Dr Amanpreet Bharti

Chatsworth House Dental Clinic

Inspection Report

85 Kings Road
Harrogate
North Yorkshire
HG1 5HP
Tel: 01423 503534

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Overall summary

We carried out an announced comprehensive inspection on 9 August 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

Chatsworth House Dental Clinic, Harrogate, North Yorkshire. It is a NHS and private dental practice which offers private dental payment plans. The practice offers dental treatments including preventative advice and general dentistry.

The practice has three surgeries, one on the ground floor and two on the first floor, a decontamination room, two waiting areas, a reception area and patient toilets. There are staff facilities on the second floor of the premises.

There are three dentists, five dental nurses (one of which is a trainee) and a practice manager. The partners who own the practice provide support for human resources, payroll and practice management including risk assessments and health and safety.

The practice is open between the hours of 8am and 6pm; opening and closing hours varying from day to day throughout the week.

The principal dentist 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.

Summary of findings

On the day of inspection we received 46 CQC comment cards providing feedback and spoke with eight patients. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be friendly, caring and welcoming especially on reception. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had good systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Patient care and treatment was planned and delivered in line with evidence based guidelines and current regulations.
- We found a limited application of guidance issued in the publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients.
- Patients were treated with dignity and respect and confidentiality was maintained.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The governance systems were not effective.
- The practice sought feedback from staff and patients about the services. There was a clear leadership structure and staff felt supported by the practice manager but not by other management. The practice proactively sought feedback from staff and patients.

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

- Ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD) and ensure that all staff had undertaken relevant training, to an appropriate level, in safeguarding of children and vulnerable adults. Ensure that systems and processes are established and operated effectively to safeguard patients from abuse and review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.

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

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

- Review the practice’s protocols for recording the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review the practice’s arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review dental care records, giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice protocols giving due regard to National Institute for Health and Care Excellence (NICE) guidelines.

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?

No action

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

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. There were systems in place for infection prevention and control, clinical waste control and management of medical emergencies.

There was no evidence to show staff where appropriately recruited, suitably trained and skilled to meet patients' needs. There were sufficient numbers of staff available at all times. Staff induction processes were not in place and had not been completed by all staff. We reviewed two of the newest member of staff's induction file and no evidence was available to support the policy and process had been followed.

Not all of the emergency equipment and medicines were in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. We found the face masks and tubing was out of date. Evidence was seen after the inspection to show the equipment had been ordered.

There was no evidence on the day of the inspection that all staff had received training in safeguarding patients but they did know how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

We reviewed the recent legionella risk assessment dated July 2016. There was evidence of regular water testing and noted that the dental unit water lines were being managed appropriately.

Are services effective?

No action

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

Consultations were carried out in line with the guidance from the National Institute for Health and Care Excellence (NICE). 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.

The practice did not always follow guidelines when delivering dental care. These should include guidance from the Faculty of General Dental Practice (FGDP), British Society of Periodontology (BSP) and NICE. Not all clinical staff were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to diet and oral hygiene advice and feedback was brought to the practice attention to improve prevention advice.

Summary of findings

Patient's dental care records did not always provide detailed information about their current dental needs and past treatment. The records we checked with the dentists did not always include the correct grade or a justification for the taking an X-ray. We discussed this with the dentists to support the grading criteria and discussed areas of improvement. Some of the dentists monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

Are services caring?

No action

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

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

Comments on the 46 completed CQC comment cards we received included statements reporting they were involved in all aspects of their care and found the staff to be polite, helpful, caring, and professional and they were treated with dignity and respect. We also received comments about preventative advice to children not always being provided.

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed the staff to be welcoming and caring towards the patients.

Are services responsive to people's needs?

No action

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 was not fully accessible to patients with limited mobility, reasonable adjustments had been made to the practice where possible including hand rails outside the practice and on both side of the stairs throughout the practice.

The practice had a complaints process which was accessible to patients who wished to make a complaint. The practice manager recorded complaints and cascaded learning to staff. The practice also had patients' advice leaflets and practice information leaflets available on reception.

Summary of findings

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).

All staff felt supported and appreciated in their own particular roles by the practice manger. The practice manager and partners were responsible for the day to day running of the practice.

The practice tried to hold monthly staff meeting but due to a high turnover of staff this had not been possible recently. All previous staff meetings had evidence of minutes and this gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions. Daily informal staff meeting were in place but not recorded.

The practice continuously undertook various audits to monitor their performance and help improve the services offered. The audits included X-rays and infection prevention and control. The X-ray audit findings were not in line with the guidelines of the National Radiological Protection Board (NRPB). The last infection prevention and control audit was completed in November 2014. No action plans or learning outcome were in place.

The practice conducted patient satisfaction surveys and they were currently undertaking the NHS Friends and Family Test (FFT) for the patients who used the service.

Requirements notice 

Chatsworth House Dental Clinic

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 was carried out on 9 August 2016 and was led by a CQC Inspector and a specialist advisor.

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

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

During the inspection we spoke with the two dentists, three dental nurses and the practice manager.

We reviewed 46 CQC comment cards that had been completed. 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 policies and procedures in place to investigate, respond to and learn from significant events. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the practice manager.

Staff had an understanding of the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The staff told us any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book and we were told no accidents had occurred in the last 12 months. We saw evidence that historical events had been processed in accordance with the practice policy. The practice also recorded significant events when the occurred; two had been reported over the past 12 months and had been addressed.

The practice manager told us they had a system in place to receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. We found that some of the more recent alerts had not been received by the practice and the practice manager told us they would review their process to ensure no alert is missed in the future.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for safeguarding vulnerable adults and children using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The registered provider and practice manager were the lead for safeguarding. There was no evidence they or five other members of staff were trained to the appropriate level and when we asked to see supporting evidence both the practice manager and the registered provider could not provide any evidence to support training had been completed. The staff and practice manager demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The dentists 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.

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 registered manager or the practice manager.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and two members of staff had not received training in basic life support including the use of an Automated External Defibrillator. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were generally in line with the 'Resuscitation Council UK' and British National Formulary guidelines. We saw that some items were out of date including the face masks and tubing for the medical emergency oxygen. Evidence these items had been ordered was provided to the inspector the day after the inspection.

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

Staff recruitment

Are services safe?

The practice had a recruitment policy in place although the process did not cover all aspects of recruitment. The policy should include obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. The process had not been followed when employing the newest members of staff as the DBS check and indemnity was not completed and when we asked to see any documentation to support the recruitment processes for staff this could not be found.

We found only one staff member had been checked by the Disclosure and Barring Service (DBS). The DBS 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.

The recruitment files we reviewed showed seven clinical staff had no evidence to support their immunisation status. It is recommended that people who are likely to come into contract with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. Members of staff new to healthcare should receive the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff. (The Green Book is a document published by the government that has the latest information on vaccines and vaccination procedures in the UK).

We asked to see indemnity insurance for all relevant staff members (insurance that professionals are required to have in place to cover their working practice). The practice manager could not provide any supporting evidence to show one dentist and two of the dental nurses had indemnity which is now a requirement for their continuation of registration with the GDC.

We found the practice held employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

There was evidence to show the practice had undertaken 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.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. 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. If any new materials were implemented into the practice a new risk assessment was put in place. We found some of the risk assessment had not been reviewed since 2009 and the practice manger was not sure if all materials had an up to date risk assessment due to one of the partners taking responsibility for COSHH. We asked how the staff would respond to a spillage of a COSHH substance; the staff were not aware where to seek this information and how best to manage this taking into account the safety data sheet information.

We noted there had been a fire risk assessment completed for the premises in 2012. We saw as part of the checks by the team the smoke alarms were tested and the fire extinguishers were regularly serviced. There was evidence that a fire drill had been undertaken with staff and discussion about the process reviewed at practice meetings. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

There was an infection prevention and 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 prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

There was one sink for decontamination work in the decontamination room. All clinical staff was aware of the work flow in the decontamination room from the 'dirty' to the 'clean' zones. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We observed staff wearing appropriate personal protective equipment when working in the decontamination area this included heavy duty gloves, aprons and protective eye wear.

Are services safe?

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the procedures. For example, instruments were manually cleaned, where necessary and sterilised in an autoclave (a device for sterilising dental and medical instruments). Sterilised instruments were not always correctly packaged, sealed, stored or dated. We found instruments not bagged in the surgeries and no logs were in place to show when they had last been processed. HTM 01-05 states instruments that are streamed for daily use and not bagged should be re processed at the end of each day. Un bagged instruments should be stored in a covered drawer that will not be used during procedures to prevent contamination. For safety, instruments were transported between the surgeries and the decontamination area in lockable boxes.

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly. Some staff had received training in infection prevention and control however three members of staff could not provide evidence when they had last completed training.

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 prevention and control standards.

There were hand washing facilities in the treatment rooms and soap was available decontamination room. Staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures.

The practice completed an Infection Prevention Society (IPS) audit in August 2016 and previously in 2014. IPS is a self- assessment audit relating to the Department of Health's guidance on decontamination in dental services (HTM01-05).This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

Records showed the practice had recently completed a Legionella risk assessment in July 2016. The practice undertook processes to reduce the likelihood of Legionella developing which included running the dental unit water lines in the treatment rooms at the beginning and end of each session and between patients, the use of purified water and dip slide testing had been completed and a log was kept of the results. A nominated individual had not completed Legionella training to raise their awareness as recommended by the action plan. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

We saw evidence the Portable Appliance Testing (PAT) had been completed in November 2014. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

We saw the fire extinguishers had been checked in February 2015 to ensure that they were suitable for use if required. This was due to be reviewed.

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves and the compressors.

Only local anaesthetics were stored within the practice and this was stored appropriately, a log of batch numbers and expiry dates was in place. Other than emergency medicines no other medicines were kept at the practice.

Radiography (X-rays)

The practice had a radiation protection file. The last record of all X-ray equipment including service and maintenance history completed in March 2016. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only.

We found there was suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries, in the X-ray room and within the radiation protection folder for staff to reference if needed.

We reviewed dental care records with the dentists as the X-ray audit we were provided did not show if each clinician

Are services safe?

was working in line with the National Radiological Protection Board (NRPB) guidelines. We saw that a justification, a grade and a report was not always documented in the dental care records we reviewed.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists did not always carry out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). This was brought to the attention of the practice manger to discuss with the registered provider and implement an action plan to address this.

The dentists did not always use NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records for future reference. In addition, we found one dentist did not provide discussions about patients' lifestyle and behaviour such as smoking and alcohol consumption and did not offer them health promotion advice.

We discussed the practice may find it useful to audit patient dental care records using guidance provided by the Faculty of General Dental Practice. This would help address and improve upon any issues that arise and set out learning outcomes more easily.

Staff told us not all dentists provided procedures to improve the outcome of periodontal treatment. This should involve preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition. Patients were not always made aware that successful treatment hinged upon their own compliance and were provided with patient specific prevention advice regimes.

Health promotion & prevention

We found a limited application of guidance issued in the publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This toolkit is used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, fluoride varnish should be applied to the teeth of children who attended for an examination. Staff told us that one of the dentists would not always provide oral hygiene advice to patients where appropriate. We received feedback from a patient to support this.

The practice had a selection of dental products on sale and a variety of oral health leaflets were available to assist patients with their oral health.

Staffing

New staff had a period of induction to familiarise themselves with the way the practice ran. This was not recorded and a full process was not in place to ensure all staff were familiar with policies and protocols.

Staff told us they had access to on-going training to support their skill level and they were encouraged to maintain a variety of continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents and training plans for the year for some staff members. Staff also felt they could approach the practice manager at any time to discuss continuing training and development as the need arose.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including oral surgery.

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.

The practice had a process for urgent referrals for suspected malignancies and had good working relationships with local hospitals.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

Patients were given appropriate verbal and written 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 a good 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 had not completed any training on the MCA.

Patients undergoing treatment were provided with an individualised treatment plan. This outlines the other options available and also the risks and benefits of each option. Costs were clearly stated on this treatment plan. Patients told us that they were made aware of what the cost was prior to undertaking any treatment and time was given for patients to review all the information provided.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was very positive and they commented they were treated with care, respect and dignity. We observed staff were always interacting with patients in a respectful, appropriate and kind manner and 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 handled securely and not left visible to the public while kept on the reception desk. Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper records were securely stored in a locked cabinet.

A selection of magazines and a radio were available in the waiting areas for patients.

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 appropriate and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Staff told us how the dentists would provide treatment options including benefits and possible risks of each option.

Patients were also informed of the range of treatments available in information leaflets in the waiting room.

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 efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book there were dedicated emergency slots available each day. If the emergency slots had already been taken for the day then the patient was invited to sit and wait for an appointment if they wished. If the practice was closed the practice answer machine directed patients to the NHS out of hours 111 services.

The patients commented on the 46 CQC comment cards 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. Patients we spoke with felt the dentists took their time to discuss their treatment needs in depth and explained the treatment options in a way they understood.

Tackling inequity and promoting equality

Reasonable adjustments had been made to the premises however the practice could not accommodate wheelchair users as there were steep steps at the front of the practice.

The practice had equality and diversity policy and some staff had undertaken training to have an understanding of how to meet the needs of patients. The practice also had access to telephone translation services for those whose first language was not English.

Access to the service

The practice displayed its opening hours in the premises and on the NHS choices website.

The opening hours were:

Monday 09:00 – 17:30

Tuesday 08:00 – 17:30

Wednesday 08:00 – 17:00

Thursday & Friday 08:00 – 16:00.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so no patient was turned away. The patients told us when they had required an emergency appointment this had been organised the same day.

The practice had a system in place for patients requiring urgent dental care when the practice was closed. NHS patients were signposted to the NHS 111 service on the telephone answering machine.

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 rooms and in the practice information leaflet.

The practice manager was responsible for overall responding to complaints when they arose. Staff told us they would raise any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner and these would be shared with the registered manager. Staff told us they aimed to resolve complaints in-house initially.

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 three working days and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this. The practice had received seven complaints in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place including various policies and procedures for monitoring and improving the services provided for patients. Staff were aware of their roles and responsibilities within the practice.

The practice had a recruitment policy in place although the process did not cover all aspects of recruitment. The policy should include obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. The process had not been followed when employing the newest members of staff as the DBS check and indemnity was not completed and when we asked to see any documentation to support the recruitment processes for staff this could not be found.

We saw evidence that only one staff member had been checked by the Disclosure and Barring Service (DBS). The DBS 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. When we asked to see any documentation to support the recruitment processes for staff this could not be found.

The recruitment files we reviewed showed seven clinical staff had no evidence to support their immunisation status. It is recommended that people who are likely to come into contract with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. Members of staff new to healthcare should receive the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff. (The Green Book is a document published by the government that has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK).

We asked to see indemnity insurance for all relevant staff members (insurance professionals are required to have in place to cover their working practice). The practice manager could not provide any supporting evidence to show one dentist and two of the dental nurses had indemnity which is now a requirement for their continuation of registration with the GDC.

We saw the results of the X-ray audit undertaken during January –August 2016 where action plans and learning outcomes had not been implemented to continuously improve the procedure and reduce the risk of re-taking of X-rays. There was no evidence to support the audit had completed previously. The audit was generated by the dental software. The audit that did not follow the guidelines to ensure they were working in accordance with the National Radiological Protection Board (NRPB). It was not clear what percentages had been achieved for an individual or why an X-ray had been graded 1, 2 or 3. We also saw evidence supplied by the dentists to show X-rays were not being graded correctly which meant the results generated were not valid.

The Infection Prevention Society (IPS) self- assessment audit had been completed August 2016 and previously November 2014; HTM 01-05 states that an audit of the practice's infection prevention and control processes should be conducted every six months. This was brought to the attention of the practice manager to review the process.

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 where relevant and it was evident that the practice worked as a team. All staff were aware of whom to raise any issues with and told us the practice manager was approachable, would listen to their concerns and would act appropriately. We were told there was a no blame culture at the practice and the delivery of high quality care was part of the practice ethos.

The practice manager was aware of their responsibility to comply with the duty of candour and told us that the preferred to address any concerns or issues immediately should they arise.

The practice manager would address any issues regarding complaints or concerns from patients about any treatment received.

Learning and improvement

Are services well-led?

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 X-rays and infection prevention and control.

We were told all staff had annual appraisals at which learning needs, general wellbeing and aspirations were discussed. We saw only three staff members had evidence of a completed appraisal form in their staff folder.

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

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. The latest results showed that 100% of patients asked said that they would recommend the practice to friends and family.

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 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18 HSCA (RA) Regulations 2014 Staffing** **The registered provider failed to provide appropriate support, training, professional development, supervision as is necessary to enable them to carry out the duties they are employed to perform.** **Regulation 18 (1)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed** **The registered provider failed to ensure recruitment procedures were established and operated effectively to ensure that persons employed meet the conditions.** **The registered provider failed to ensure DBS check information, references, identification evidence or immunisation status was available in relation to each such person employed - with the information specified in schedule 3.** **Regulation 19 (1)**