

Watford Orthodontic Practice Limited

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Inspection Report

42 Hempstead Road
Watford
Hertfordshire
WD17 4ER
Tel: 01923 223758
Website:

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Overall summary

We carried out an unannounced comprehensive inspection on 1 December 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led? The inspection was arranged in response to concerns received through our customer service centre.

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

Watford Orthodontic Practice Limited is a solely orthodontic practice providing referral orthodontic services for NHS patients. It was taken over by a new provider on 1 April 2015, and is currently in the planning stages of a significant re-modelling of the building.

The principal orthodontist is the nominated individual of the practice, and there are in the process of changing the registered manager from the previous owner to the current practice 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.

This inspection was carried out on short notice in response to concerns raised about the practice. Therefore we were unable to send comment cards ahead of the inspection for patients to complete. Feedback was obtained from patients on the day of the inspection.

Summary of findings

Our key findings were:

- Patient feedback indicated that patients were happy with the service they had from the practice, and were always treated with dignity and respect
- The practice was maintaining accurate, legible and contemporaneous patient dental care records.
- The practice did not have access to an automated external defibrillator and both the service and expiry dates of the medical oxygen available on the premises were passed. Following the inspection this was rectified.
- The practice had some policies and protocols relating to the management of the service which had recently been reviewed.
- Some equipment had not been serviced and maintained regularly
- The practice was not carrying out the required clinical audits in infection control and X-ray quality, although this was rectified following our inspection.
- The practice had implemented a schedule of practice meetings

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

- Ensure audits of various aspects of the service, such as radiography and infection control are undertaken at regular intervals to help improve the quality of service. The practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD)

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 availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review at appropriate intervals the training, learning and development needs of individual staff members and establish an effective process for the on-going assessment and supervision of all staff.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Maintain accurate, complete and detailed records relating to employment of staff. This includes making appropriate notes of verbal reference taken and ensuring recruitment checks, including references, are suitably obtained and recorded.
- Segregate and dispose of waste in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Review the practice's protocols for recording in the patients' dental care records or elsewhere 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.
- Establish whether the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IR(ME)R) 2000.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

Emergency medicines were present and stored appropriately in accordance with the British National Formulary. Certain emergency equipment was missing from the practice including an AED (Automated External Defibrillator; this 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). However, all missing emergency equipment was ordered by the practice shortly after our inspection.

Robust environmental cleaning schedules were in place, with quality assurance systems to ensure standards remain high.

The practice had a policy in place regarding safeguarding vulnerable adults and child protection. Staff we spoke with had a good understanding of when to raise a safeguarding concern and the process involved in raising a concern.

Are services effective?

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

Clinicians made accurate, detailed dental care records which highlighted discussions with the patients, as well as oral hygiene levels, and who was chaperoning the patient during the appointment.

The practice undertook regular oral hygiene instruction with patients, and we saw evidence that oral hygiene scores were recorded in the dental care records.

Consent forms used by the practice could be considered misleading, and although the practice had taken some steps to clarify this, in discussion with the practice principal it was agreed that further improvement was needed. In response to this the practice has introduced a new system for ensuring full valid and written consent is obtained.

Are services caring?

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

Staff understood their responsibilities regarding patient confidentiality and data protection.

Feedback from patients we spoke with during our visit was positive, with comments regarding how friendly and kind the staff were.

Patients commented that they felt involved in their treatment, and were always offered an opportunity to ask questions.

Are services responsive to people's needs?

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

Patients we spoke with commented that the staff were always accommodating if they had to change appointments, and they didn't have to wait long to be seen.

Details on how a patient could complain about the service were displayed in the waiting area. Some staff had undertaken training in handling complaints.

Summary of findings

Emergency appointments were set aside each day, and an out of hours service was available, to which the patients were directed by way of the answerphone, and a notice on the window.

A business continuity plan was in place that sees patients being seen at another local orthodontic practice in an emergency, in the event of any unforeseen problem at the practice.

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).

The practice had implemented a series of practice meetings, and minutes of these meetings were available for staff to reference.

Clinical audit in infection control and quality of X-rays taken, had not been carried out since the new principal took over in April 2015, although following our inspection we have received information that this is now taking place.

Due to a miscommunication with the clinical waste collectors, clinical waste had not been collected from the practice for over two months; following our inspection regular collections have been re-established.

Watford Orthodontic Practice Limited

Detailed findings

Background to this inspection

We carried out an unannounced comprehensive inspection of the premises on 1 December 2015 in response to information received through our customer service centre. Our inspection team was led by a CQC inspector, with a dental specialist advisor.

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

During the inspection we spoke with an orthodontist, an orthodontic therapist, a receptionist and a dental nurse. We reviewed policies, procedures and other documents and we spoke with five patients.

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 limited formal systems in place for reporting and learning from incidents, although staff explained that any incidents were discussed at regular team meetings and gave an example of a recent medical emergency involving a visitor to the practice. In this instance the situation was not serious, however it had offered an opportunity for all the staff to raise it at a practice meeting and revise their management of medical emergencies.

A patient safety policy dated June 2015 outlined the process of incident reporting within the practice, and the importance of conveying apologies to the patient in a timely manner (if appropriate)

Staff were aware of their responsibilities in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The principal dentist informed us of how they would make such a report, and there was a policy in place detailing how a report was made, and the type of incident that needs to be reported.

The practice received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). These were checked by the principal dentist and relevant reports disseminated to the staff during practice meetings.

Reliable safety systems and processes (including safeguarding)

The practice had a policy in place regarding child protection and safeguarding vulnerable adults. This was available for staff to access in hard copy form in the reception area of the practice. This detailed the 'safeguarding champion' for the practice, what to look out for, and relevant contact details including social services, and Hertfordshire county council children's services.

Staff we spoke with had a good understanding of the signs of abuse, particularly in children, and how they would raise a safeguarding concern if they suspected abuse.

The practice had an up to date Employers' liability insurance certificate. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

Staff understood how to assist patients in making a complaint to the practice, and how to direct them to the practice's complaints policy.

The practice did not have needles as they were a solely orthodontic practice, but sharps, such as orthodontic wires were disposed of in the surgery at the point of use.

Medical emergencies

The practice had emergency medicines and some emergency equipment in place to deal with medical emergencies that may occur.

We found the emergency medicines to be in date and present in accordance with the British National Formulary guidance with the exception of emergency oxygen. The practice had two oxygen cylinders, the staff checked weekly that they worked, but were failing to check the expiry dates. Both cylinders were out of date by some years. Following our visit we have received evidence that these are being replaced.

We reviewed written record which showed staff were checking the emergency medicines, and logging the expiry dates on a weekly basis. We also saw evidence that items in the emergency kit were being re-ordered as they approached their expiry date to ensure that these were always viable.

Resuscitation Council UK guidelines suggest the minimum equipment required for use in a medical emergency, this was mostly found to be in place with the exception of children's self-inflating bag (to 'breathe' for a child who has stopped breathing), a suction tip to remove vomit or secretions that may block the airway, and a device to help administer an asthma inhaler.

The practice did not have access to 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. This is also a requirement from the Resuscitation Council UK. We spoke with the practice manager after the inspection, and have received confirmation that all missing pieces of emergency equipment have been ordered.

Are services safe?

Staff regularly undertook basic life support training this was last carried out for the nursing staff within the last year, and was booked for this year in the week of the inspection. Staff we spoke with had a good understanding of how to respond to a variety of medical emergencies.

Staff recruitment

We looked at the staff recruitment files for four staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the prospective staff members' skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Only one member of staff had been employed since the new owner took over and all the appropriate checks had been carried out for this member of staff, with the exception of a DBS check, but we were shown evidence that this had already been applied for.

We drew the practice principal's attention to the fact that other staff files we checked were missing some of the required information, and none of the dental nursing staff had undergone a DBS check. The principal assured us that this would be rectified immediately. We have since been assured that DBS checks have been submitted for all clinical staff.

Equally the practice did not have evidence of Hepatitis B vaccination status of the staff that were previously employed by the service. This has also now been rectified.

Monitoring health & safety and responding to risks

The practice had some systems, processes and policies in place to monitor and manage risks to patients, staff and visitors to the practice.

There was a health and safety policy which was dated June 2015; this was available for staff to refer to in hard copy form. This highlighted fire safety, manual handling and use of personal protective equipment.

We noted that although the policy outlined that fire extinguishers should be serviced annually, and fire alarms tested weekly, we could not find evidence that this was taking place.

In addition the practice had not commissioned a fire safety assessment for the building. Although following our visit they have carried out a fire risk self-assessment.

Staff we spoke with understood their responsibilities in relation to an evacuation of the building, and where to muster in the event of a fire.

A risk assessment had been put in place to highlight and mitigate potential risks to a pregnant member of staff.

Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' Published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had an infection control policy. This documented procedures in place pertaining to decontamination (decontamination is the process by which contaminated re-usable instruments are washed, rinsed, inspected, sterilised and packaged ready for use again), hand hygiene, spillages, clinical waste disposal, personal protective equipment (PPE), and sharps injuries.

Staff were manually cleaning their instruments and then cleaning them again in an ultrasonic cleaner.

The practice only had one sink for manual cleaning and rinsing, which means that they were rinsing clean instruments in a sink which may still be contaminated. Staff were using the appropriate PPE for cleaning the instruments; however they were using a foaming detergent which can prevent the effective removal of contaminants. Although they were not checking the water temperature, staff we spoke with were aware that the water should not be too hot for this process (water over 45 degrees Celsius can prevent the effective removal of protein contaminants).

Are services safe?

Instruments were then placed in an ultrasonic bath. This is a piece of equipment specially designed to remove contaminants from dental instruments using ultrasonic waves through a liquid. Instruments were rinsed and inspected again before being sterilised in an autoclave.

We were shown how the practice ensured that the decontamination system was working effectively. We saw the paperwork used to record and monitor these checks. A daily test strip was placed in the autoclave that ensures the temperature and pressure requirements were met, in addition a log of each individual cycle was made.

HTM 01-05 requires weekly and quarterly testing of the ultrasonic bath. These were not being carried out.

Further to our visit we have received information that the practice has a manual cleaning bowl in the sink, is checking the water temperatures and replaced the foaming detergent. They have stopped using the ultrasonic bath. These measures are in line with the guidance from HTM 01-05.

The practice employs an external cleaning company to carry out the environmental cleaning of the practice. This was in line with national guidance that recommends a colour coding system to ensure that cleaning equipment is kept for specific areas of the practice. We saw cleaning schedules for each area, as well as signed log sheets when these had been cleaned and compliance audits to confirm the cleaning was of the required standard.

The practice had a clinical waste contract for the collection of clinical waste and sharps; due to a miscommunication with the contractor the last collection was two months prior to the inspection. As a result there was a build-up of nine clinical waste bags which were waiting to be collected. These were stored in an unused room outside the X-ray room. The area was not seen to be secure, although the door could be locked. We were assured on the day that the door is usually locked, but had been left open for our visit. Following our visit we have received evidence that the waste has now been collected and regular collections have been re-started.

We found evidence that the practice was sterilising and re-using burs for the dental hand piece that were designed to be single use. We brought this immediately to the attention of the practice principal who assured us that this was an oversight and would not happen again.

The practice had systems in place to reduce the risk of Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. An external assessment had been carried out in the last year, which detailed the actions required to mitigate the risk.

The practice were complying with these requirements, and we noted a recent discussion point in the minutes of a practice meeting pertained to flushing dental water lines for the appropriate times at the beginning and end of the day as well as in between each patient.

Impression moulds and appliances from the dental laboratory were disinfected appropriately.

Equipment and medicines

We saw that the practice had equipment to enable them to carry out the full range of dental procedures that they offered.

Servicing of the autoclave was up to date, and the ultra-sonic bath had been validated last year. However the compressor had not undergone a comprehensive service, and pressure vessel test, although an engineer did externally inspect it last year.

Following our visit, the compressor has now been validated and passed a pressure vessel test.

We noted that the prescription pads were locked away, with only the principal dentist having access to them.

Radiography (X-rays)

The practice was required to demonstrate compliance with the requirements of the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

The practice had an X-ray room on the ground floor, which had an intra-oral X-ray machine, a machine that takes dental panoramic tomographs (DPTs), and a machine that takes an X-ray of the jaws in profile called a lateral cephalogram.

The 'local rules' of the X-ray machines were displayed on the wall of the X-ray room, and gave details of the Radiation Protection Advisor and Radiation Protection Supervisor at the practice.

Are services safe?

The Health and Safety Executive should be informed of any premises using ionising radiation, (usually when the machines are first installed), we could find no evidence that this had been carried out. However we have since received confirmation that this notification has taken place.

Justification for taking an X-ray was usually documented in the patients dental care record, as well as a report of the findings of the radiograph.

IR(ME)R 2000 requires that all X-rays are quality assured as they are taken, and audits carried out of the results. This ensures that X-ray quality is continually observed and improved. This was not being undertaken at the practice; however we have received evidence that the practice has now implemented a quality assurance and audit cycle for its radiographs.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the dentists and we saw patient care records to illustrate our discussions.

A medical history form was filled out by the patient when they first attended the orthodontist, and then checked verbally at each appointment. This was noted in the patients' dental care record.

Treatments plans were discussed with patients, including the length of treatment, and whether it was available on the National Health Service or privately. Records of these discussions were also evidenced.

Health promotion & prevention

The practice took its responsibility in the promotion of good oral health very seriously. Maintaining good oral health when you have braces is essential to prevent possible irreversible damage to the teeth. To that end oral hygiene was checked and noted at each appointment, and oral hygiene instruction given if necessary. Patients received an oral hygiene 'kit' from the practice when they first had a fixed brace. This included disclosing tablets to highlight any area that is not being cleaned effectively, special brushes for cleaning around the brace, and others for in between the teeth. They are also given some mouthwash.

If the oral hygiene was poor staff told us that patients were seen more regularly, and arrangements made for them to see a hygienist if necessary.

We saw that there were patient information leaflets available pertaining to 'Diet and Teeth' as well as oral hygiene information leaflets.

We found a good understanding of guidance issued in the DH publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Staffing

The practice had a principal orthodontist who was supported by an orthodontic therapist. This is a registered dental professional with a diploma in orthodontic therapy; they can see patients and carry out certain orthodontic procedures in accordance with instructions from a qualified orthodontist.

The orthodontic therapist worked full time at the practice, and we saw evidence that he was working within his scope of practice as defined by the General Dental Council (GDC).

The principal orthodontist had implemented a schedule of yearly appraisals, and staff had evidence of these, as well as their personal development plans retained in their staff files. Staff we spoke with found the experience useful, and identified training that they would like to undertake.

Staff told us they had good access to ongoing training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the GDC. Staff kept their individual CPD files at home, but after the inspection we were sent examples demonstrating recent CPD undertaken in basic life support, decontamination, handling complaints and radiation protection.

Working with other services

As a referral practice themselves, there was limited necessity to undertake further referrals out of the practice. Generally if clinicians felt that a further referral to a separate service were required they would correspond with the patients' general dentist who would action the referral.

In certain situations orthodontic treatment can be carried out under a consultant orthodontist in hospital. The practice would refer patients to hospital in these circumstances. The principal orthodontist works one day a week in a hospital department.

Consent to care and treatment

Staff we spoke with had a good understanding of the principles of gaining consent. We saw evidence in the dental care records that discussions had taken place outlining all the options available and the benefits and risks of each one.

The principal orthodontist used a National Health Service form, which has a diagram of the teeth on it to highlight and explain the treatment to the patients. By way of written consent she would then ask the patient (or legal guardian)

Are services effective?

(for example, treatment is effective)

to sign the form. However the only space on the form to sign is a box to sign to give consent to treatment privately (although the staff were crossing this wording out). We explained to the principal orthodontist that we thought this may be confusing to patients as despite the fact the practice had explained to them that their treatment would be funded by the NHS; they had asked them to sign to consent to private treatment.

The principal agreed that this could be confusing, and would amend the form to ensure it is made clearer. We have since been sent a copy of the new consent form that they are using in the practice.

Staff had a good understanding of the concept of Gillick competence; this is where a child (under the age of 16) could be deemed competent to consent for themselves if they demonstrate a clear understanding of the situation and consequences.

Staff had a limited understanding of the Mental Capacity Act 2005. This provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff told us that they currently do not have any adult patients who lack capacity.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients we spoke with reported that they were treated with kindness when they attended the practice. They commented on the friendly manner in which they were greeted, and that staff would always accommodate any changes in appointments that they required.

The provider and staff explained how they ensured information about people using the service was kept confidential. Patients dental care records were kept locked in filing cabinets, and patients reported that they felt their privacy was protected at all times.

This was underpinned by a confidentiality and data protection policy that was dated June 2015.

Involvement in decisions about care and treatment

Patients reported that they felt involved in their treatment, they were happy that the options for treatment were explained to them, and they were always given ample opportunity to ask questions before treatment commenced.

Dental care records referenced these conversations; a copy of a written treatment plan with a diagram to illustrate the treatment was given to patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We examined appointments scheduling, and found that adequate time was given for each appointment to allow for assessment and discussion of patients' needs. We were taken on a tour of the premises and found that facilities were appropriate for the services offered.

The practice responded to requests from patients doing examinations that their appointments fall outside of school time, during these important times priority for the after school appointments went to those patients who were doing school examinations.

Tackling inequity and promoting equality

The practice had an equality and diversity policy in place and recently reviewed. This was available for all staff to reference in hard copy form.

Staff told us that they welcomed patients from different backgrounds, cultures and religions. We discussed how they would assist patients who had different communications needs, such as those who spoke different

languages. Staff did not feel that any of their current patients required extra assistance in this area, but understood the need to get an interpreter should the situation arise.

Access to the service

Emergency appointments were set aside on a daily basis to accommodate any urgent issues. Out of hours patients were directed to an NHS out of hours service both by a notice on the practice window (visible from the outside), and a message on the answerphone.

Patients informed us that they were able to arrange appointments when they needed them and staff were always accommodating in changing appointments.

Concerns & complaints

The practice had a complaints policy which detailed to staff how to handle a complaint. Staff informed us that there had been no complaints since the new principal took over in April 2015.

Patients were informed how to raise a complaint from an information poster on the waiting room wall, and in reception. Staff training certificates indicated that some staff had undertaken training in handling complaints.

Are services well-led?

Our findings

Governance arrangements

The principal orthodontist had responsibility for the day to day running of the practice. The registered manager was listed as the previous practice owner and this had not been changed since the practice was taken over.

On the date of our inspection the orthodontic therapist, who was also the practice manager, was in the process of applying to be the registered manager. The inspection team noted that clear lines of responsibility and accountability needed to be addressed between these two clinicians, the legal and clinical responsibilities had not been clearly assigned. Staff however were comfortable to approach either with any issues that had arisen.

Regular practice meetings were held, and we saw evidence of documented agendas and minutes of the meetings. These were kept where staff could reference them. Staff were asked to sign in on the front sheet so a permanent record of attendance was made.

The practice had policies and procedures in place to support the management of the service, and these were readily available in hard copy form. These included complaints handling policy, safeguarding, and infection control policies, as well as a whistleblowing policy directing staff on how to raise concerns about a co-worker, and a policy on violence and aggression.

The principal orthodontist had not addressed the fact that none of the existing staff had a disclosure and barring service check. This would detail any criminal convictions and if the person had been barred from working in healthcare, it would normally be carried out as part of the recruitment checks. We have since received information that applications have been made for all clinical staff.

Equally checks had not been made pertaining to hepatitis B vaccination status of the previously employed staff. Following the inspection this has now been addressed.

Maintenance schedules for equipment were not in place, and certain key pieces of equipment, for example the compressor (the 'engine' that runs the dental drill) was overdue for servicing. We have since received evidence that the compressor has been serviced and passed a pressure vessel test.

Clinical audit was not being carried out in the required areas of infection control and radiography.

Essential pieces of equipment required for the emergency kit were missing including an automated external defibrillator. Although these have now all been ordered.

Leadership, openness and transparency

Staff reported an open and transparent culture at the practice where they felt supported and comfortable to speak to the practice principal or practice manager.

The weekly staff meetings offered the opportunity to discuss clinical updates, training or any specific incidents that may have occurred. They were encouraged to speak frankly and honestly about any issues, and felt involved in the team goal of providing high quality care for the patients.

Staff described a situation where a conflict with a patient had been discussed between the practice team, and an appropriate response decided upon.

Learning and improvement

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD) however; the practice did not hold current CPD certificates for all staff. Therefore the principal dentist could not be certain that requirements had been met by all staff. Following our visit we have received documents pertaining to CPD carried out by all staff.

We saw records of staff training that had recently been implemented at the practice given by the principal orthodontist and practice manager, due to several of the staff working part time the decision was made to always run the same staff training on two consecutive days, so that all of the staff would benefit. Staff signed into the sessions so that a permanent record was kept of who had attended.

Quality assurance requirements pertaining to X-rays taken had not been implemented at the practice. These would highlight any areas in the taking or developing of X-rays which were of an unacceptable standard, and could therefore be addressed. Without these in place the practice could be assured that the X-rays they were taking were of continuing good quality, and therefore the effective dose of radiation as low as possible. Immediately following the inspection the practice implemented a system of quality assuring every X-ray.

Are services well-led?

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' Published by the Department of Health indicates that infection control audits should be carried out every six months. This had not been carried out since the principal dentist took over the practice. This would highlight any shortfall in the decontamination process, as well as other areas of cross infection protocol. Following the inspection we have received evidence that an audit has been carried out, which has generated an action plan. The practice has implemented these improvements.

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

The practice used the NHS friends and family test to gain feedback from its patients. This is a system by which patients are invited to comment on the service, this is analysed and the overall scores published on the NHS choices website. There was no analysis available for us to look at on the day of our visit.

Staff told us of situations where they have responded to patient feedback, notably in the keeping of after school appointments for those patients doing school examinations.

Feedback was obtained by staff formally during annual appraisals and the regular team meetings and informally.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>17 (1) Providers must operate effective systems and processes to make sure they assess and monitor their service against Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended).</p> <p>17 (2) (a) Providers must have systems and processes such as regular audits of the service provided and must assess, monitor and improve the quality and safety of the service.</p> <p>17 (2) (d) Records relating to people employed must include information relevant to their employment in the role including information relating to the requirements under Regulations 4 to 7 and Regulation 19 of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>Clinical audits were not being carried out.</p> <p>Continuous professional development training of the staff was not being monitored.</p> <p>This was in breach of Regulation 17 (1) (2) (a) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>