safe recruitment practice. For example documents such as proof of identity, qualifications, and evidence of appraisal were missing from three of the files we reviewed. Disclosure and Barring Service (DBS) checks for all staff had been undertaken. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children.

Monitoring health & safety and responding to risks

We reviewed various risk assessments (a risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) within the practice.

We looked at the Control of Substances Hazardous to Health (COSHH) file, the practice risk assessment, health and safety risk assessment and fire risk assessment. These were carried out in 2016 in accordance with the relevant legislation and guidance.

COSHH files are kept to ensure providers contain information on the risks from hazardous substances in the dental practice. We found the practice kept all the products' safety data sheets (these provide information on the general hazards of substances and give information on handling, storage and emergency measures in case of accident) and risk assessments as required by the Health and Safety Executive. We saw annual reviews were in place in line with their risk assessment policy.

The practice had identified fire exits; clear signs were visible to show where evacuation points were.

We saw annual maintenance certificates of firefighting equipment including the current certificate from August 2016. The practice also had weekly checks of the alarms, extinguishers, lights and fire signs.

We saw the business continuity plan which had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

Infection control

We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures. All were in accordance with The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health which details the recommended procedures for sterilising and packaging instruments.

We spoke with the dental nurse about decontamination and infection prevention and control; the process of instrument collection, processing, sterilising and storage was clearly described and shown. However we saw the daily and weekly tests were not being carried out by the dental nurse to ensure the autoclave and washer disinfectors were in working order in line with HTM 01-05 guidance. There was no illuminated magnifying glass available for nurses to use to check that all instruments were thoroughly clean.

We inspected the decontamination and treatment rooms. The rooms were clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

The dental unit water lines were not being maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings. There was no evidence that water temperatures were checked or documented at the point of delivery throughout the practice. A Legionella risk assessment had been carried out but this had not been reviewed.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps. We saw that gypsum generated by the dental laboratory was given back to patients for them to dispose of. This was not in line with guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01). Crowns

Are services safe?

and dentures returned from the laboratory are usually in a gypsum mould. It is the dentist's responsibility to dispose of the gypsum mould safely when the denture or crown has been fitted.

The practice staff carried out daily environmental cleaning. We observed the cleaner used different coloured cleaning equipment to follow cleaning guidance set out in HTM 01-05.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of installation certificates for sterilisation equipment from January 2016, environmental safety checks including a gas and electrical safety installation were in place. There was no Portable Appliance Testing (PAT) in place because all equipment was new when the practice opened. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use). The principal dentist was aware that a PAT test was due in the near future.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiations (Medical Exposure) Regulations (IR(ME)R) 2000.

The practice kept a radiation protection file which included the names of the Radiation Protection Advisor and the Radiation Protection Supervisor, Health and Safety Executive notification, the local rules and maintenance certificates.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography. The principal dentist was due to update their IRMER training in January 2017. Regular analysis of X-rays through an annual audit cycle was not in place in line with Public Health England guidance.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found the dental professionals were following guidance and procedures for delivering dental care.

A comprehensive medical history form was filled in by patients and this was checked verbally at every visit. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals used the basic periodontal examination (BPE) to check patients' gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are.

Patients were advised of the findings and any possible treatment required and were able to discuss this further prior to decision making.

The dentist told us they were familiar with current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon the patients' risk of dental diseases.

The dentist used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required. A justification, grade of quality and report of the X-ray taken was documented in the patient dental care record.

We used guidance from the Faculty of General Dental Practice (FGDP) to help us make our decisions about whether the practice records and record keeping were meeting best practice guidelines.

Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention. Staff told us they applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients.

Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride applications and dietary advice. Smoking and alcohol consumption were also checked where applicable.

The practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion.

Staffing

The principal dentist was the dedicated lead for infection prevention and control, safeguarding adults and children, whistleblowing and complaints.

The principal dentist showed they employed professionals with a mix of skills.

Prior to our visit we checked the registrations of all dental professionals with the General Dental Council (GDC); this was also confirmed on the day of the inspection. The GDC is the statutory body responsible for regulating dental professionals.

Staff told us they were supported and encouraged to maintain their continuous professional development (CPD) and we saw some evidence of this in staff files. We found evidence was not easily available to show all staff were up to date with their CPD but were told this had been completed. There were no formal processes in place for the principal dentist to monitor staff training.

Working with other services

The principal dentist confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were used to send all the relevant information to the specialist. Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

Consent to care and treatment

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each



Are services effective?

(for example, treatment is effective)

patient and then documented in a written treatment plan. The patient would sign this and take the original document. A copy would be retained in the patients' dental care record.

The appointment system would allow any problem with the ability to give informed consent to be identified at the time the appointment was made. However staff were not clear on the principles of best interest decisions as described in the Mental Capacity Act 2005(MCA). The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions

about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options.

Staff did understand the principles of Gillick competencies. (Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.)



Are services caring?

Our findings

Respect, dignity, compassion & empathy

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 50 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and treatment rooms which ensured patients' confidential information could not be viewed by others. If further privacy was requested, patients were taken to an empty treatment room to talk with a staff member.

We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Paper dental care records were stored correctly and any computers were password protected to ensure secure access.

We did not see evidence of training for all staff in information governance. Staff were confident in data protection and confidentiality principles.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing treatment costs were displayed in the waiting area. The practice's website provided patients with information about the range of treatments which were available at the practice.

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. We looked at dental care records with clinicians which confirmed this.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including the practice opening hours, emergency 'out of hours' contact details, complaints and safeguarding procedures and treatment costs. Leaflets on oral health conditions and preventative advice were also available.

The practice had dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice. Reception staff had clear guidance to enable them to assess how urgently the patient required an appointment.

We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment.

Tackling inequity and promoting equality

The practice had an equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients.

The practice had made reasonable adjustments to prevent inequity to any patient group. The practice had a disability access audit which was carried out in 2011. A disability access audit is an assessment of the practice to ensure it meets the needs of disabled individuals, those with restricted mobility or with pushchairs. Staff had access to a translation service where required and there were disability aids within the practice such as an accessible toilet with hand rails. As the building was grade 2 listed the provider could not change the access to the front of the building to

aid patients with mobility problems. To overcome this there was a designated level access door at the side of the building and patients had a bell to call for assistance. There was also a stair lift to enable patients to gain access up the small number of stairs from this side entrance.

Access to the service

The practice's opening hours were:

Monday, Tuesday, Thursday and Friday 08.30 - 17.30 and Saturdays from 9.00 – 12.30. The practice was closed on a Wednesday. These were displayed in their premises, in the practice information leaflet and on the practice website.

The patients we spoke with felt they had good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses.

Staff told us they raised any patient comments or concerns with the principal dentist immediately to ensure responses were made in a timely manner.

The practice had not received any complaints in the last twelve months.

Are services well-led?

Our findings

Governance arrangements

The principal dentist provided us with the practice policies, procedures, certificates and other documents. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing and maintenance. We noted policies and procedures had not been kept under review by the principal dentist. All staff had access to policies and procedures to support them in the safe running of the service.

The principal dentist kept all staff files, training logs and certificates but these were not stored in an organised way. Documents relating to staff were kept together and not individually filed. This meant that it was not easy to identify that, as far as reasonably practicable required documentation as stated under Schedule 3 of the Health and Social Care Act 2014 was obtained for each staff member. There were no formal processes in place for the principal dentist to monitor staff training.

Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members.

We looked at the Control of Substances Hazardous to Health (COSHH) file which contained risk assessments for substances used in a dental practice, their practice risk assessment, health and safety risk assessment and fire risk assessment. Each was in accordance with the relevant legislation and guidance.

Leadership, openness and transparency

The overall leadership was provided by principal dentist. The ethos of the practice was clearly apparent in all staff as being able to provide the best service possible.

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour requirements.

Learning and improvement

There were no regular mandatory audits being carried out by the practice. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations.

Mandatory audits such as radiography and infection prevention and control were not being performed.

Improvement in staff performance was not formally monitored by personal development plans and appraisals. Staff told us they were a very small practice and the principal dentist was very open and approachable. Staff were able to discuss performance and training needs at any time.

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

Prior to the inspection the CQC sent comment cards to the practice for patients to complete. Patient feedback can give important confidential information to the CQC about the quality of care provide. The comment card is a brief form that can be used to gather open-ended comments from patients and to measure quality. The practice encouraged patients to complete these cards when they attended for an appointment. 50 comment cards were completed and all were positive about the care patients received.

The practice did not have formal systems in place, outside of the this inspection process, to seek and act upon feedback from staff members and people using the service for their own audit of quality.. However they had received numerous compliment and thank you cards from patients regarding their care and treatment.

Staff and patients were encouraged to provide feedback on a regular basis either verbally, online, text and using the suggestion boxes in the waiting rooms.

Staff told us their views were sought and listened to and that they were confident to raise concerns or make suggestions to the principal dentist.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at The Chiswick Street Dental Practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider was not checking water lines temperatures and recording the findings in line with the legionella risk assessment.• Autoclaves were not being checked in line with HTM01-05 guidance• The provider did not have safe and adequate disposal arrangements in place of all clinical waste in line with HTM 07-01 following dental treatments. <p>Regulation 12 (2)</p>
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at The Chiswick Street dental practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider did not systems and processes in place for the regular audits of infection prevention and control and the quality of x-rays.

This section is primarily information for the provider

Requirement notices

- The provider must monitor progress against any audit action plans to improve the quality and safety of services, and take appropriate action without delay where progress is not achieved as expected.
- The provider did not have a risk assessment in place to ensure that an AED required for medical emergencies was available within the recommended time frame.
- The provider must ensure that the practice receives alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).

Regulation 17 (2) (a) (b)

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person did not have effective systems in place to ensure that the regulated activities at The Chiswick Street dental practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

- The provider did not have recruitment processes in place in line with Schedule 3 of the regulations. These processes must be followed, as reasonably practicable, in all cases and relevant records kept.

Regulation 1 (b)