

# Dentalserve. Net Ltd

# HealthCare Elite

## Inspection Report

1 Overcliffe  
Gravesend  
Kent  
DA11 0EF  
Tel: 01474 364405  
Website: [www.hcelite.co.uk](http://www.hcelite.co.uk)

Date of inspection visit: 08 October 2015  
Date of publication: 11/02/2016

### Overall summary

We carried out an announced comprehensive inspection on 08 October 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this practice was not providing safe care in accordance with the relevant regulations

##### **Are services effective?**

We found that this practice was not 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 not 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**

HealthCare Elite provides both private general dentistry and cosmetic dentistry to patients in Gravesend, Kent and the surrounding areas.

The practice staff included three dentists, a hygienist, two dental nurses (one trained and one trainee) and a practice manager. Dental services are provided Monday, Wednesday and Thursday from 9am to 5pm, Tuesday from 9am to 8pm, Friday from 9am to 4pm and Saturday from 9am to 1pm.

The practice manager 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.

Seven patients commented on the dental practice and all comments were positive about the service patients experienced at HealthCare Elite. Patients indicated that they felt the practice offered an excellent service and staff were professional, helpful and kind. They said that staff treated patients with dignity and respect. Patients had sufficient time during consultations with staff and felt listened to as well as safe.

#### **Our key findings were:**

# Summary of findings

- There were systems to check equipment had been serviced regularly, including the compressor, autoclave and the X-ray equipment.
- Staff recruitment files contained evidence that all appropriate checks were carried out on staff prior to their employment at HealthCare Elite. Management of clinical waste segregation was good. Patient dental care records demonstrated that an examination of the patient's oral health was not always completed prior to treatment being carried out
- Patients were provided with information and were involved in decision making about the care and treatment they received.
- There was a leadership structure with named staff in lead roles
- The practice had a monitoring system to help ensure staff maintained their professional registration.

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

- Improve the content and quality of dental care records in line with national guidance.
- Revise radiography quality assurance processes to ensure that poor quality images are below 10% in line with current legislation.
- Ensure systems are introduced for the proper and safe management of medicines.
- Ensure the practice has an effective system to assess, monitor and mitigate the risks arising from infection control associated hazards, and spread of infection.
- Ensure that all sterile equipment is within its expiry date and is fit for purpose.
- Ensure that there are appropriate governance arrangements for the safe running of the service by establishing systems to monitor and assess the quality of the service.
- Ensure that staff receive appropriate training in order for them to carry out their role within the practice in a knowledgeable, safe and effective manner.

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

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

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

The practice had informal systems for reporting, recording and monitoring incidents, accidents and significant events. The practice was not able to demonstrate they had a system to receive and respond to national patient safety alerts. The whole staff team has a poor understanding of the systems to safeguard vulnerable adults and children who used services. The practice demonstrated it was not able to respond adequately to a medical emergency before the arrival of an ambulance. Staff recruitment files contained evidence that all appropriate checks were carried out on staff prior to their employment at HealthCare Elite. Management of clinical waste segregation was good. Record keeping in patients' dental care records was generally poor. The practice was unable to demonstrate that radiography carried out at the practice followed current legislation.

### **Are services effective?**

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

The practice was unable to demonstrate it always provided evidenced based dental care which was focussed on the individual needs of each patient. The practice was unable to demonstrate that staff who were registered with the GDC had completed continuing professional development and were meeting the requirement of their professional registration. The practice was unable to demonstrate that they trained staff appropriately in order for them to conduct their role effectively and in line with current guidance and legislation. Consent to care and treatment was obtained from patients and recorded appropriately.

### **Are services caring?**

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

Patients told us (through comment cards and in discussion) that they had positive experiences of dental care provided by HealthCare Elite. Patients felt they were listened to, treated with respect and were involved with the discussion of their treatment options which included risks, benefits and costs. Patients with urgent dental needs were responded to in a timely manner.

### **Are services responsive to people's needs?**

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

The practice was unable to demonstrate it was responsive to patients' oral health needs. Patient dental care records demonstrated that an examination of the patient's oral health was not always completed prior to treatment being carried out. Appointment times and availability met the needs of patients. The practice was accessible to patients with mobility problems. The practice had a system to handle complaints in an open and transparent way. The complaints procedure was readily available to patients.

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

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

## Summary of findings

The practice had clinical governance and risk management systems. However, the practice was unable to demonstrate they had a system to help ensure all governance documents were kept up to date. There was a leadership structure with named staff in lead roles. The practice was unable to demonstrate that audits of various aspects of the service were undertaken at regular intervals and there was no evidence of documented learning points and any resulting improvements. The dentists were visible in the practice. There were no meetings held in order to engage staff and involve them in the running of the practice. The practice did not have a system of staff appraisal. The practice was unable to demonstrate they took into account the views of patients via feedback from patient surveys when planning and delivering services.

# HealthCare Elite

## 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.

We carried out an announced comprehensive inspection of HealthCare Elite on 8 October 2015. Our inspection team was led by a CQC Lead Inspector. The team included a Dentist specialist advisor, a Dental Nurse specialist advisor and a second CQC Inspector.

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as NHS England and the local Healthwatch, to share what they knew. We did not receive any information of concern.

During our visit we spoke with a range of staff (one dentist, the dental nurses and the practice manager) and spoke with one patient, as well as their carer, who used the service. We reviewed comment cards where patients and members of the public shared their views and experiences of the service and reviewed practice documentation.

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 used a range of information to identify risk and improve quality regarding patient safety. For example, reported incidents and accidents. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses.

The practice had a system for reporting, recording and monitoring incidents, accidents and significant events. There was a significant event policy that guided staff.

We reviewed safety records and incident reports for the last 12 months. These showed there had been no reported incidents or accidents during that time period.

The practice was unable to demonstrate they had a system that monitored and responded to national patient safety alerts. Staff we spoke with were unaware of what national patient safety alerts were or what information they might contain and their responsibilities to act on information contained in them.

### Reliable safety systems and processes (including safeguarding)

The practice had systems to safeguard vulnerable adults and children who used services. There was written information for safeguarding vulnerable adults and children as well as other documents available to staff that contained information for them to follow in order to recognise potential abuse and report it to the relevant safeguarding bodies. For example, an adult safeguarding policy. The practice manager was the practice's dedicated appointed lead in safeguarding vulnerable adults and safeguarding children. However, not all staff had not received safeguarding training. There was a lack of safeguarding knowledge across the team as a whole. The practice manager had undertaken safeguarding training via a local group but was not able to describe the protocol successfully nor produce a certificate. When we spoke with staff they were able to describe the different types of abuse patients may have experienced as well as how to recognise them. They were however, unclear of how to respond to and report them in accordance with the local authority safeguarding adults and children policy and procedures.

The practice had a whistleblowing document that contained relevant information for staff to follow that was

specific to the service. The document detailed the procedure staff should follow if they identified any matters of serious concern and contained the names and contact details of external bodies that staff could approach with concerns. Some of the staff we spoke with were able to describe the actions they would take if they identified any matters of serious concern and most were aware of this policy. However, some members of staff were aware that there was such a policy but stated they had not seen in or understood its purpose.

The practice did not have a monitoring system to help ensure staff maintained their professional registration. For example, professional registration with the General Dental Council. We looked at the practice records of three clinical members of staff which confirmed they were up to date with their professional registration.

Care and treatment was not always planned and delivered in a way that was intended to ensure patients' safety and welfare. All dental care records relating to examinations, consultations and dental treatment that we examined were not comprehensive or followed current guidance on record keeping. However, we did see some good examples of records when hygiene appointments had been carried out. These entries contained all of the relevant information expected for these treatment types.

### Medical emergencies

There were documents that guided staff in dealing with medical emergency situations. For example, the emergency collapse procedure. Staff we spoke with told us they were up to date with basic life support training. Records confirmed this.

Emergency equipment was available in the practice, including access to emergency medicines, medical oxygen and an automated external defibrillators (AED) (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). Staff told us these were checked regularly and records confirmed that these checks had been carried out on a monthly basis since July 2015. However, these checks had not highlighted or addressed that some medicines for use in an emergency had passed their expiry date and some were missing/not available. There was also no maintenance log in place for

# Are services safe?

the oxygen stored for use in medical emergencies. The practice was therefore unable to demonstrate they were able to adequately respond to a medical emergency before the arrival of an ambulance.

There was an emergency and business continuity policy that indicated what the practice would do in the event of situations such as a temporary or prolonged power cut and loss of the practice premises.

## Staff recruitment

The practice had policies and other documents that governed staff recruitment. For example, an agency staff policy and procedure. We viewed three staff personnel records and found they contained evidence to demonstrate that appropriate checks had been undertaken prior to employment. For example, references from previous employers.

Records demonstrated all relevant staff had Disclosure and Barring Service (DBS) clearance or an assessment of the potential risks involved in using those staff without DBS clearance. (The Disclosure and Barring Service carries out checks to 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.)

## Monitoring health & safety and responding to risks

The practice had a health and safety policy to help keep patients, staff and visitors safe. Health and safety information was displayed for staff to see.

There was a record of identified risks and action plans to manage or reduce the risks dated within the last 12 months. For example, the risk of explosion, scalds and burns when staff used the autoclave (a piece of equipment used to steam sterilise surgical instruments under pressure). However, there were some assessments that were out of date. For example, the fire risk assessment was dated as July 2013 and there were no records of portable appliance tests having been carried out.

## Infection control

The premises were generally clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns regarding cleanliness or infection control at HealthCare Elite.

We looked at the treatment rooms, decontamination and waiting areas. The treatment rooms and decontamination area were fitted with hard flooring so that spillages were easily cleaned up.

Antibacterial hand wash, paper towels and posters informing staff how to wash their hands were available at all clinical wash-hand basins in the practice. Clinical wash-hand basins at the practice complied with Department of Health guidance.

The practice had infection control policies that contained procedures for staff to refer to in order to help them follow The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05). HTM 01-05 sets out the standards and criteria to guide dental practices in planning and implementing control of infection. However, there was no protocol in place for single use items.

The practice had an identified infection control lead. However, the practice was unable to demonstrate that all relevant members of staff were up to date with infection control training.

Infection control audits had been conducted and records showed that these were completed at six month intervals. However, there were no hand hygiene audit records available to view.

Personal protective equipment (PPE) including disposable gloves, aprons, face masks and visors were available for staff to use. Clinical staff were provided with uniforms for use whilst at work.

The practice had a system to ensure that reusable items of equipment were only used for one patient before being decontaminated and sterilised. Dental instruments were cleaned and decontaminated in a dedicated decontamination room. This was laid out appropriately with clear separation of the dirty instruments entering the room and the clean sterile instruments coming out of the autoclave. A member of staff demonstrated the process for cleaning and sterilising instruments and the process followed current guidance however, an instrument which was heavily soiled was scrubbed but not reprocessed in the manner expected. We examined the instrument in question to find that debris remained visible. This instrument was intended for use with the contaminant still in place. Appropriate PPE was worn throughout the procedure. The equipment used for cleaning and sterilising was



# Are services safe?

maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked these records it was clear that the equipment was in working order and being effectively maintained.

We looked at the dental instruments which had been taken through the decontamination process and were ready for use in each of the dental consulting rooms. Instruments were stored in sterile pouches and had been dated. However, the date written on the packaging was unclear as to whether this was the date it was sterilised or had expired. A review of the dates showed that the equipment was out of date. The practice was therefore unable to demonstrate that sterilisation of equipment was being carried out in line with the policy.

The infection control policy contained information for staff on the frequency and method for cleaning equipment used in assessing and treating people who used the practice. For example, work surfaces and equipment. We saw that the provider had a cleaning schedule for the whole building and that records were made of cleaning that took place. However, there was no colour coding system for the mops used within the practice, this meant that cleaning staff could be using the mops to clean areas of the practice, which practice staff had used for cleaning clinical areas. Following the inspection we were informed by the practice manager that colour coding signs had been posted throughout the practice.

There was a system for safely handling, storing and disposing of clinical waste. This was carried out in a way that reduced the risk of cross contamination. Clinical waste was stored securely in locked, dedicated containers whilst awaiting collection from a registered waste disposal company.

Information about safe disposal of clinical waste and sharps was displayed. However, sharps boxes were not signed and dated and a sharps injury protocol/risk assessment was also not available.

The practice was able to demonstrate they had a system that monitored and recorded the hepatitis B status of all clinical staff at HealthCare Elite.

There were procedures to ensure that water used in the practice complied with purity standards. This included using specially treated water for clinical processes that could generate water vapour which could be inhaled. The

practice was also able to demonstrate there was a system for the management, testing and investigation of legionella (a bacteria found in the environment which can contaminate water systems in buildings).

## Equipment and medicines

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment (including clinical equipment) was tested, calibrated and maintained regularly and there were equipment maintenance logs and other records that confirmed this.

The practice had a prescribing and dispensing medicines policy that guided staff. The practice administered local analgesia. There was an inventory of local anaesthetics held by the practice.

Medicines were stored securely in areas supervised by practice staff. Staff told us that stock levels and expiry dates of medicines held were not routinely audited, although they said that the expiry date of all medicines were checked before staff administered them to patients. However, not all medicines that we checked were within their expiry date. We found that medicines had been removed from their original packaging and had been placed in similar packaging with different expiry dates and serial numbers. Additionally, six medicines (Septanest) had been removed from their blister packs. The ethyl chloride in use had been handled and as a result the expiry and batch number had been rubbed off, making it difficult to check whether it was within its expiry date. Other medicines were also found to be out of date or had the expiry date rubbed off during use.

Records showed that when local anaesthetic agents were used during treatments this was not always recorded in the patients' dental care record. Records also showed that when the use of local anaesthetic agents were recorded in dental care records the staff were not recording the batch number of the medicine or its expiry date.

The practice had a refrigerator dedicated for the storage of medicines. However, appropriate temperature checks for the refrigerator used to store medicines had not been carried out as there was no thermometer available.

We looked in cupboards and drawers in the treatment rooms and the stock room at HealthCare Elite and found some equipment and other materials that were out of date



## Are services safe?

or had no date applied to them. For example, a hand piece used for the preparation of cavities which had been sterilised had no expiry date also codent paper points had expired in November 2011 and proptaper GP points had expired in October 2013. We looked in the stock room to see if new items were available to replace the paper and GP points but there were none available.

### **Radiography (X-rays)**

The practice was unable to demonstrate that radiography carried out at the practice followed current legislation. The X-ray equipment had been regularly checked by service engineers but not frequently by staff. There were clear lines of responsibility and accountability recorded in the local rules for each X-ray unit. (The local rules set out who is responsible for the oversight and safety of radiography in the practice and what to do in the event of an equipment failure). X-rays were not always justified or graded

appropriately when reported on in dental care records. The practice was able to demonstrate that a rolling grade assessment was carried out for X-rays taken at the practice. However, audits of image quality showed that for the last three annual audits, a comment had been made that a review of the recording justification of x-rays should be undertaken. However, this had not been conducted. Weekly check sheets for radiography equipment were in place, however these were blank and we found no completed forms.

The practice had a radiation protection file where information was stored to show how the practice complied with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R2000). The file contained details of the Radiation Protection Advisor (RPA) and how to contact them.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice was unable to demonstrate that the dentists regularly assessed and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). The practice was also unable to demonstrate that they also recorded the justification, of X-ray images taken.

The practice was able to demonstrate that some assessments were carried out in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and the General Dental Council (GDC) for some of their patients but this was not consistent.

Patients we spoke with and comments cards we reviewed reflected that patients were satisfied with the assessments, explanations, quality of dentistry and outcomes.

### Health promotion & prevention

Staff told us the practice promoted the maintenance of good oral health. The practice was able to demonstrate they were using guidance available in the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention'. Entries in patients dental care records by the hygienists demonstrated good use of the toolkit and were comprehensive.

The practice asked new patients to complete a health questionnaire which included further information of their health history. The practice then invited patients for consultation with the dentist.

Information displayed in the waiting areas promoted good oral health.

### Staffing

The practice staff included three dentists, a hygienist, two dental nurses (one trained and one trainee) and a practice manager. Staff were not up to date with their continuing professional development requirements (CPD). We were told by the practice manager that all staff were expected to take control of their own CPD and were encouraged to use an online service to do so. There was not a culture of continuous professional development and were told that it was not considered 'cost effective' to provide this training

for the staff at a private practice. Neither time nor financial support was given for staff to undertake even mandatory training with the exception of basic life support, which was conducted once a year on site.

There was an induction programme for staff to follow which helped ensure they were skilled and competent in delivering safe, efficient care and support to patients. However, not all staff had undertaken training to help ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. For example, the practice was unable to demonstrate that all clinical staff were up to date with infection control training.

There was no appraisal system used to identify training and developmental needs. There were no records which showed that staff had received regular appraisals.

The practice had processes to identify and respond to poor or variable practice including policies such as the absenteeism policy and procedure.

### Working with other services

The practice had systems to refer patients to other service providers if the service they required was not available at HealthCare Elite. For example, treatments for patients with complex pathology.

Where a referral was necessary, the type of care and treatment was explained to the patient and they were given a choice of other healthcare professionals who were experienced in undertaking the type of treatment required.

### Consent to care and treatment

The practice had a consent policy that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment and detailed how that consent should be recorded.

Staff told us that they obtained either verbal or written consent from patients before carrying out examinations, tests, treatments, arranging investigations or referrals and delivering care. They said that parental consent given on behalf of children was documented in the child's dental records. All staff had not received formal training on the Mental Capacity Act 2005. However, staff we spoke with were able to describe how they would manage the

## Are services effective?

(for example, treatment is effective)

situation if a patient did not have capacity to give consent for any treatment they required. Staff also told us that patients could withdraw their consent at any time and that their decisions were respected by the practice.

# Are services caring?

## Our findings

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

We looked at five patient comment cards where all comments were positive about the service patients experienced at HealthCare Elite. Patients indicated that they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said that staff treated patients with dignity and respect. Patients had sufficient time during consultations with staff and felt listened to as well as safe.

We spoke with one patient and their carer who told us they were satisfied with the care provided by the practice and that their dignity and privacy had been respected. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. They said that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The practice had documents that guided staff in order to keep patients' private information confidential. For example, the data protection policy statement and the confidentiality policy.

Incoming telephone calls answered by reception staff and private conversations between patients and reception staff that took place at the reception desk could be overheard by others. However, when discussing patients' treatments staff were careful to keep confidential information private. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us they would investigate these and any learning identified would be individually shared with staff.

Dental care records were in electronic format. Records that contained confidential information were held in a secure way so that only authorised staff could access them.

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

Patients we spoke with and those who commented on cards told us that health issues and medication were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make informed decisions about the choice of treatment they wished to receive.

Some patients were provided with written treatment plans that explained the treatment required and outlined any costs patients were required to pay. Staff told us that they rarely carried out treatment the same day unless it was considered urgent. This allowed patients to consider the options, risks, benefits and costs before making a decision to proceed.

Information leaflets were available that gave a details on a wide range of treatments and promoted good oral health in children. Information about procedures such as crowns and bridges was accessible on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice delivered personalised care to patients that took into account their individual needs. The practice was unable to demonstrate that national guidance was being followed when delivering patient care or for the completion of dental records. Dental care records we looked at demonstrated that the dentist did not always carry out an examination before delivering care and treatments to patients. For example, we saw in one patients notes that they had an X-Ray in 2013 and subsequently went on to have surgical treatment in 2015, with no further X-Ray having been taken. The X-ray image in question did not show the whole tooth and therefore did not present enough information for the proposed treatment. Dental care records we examined were not consistent, with some only being partly completed.

Appointment times and availability met the needs of patients. The practice was open Monday, Wednesday and Thursday from 9am to 5pm, Tuesday from 9am to 8pm, Friday from 9am to 4pm and Saturday from 9am to 1pm. Patients with emergencies were assessed and seen the same day if treatment was urgent.

Staff told us that the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff said they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

### Tackling inequity and promoting equality

The premises and services had been designed to meet the needs of patients with mobility issues and patients with prams and pushchairs. For example, the practice was wheelchair accessible.

The practice was able to demonstrate they had access to interpreter services for patients whose first language was not English.

Staff told us discrimination was avoided when making care and treatment decisions. Interviews with clinical staff showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of each patient's age, gender, race and culture as appropriate. There was written guidance

available for staff to refer to to help them avoid discrimination when making care and treatment decisions. For example, the equality, diversity and human rights policy.

### Access to the service

Dental services were provided Monday, Wednesday and Thursday from 9am to 5pm, Tuesday from 9am to 8pm, Friday from 9am to 4pm and Saturday from 9am to 1pm. Patients could book appointments by telephoning the practice or by attending the reception desk in the practice. Where treatment was urgent patients were seen the same day.

The practice opening hours as well as details of how patients could access services outside of these times were available for patients to take away from the practice in written form. For example, in a practice leaflet. Details of opening hours and out of hours services were also displayed on the front of the building.

Patients we spoke with and those who completed comment cards said they experienced few difficulties when making appointments and were happy with the continuity of care provided by HealthCare Elite.

Appointments were available outside of normal working hours and outside of school hours. Specific longer appointments were available for vulnerable patients and those with mental health conditions.

### Concerns & complaints

The practice had a system for handling complaints and concerns. Timescales for dealing with complaints were clearly stated and details of the staff responsible for investigating complaints were given. Information for patients was available in the practice that gave details of the practice's complaints procedure and included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response. Patients we spoke with were not aware of the complaints procedure but said they had not had cause to raise complaints about the practice.

HealthCare Elite had received four complaints within the last 12 months and records confirmed this. Records for the complaints received by the practice were clear and showed what the complaint related to, how they were investigated, the outcome of each investigation and whether feedback was sent to the respective complainant. However, particular issues that required change as a result of

# Are services responsive to people's needs?

(for example, to feedback?)

complaints received were not shared with staff to help ensure they learnt from the complaints made as no practice meetings were held. We were told by the practice manager that they discuss complaint outcomes with staff individually. However there were no records to support this.

# Are services well-led?

## Our findings

### Governance arrangements

Staff told us that the practice did not have any documents that set out HealthCare Elite's governance strategy and guided staff. Clinical governance issues were not discussed at staff meetings as these were not being held. The practice manager told us that they spoke with staff individually. However, there were no records of such discussions to confirm this. Following the inspection we were informed by the practice manager that practice meetings would be held at least once a month and will take place on a rota system, to include as many staff as possible and those not present will be sent an email.

There was a variety of policies, policy statements and other documents that the practice used to govern activity. For example, the sharps injury policy, the adult and child protection policy statement as well as the radiation protection file. However, these were recorded online on the Dentalserve.Net intranet and not all staff could confirm that they had access to or had seen them.

There was a leadership structure with named members of staff in lead roles. For example, the registered manager told us they had lead responsibilities for infection control. The practice manager was not a GDC registrant and therefore was not an appropriate person for the infection control lead. The practice manager (also the registered manager) was responsible for the day to day running of the practice. However, the practice manager had been absent for a period of 10 months and had not notified CQC as required by Regulation 14 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Notice of absence. The practice manager was aware of her obligation to notify CQC but felt it was not necessary as they attended weekly board meetings throughout this time. However, these meetings were not held at the practice but rather at one of the other Dentalserve.Net sites.

Staff we spoke with were clear about their own roles and responsibilities.

Although staff told us that the practice had not carried out any audit activity for the last two years there were records demonstrating that an infection control audit had been completed in July 2015 and August 2015. Records showed that the results of these audits had not been discussed at

staff meetings and staff were not aware they had taken place. The practice was unable to demonstrate they had developed or implemented action plans to address issues identified by these audits.

The practice was able to demonstrate that audits of the quality and accuracy of dental care records were being carried out in relation to X-rays taken at the practice. Audits of radiography showed that for the last three annual audits, a comment had been made that a review of justifying x-rays should be undertaken. However, this had not been conducted.

The practice identified, recorded and managed some risks. It had carried out risk assessments where risks had been identified and action plans had been produced and implemented. For example, a fire risk assessment. However, the risk assessment held in the practice was not up to date. For example, risks associated with: incomplete record keeping of patients' care and treatment; the presence of out of date medicines, equipment and other materials. Where risks had been established by the risk assessment, action had not always been taken to reduce them and the fire risk assessment was out of date.

### Leadership, openness and transparency

The practice manager had been absent for 10 months prior to our inspection and staff told us that they were always approachable and always took time to listen to all members of staff. Staff were not always involved in discussions about how to run the practice and how to develop the practice. The practice did not have regular staff meetings. There were no minutes, agenda or action plans available to review. The practice manager told us that information and best practice is shared during common breaks and occasionally via email. However, there was no plan in place for when the practice manager was absent from the practice site. We were told that Dentalserve.Net have weekly board meetings but there were no minutes available to review. We were provided with minutes of these meetings following the inspection and noted that they applied to all five of the Dentalserve sites, were not Healthcare Elite specific and did not contain any evidence regarding discussions in relation to; patient safety, concerns and complaints, national patient safety alerts or accidents and incidents.



# Are services well-led?

There were no meetings held in order to engage staff and involve them in the running of the practice. For example, practice meetings. However, staff we spoke with told us they felt valued by the practice.

## **Learning and improvement**

The practice did not manage and lead through learning. There was no culture of openness to formally reporting and learning from patient safety incidents. Staff were not supported financially or with time off, in order to allow them to update and develop their knowledge and skills.

We spoke with two members of staff who told us they had neither had an annual performance review or a continued professional development plan.

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

The practice manager told us the practice carried out a patient satisfaction survey. Records demonstrated that the

practice had collected four completed patient questionnaires. However, patient satisfaction survey results had not been collated and there were no records to demonstrate any suggestions for improvements identified by the survey had been considered or actioned by the practice. Therefore the practice was unable to demonstrate they took into account the views of patients via feedback from patient surveys when planning and delivering services.

The practice did not gather feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to feedback and discuss any concerns or issues with colleagues and management. However, there were no records available to support that such discussions were held between staff and the practice management team.

## Enforcement actions

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Not all medicines that we checked were within their expiry date and fit for used.</b></p> <p>Medicines had been removed from their original packaging and had been placed in similar packaging with different expiry dates and serial numbers. Additionally, 6 medicines (Septarest) had been removed from their blister packs, ethyl chloride in use had been handled and the expiry and batch number had been rubbed off, making it difficult to check whether it was within its expiry date. Other medicines were also found to be out of date or had the expiry date rubbed off during use.</p> <p>The practice had a refrigerator dedicated for the storage of medicines. However, appropriate temperature checks for the refrigerator used to store medicines had not been carried out as there was no thermometer available to check them with. Although we have subsequently been informed that a thermometer has been ordered.</p> <p>Medicines for use in an emergency had passed their expiry date and some medicines required were missing/not available.</p> <p>There was no maintenance log in place for the oxygen stored for use in medical emergencies.</p>

This section is primarily information for the provider

## Enforcement actions

There was no colour coding system for the mops used within the practice, cleaning staff could be using the mops to clean WC areas, which practice staff had used for clinical areas.

Sharps boxes had not been signed and dated.

There were no hand hygiene audit records available to view.

Sharps injury protocol/risk assessment was not available.

Decontamination processes were used but it was not robust to ensure correct procedure was always followed.

### Regulated activity

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

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff training consisted of basic life support. We were told by the registered manager that "It was not cost effective" to train staff in any additional subject matters which would increase staffs skills and knowledge.

We could not find evidence of what training had been attended by staff or had been planned for the future, as there was no training matrix in place.

Training is attended by staff which they source themselves and this had not been verified or competency tested by the registered/Practice manager.

Staff received an annual appraisal but had not received regular formal supervision to make sure competency is maintained.

This section is primarily information for the provider

## Enforcement actions

Staff we spoke with had received training in medical emergencies, however they reported that they would not be confident in how to use the equipment. Staff were not knowledgeable about safeguarding procedures and local authority guidance was not followed by staff, as staff had received incorrect information at recent training provided (attended by Practice manager and cascaded to staff team).

### Regulated activity

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

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were no formal practice meetings to discuss issues, concerns, complaints or safety alerts. The registered manager told us that they speak with the dentists on an individual basis, however records or minutes were not maintained of such discussions.

The practice was unable to demonstrate they had a system that monitored and responded to national patient safety alerts. Staff were unaware of what national patient safety alerts are or what information they might contain and their responsibilities to act on information contained in them.

A fire risk assessment had been undertaken in July 2013. The practice was unable to demonstrate that any further assessments had been conducted.

A fire safety assessment certificate was also not available to view.

There was PAT certificate available to view dated July 2013.

## Enforcement actions

Audits of radiography showed that for the last three annual audits, a comment had been made that a review of justifying x-rays should be undertaken. However, this had not been conducted.

Weekly check sheets for radiography equipment were in place, however these were blank and we found no completed forms.

The practice was unable to demonstrate that radiography was carried out at the practice safely and followed current legislation. X-rays were not always justified or were incorrectly graded in clinical notes.

Care and treatment was not always planned and delivered in a way that was intended to ensure patients' safety and welfare. Records were not complete and did not reflect current guidance for record keeping.

The practice was unable to demonstrate that the dentist regularly assessed and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). The practice was unable to demonstrate that they also recorded the justification, findings and quality assurance of X-ray images taken.

There was a variety of policies, policy statements and other documents that the practice used to govern activity. However, these were stored on a computer and not all staff knew how to locate them.