

Mazdak Eyrumlu and Azad Eyrumlu Clevedon Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 18 July 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 this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

We found this practice was not providing responsive care in accordance with the relevant regulations.

Are services well-led?

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

Background

Clevedon Dental Care is a community based practice located in a residential area. A local bus service operates in the area and there is parking in a nearby public car park. The practice provides routine care for patients of all ages under NHS regulations and private contract. The services provided and the fees are displayed on the practice website and in information leaflets available in the practice for patients. It has three surgeries with one on the ground and two on the first floor; a waiting area on each floor and access for patients with limited mobility and pushchairs. Facilities offered include wheelchair access, multilingual staff, large waiting area and children's area.

At the time of the inspection there was a practice manager in post, however the practice did not have a 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.

The practice is open Monday to Friday, 09:00am - 1:00pm and 2:00pm - 5:30pm. The practice is closed at weekends.

Summary of findings

For emergency and out of hour's assistance contact information is available at the practice and from the telephone answering service. The information was not displayed on the practice website.

We reviewed 14 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. In addition we spoke with four patients on the day of our inspection. Feedback from patients was positive about the care they received from the practice, however they were not always able to get an appointment or appointments were cancelled at short notice. A number of patients reported cancelled appointments at short notice and lack of continuity with a different dentist at every visit.

Patients commented staff put them at ease, listened to their concerns and provided a service in which they had confidence in the dental care provided.

Our key findings were:

- There were some systems in place to help ensure the safety of staff and patients however they were not operated effectively. These systems included safeguarding children and adults from abuse and maintaining the required standards of infection prevention and control and responding to medical emergencies. However not all staff had undertaken training in these areas.
- Effective leadership was not provided by the practice manager or clinicians and they were not appropriately supported by the provider.
- The practice had limited clinical governance and risk management processes in place including health and safety and the management of medical emergencies. These limited systems were not managed effectively; for example action had not been taken to mitigate identified risks in relation to infection control and the management of accidents.
- The practice had some systems to monitor the quality of the service through audit; however they did not act on the results to improve service quality.
- Premises were not well maintained and door frames, stairs and skirting boards required painting. There was no documentary evidence of planned maintenance to address these areas.
- A tour of the building confirmed that cleaning and infection control systems were in place however the disposal of waste was not being well managed. The treatment rooms were organised and equipped, with good light and ventilation.
- There were systems in place to check all equipment had been serviced regularly, including the air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- There were not always sufficient numbers of suitably qualified staff who maintained the necessary skills and competence to support the needs of patients. For example a lack of employed dentists at the practice and three trainee dental nurses who were not well supported.
- A member of staff working with patients had not received a hepatitis B immunisation and there was no risk assessment in place to protect patients or them.
- Staff were kind, caring, competent and put patients at their ease.
- Staff had not received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to carry out.
- We found the dentist regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- Patients commented they felt involved in their treatment and that it was fully explained to them.
- Common themes from the 14 CQC comment cards were patients felt the staff were kind and caring and they received good treatment. However they reported concern about the poor service availability with cancelled appointments; lack of access to emergency treatment; long waiting times for appointments and lack of continuity with different dentists at every visit.
- Information about how to complain was available and easy to understand.

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

Summary of findings

- Ensure that where incidents have taken place they are appropriately dealt with, fully documented and reported upon. Learning points are identified reported upon and fed back to staff take into their practice.
- Ensure that staff do not commence work until either immunisation status against hepatitis B and other required immunisations is confirmed or a risk assessment completed to mitigate risks.
- Ensure policies, procedures and risk assessments are up to date, contain local relevant information and are fit for purpose.
- Ensure an effective system is operated for collating the records of training, learning and development needs of staff members. This to ensure all training needs are identified for individual staff members as part of a staff appraisal system
- Ensure an effective system for running the dental practice to meet patients' needs.

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 this practice was not providing safe care in accordance with the relevant regulations. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

There were some systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. However not all staff were trained in these areas. The practice carried out and reviewed risk assessments to identify and manage risks.

There were procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. In the event of an incident or accident occurring; the practice documented and investigated it however there was no shared learning to improve practice.

Requirements notice



Are services effective?

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

The practice kept detailed electronic records of the care given to patients including comprehensive information about patients' oral health assessments, treatment and advice given. They monitored any changes in the patient's oral health and made referrals to hospital specialist services for further investigations or treatment if required.

The practice was proactive in providing patients with advice about preventative care and supported patients to ensure better oral health. Comments received via the CQC comment cards reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes they experienced.

Staff we spoke with told us they had accessed specific training in the last 12 months in line with their professional responsibilities.

No action



Are services caring?

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

We reviewed 14 completed CQC comments and received feedback from four patients about the care and treatment they received at the practice. The feedback was positive with patients commenting on the service they received

No action



Summary of findings

professionalism and caring nature of the staff. However they were concern about the accessibility of the service and spoke of frequent cancelled appointments and lack of availability for emergency care. Patients commented they felt involved in their treatment and that it was fully explained to them.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

Are services responsive to people's needs?

We found this practice was not providing responsive care in accordance with the relevant regulations. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

The practice sought to offer routine and emergency appointments each day however we saw and were told they did not achieve this due to lack of staff. There were clear instructions for patients requiring urgent care when the practice was closed. Patients commented they were frustrated by frequently cancelled appointments, lack of appointment availability and long waiting time in the practice with little information regarding the delay.

There was level access into the building for patients with limited mobility and prams and pushchairs. Services were available on the ground floor with level access throughout and the area was spacious enough to manoeuvre a wheelchair. We observed the reception desk was compliant with the Disability Discrimination Act 1995 and the Equality Act 2010.

There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients or their carers.

Requirements notice 

Are services well-led?

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

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

The practice assessed risks to patients and staff however they did not always take action to mitigate risk in a timely way. They carried out audits however they were not completed with action plans formed and issues addressed to improve service provision. There were leadership roles within the practice however they were not clearly defined. Staff told us they did not always feel supported.

Requirements notice 

Summary of findings

The practice had limited leadership and few arrangements for sharing information across the team. While regular meetings were held which were documented for those staff unable to attend. The meetings and therefore minutes did not cover all significant areas and staff did not always read the minutes if they had not been present at the meeting. The practice manager had no system for monitoring this or staff training. Some staff told us they did not feel supported by the dentists with whom they worked but could raise any concerns with the practice manager.

The practice had systems in place to seek feedback from patients using the service. However they were unable to demonstrate they had acted upon it to improve the service.

Clevedon Dental Care

Detailed findings

Background to this inspection

This inspection took place on 18 July 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector, a dental specialist advisor and an assistant inspector.

Prior to the inspection we reviewed information we held about the provider and received from NHS England. We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and objectives, a record of any complaints received in the last 12 months and details of their staff members together with their qualifications and proof of registration with the appropriate professional body.

During the inspection we toured the premises and spoke with practice staff including, the dentists, hygienist, dental

nurse, trainee dental nurses, receptionists and practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

To get to the heart of patients experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had some systems in place to learn from and make improvements following any accidents or incidents. The practice had accident and significant event reporting policies which included information and guidance about the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). Procedures were in place for reporting adverse drug reactions and medicines related adverse events and errors.

The practice maintained a significant event folder. There had been one recent incident in which a member of staff had suffered a burn to their finger. This had been appropriately documented and reported and treated according to the practice and national policy. We saw the documentation included a detailed description and the learning that had taken place for the individual. However there was no documentary evidence this had been shared with staff at the practice meeting after the event or included in any practice information as a reminder. Staff spoken with were unaware of the incident. Records seen showed accidents and significant events were not always discussed or learning shared at practice meetings.

The practice manager told us if there was an incident or accident that affected a patient; they would give an apology and inform them of any actions taken to prevent a recurrence. Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty.

The practice responded to national patient safety and medicines alerts that affected the dental profession. The practice manager told us they put up a notice when informed by head office to do so about an alert. However there was no record kept of alerts received and actions taken.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission. There was no designated lead professional for safeguarding; it was assumed, by all staff, it was the

practice manager. Not all staff had completed safeguarding training and when spoken with had limited knowledge about safeguarding. Those staff who had completed training demonstrated to us, when asked, their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

We found that a rubber dam was used in root canal treatments. (A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment). We discussed this with the dentists and practice staff, and were shown the relevant entry in specific dental care records and the equipment in place in the treatment rooms. The principal dentist described what alternative precautions were taken to protect the patient's airway during the treatment if a rubber dam was not used.

The practice had safety systems in place to help ensure the safety of staff and patients. These included guidelines about responding to a sharps injury (needles and sharp instruments). The practice was using dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.

We reviewed four staff files and two did not contain evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) for these individuals and risk assessments had not been completed. There were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

Medical emergencies

The practice had mostly suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. They did not have the adult dose of midazolam available as recommended by the guidance. The equipment included an automatic external defibrillator (AED). (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

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heart rhythm) Oxygen and other related items, such as manual breathing aids, were also available. The emergency medicines and equipment were stored in a central location known to all staff.

Staff spoken with told us regular checks were done to ensure the equipment and emergency medicines were in date and safe to use and records seen corroborated this. Training records seen showed not all staff had completed training in emergency resuscitation and basic life support. Staff who had received training when spoken with demonstrated they knew how to respond if a person suddenly became unwell. One member of staff was trained in first aid and a first aid box was centrally located and readily available for use in the practice.

Staff recruitment

The practice relied on the company systems at head office for the safe recruitment of staff which included seeking references, proof of identity and checking qualifications, immunisation status and professional registration. We asked to see the recruitment documents which were held in the practice for four members of staff.

The records seen did not contain all the required information to demonstrate staff had been safely recruited for the protection of patients. The company supplied us with some additional recruitment information the day after the inspection. It was the company policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed staff. These 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.

Records sent following the inspection confirmed these checks were in place. We looked at the recruitment files for four members of staff who had joined the practice in the last 12 months and the documentation sent following the inspection showed they contained appropriate recruitment documentation.

Newly employed staff had an induction period to familiarise themselves with the way the practice ran before being allowed to work unsupervised. Newly employed staff met with the practice manager to ensure they felt supported to carry out their role. Staff spoken with however told us they did not always feel supported to carry out their role.

The practice had a system in place for monitoring staff had up to date medical indemnity insurance and professional registration with the General Dental Council (GDC) The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

Monitoring health & safety and responding to risks

The practice had some systems to monitor health and safety and deal with foreseeable emergencies. There were health and safety policies and procedures in place to support staff, including for the risk of fire and patient safety. Records showed that fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

The practice had a risk management process, including a log of risks identified, to ensure the safety of patients and staff members. For example, we saw a fire risk assessment and a practice risk assessment had been completed. They identified significant hazards but not all the controls or actions taken to manage the risks had been recorded or implemented. For example an accident in which a member of staff sustained a head injury was not fully documented and there were no and actions taken to manage and monitor the injury and staff's well-being.

The practice manager told us the risk assessments were reviewed annually. The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva.

The practice had a detailed business continuity plan to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included staffing, electronic systems and environmental events.

Infection control

There were systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste.

The practice had followed the guidance about decontamination and infection control issued by the

Are services safe?

Department of Health, the 'Health Technical Memorandum 01-05 decontamination in primary care dental practices (HTM01-05)'. This document and the practice policy and procedures for infection prevention and control were accessible to staff.

There was a dedicated decontamination room in the practice which was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in the treatment room and the decontamination room with signage to reinforce this. These arrangements met the HTM01-05 essential requirements for decontamination in dental practices.

We observed the decontamination process and noted suitable containers were used to transport dirty and clean instruments between the treatment rooms and decontamination room. The practice used a washer disinfectant and an ultra-sonic cleaning bath for the initial cleaning process; then following inspection with an illuminated magnifier the instruments were then placed into an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines; however there was no formal system for checking pouched instruments were in date for use.

We were shown the systems in place to ensure the autoclaves used in the decontamination process were working effectively. It was observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were completed and up to date. All recommended tests utilised as part of the validation of the ultrasonic cleaning bath were carried out in accordance with current guidelines, the results of which were recorded in an appropriate log book and demonstrated the efficacy of the equipment.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were segregated and stored at the practice however they were not appropriately managed. We saw the infection control audit undertaken in February 2016 which demonstrated waste management scored 66% and identified a number of areas for improvement.

The results showed not all staff had been trained in the management of waste, however there was an action plan

in which training all staff was recorded but there was no time frame by which this would be done and no date for a re-audit. We asked the manager for documentary evidence to demonstrate staff had been trained and none was available. Staff spoken with demonstrated some understanding, but not all staff, were confident about waste management. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of according to the guidance.

We looked at the treatment rooms where patients were examined and treated and observed the rooms and all equipment appeared clean, uncluttered and well-lit with good ventilation. Staff told us the importance of good hand hygiene was included in their infection control training. A hand washing poster was displayed near to the sink to ensure effective decontamination. There were good supplies of protective equipment for patients and staff members.

We reviewed the last legionella risk assessment report from 2016. The practice had appropriate processes in place to prevent legionella contamination such as flushing of dental unit water lines and regularly testing the water quality used in treatment rooms. These processes ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was a good supply of cleaning equipment which was mostly stored appropriately. We observed the cleaning equipment did not wholly follow published National Patient Safety Association (NPSA) guidance about the cleaning of primary dental care premises. We also observed the mops were inappropriately stored. The practice manager and provider immediately took action to comply with the national guidance. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. The practice manager did not have a system for monitoring the immunisation status of each member of staff for the safety and protection of patients and staff.

Are services safe?

Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the compressor, autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. A portable appliance test (PAT – this shows electrical appliances are routinely checked for safety) had been carried out annually by an appropriately qualified person to ensure the equipment was safe to use.

The practice had policies and procedures regarding the prescribing, recording, use and stock control of the medicines used in clinical practice. The dentists used the on-line British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records.

These medicines were stored safely and staff kept a detailed record of stock in each treatment room. Prescriptions pads were stored securely and details were recorded in patients' dental care records of all prescriptions issued.

Radiography (X-rays)

The practice radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IR(ME)R). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. X-rays were digital and images were stored within the patient's dental care record. We found there were suitable arrangements in place to ensure the safety of the equipment and were shown how the practice monitors the quality of radiographs so patients did not receive unnecessary exposure to radiation. For example, local rules relating to each X-ray machine were maintained; a radiation risk assessment was in place.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays the quality of the X-rays and findings were all recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered. Staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended appropriate training.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed electronic records of the care given to patients. The clinicians carried out consultations, assessments and treatment mostly in line with current National Institute for Health and Care Excellence (NICE) guidelines, Faculty of General Dental Practice (FGDP), guidelines, the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' and the General Dental Council standards.

The dentists described to us how examinations and assessments were carried out. Patients completed a medical history form which included details of health conditions, medicines being taken and allergies, as well as details of their dental and social history which was updated at most visits. The dentists then carried out a detailed examination.

Patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Following examination the diagnosis was discussed with the patient and treatment options and costs explained. Follow-up appointments were scheduled to meet individual requirements however they were not always accessed in a timely way due to the practice cancelling appointments at short notice because of staffing issues. We saw evidence the dentists followed the current NICE dental recall intervals between oral health reviews.

We checked dental care records to corroborate what was described to us and found the records were complete and contained sufficient detail about each patient's dental treatment. Details of medicines used in the dental treatments were recorded which would enable a specific batch of a medicine to be traced to the patient in the event of a safety recall or alert in relation to a medicine.

We saw patients had signed their treatment plans containing details of treatment and associated costs. Patients confirmed in CQC comment cards that dentists were clear about treatment needs, options, and treatment plans were informative.

Health promotion & prevention

The practice had a focus on preventative care and supporting patients to ensure better oral health in line with

'The Delivering Better Oral Health toolkit'. (Delivering better oral health' is an evidence based toolkit to support dental teams in improving their patient's oral and general health published by Public Health England.

The practice had appointed two dental hygienists to work alongside the dentists to deliver preventive dental care. Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to them in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. The medical history form patients completed included questions about smoking and alcohol consumption. Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice.

The practice provided health promotion information to support patients in looking after their general health using leaflets, posters, a patient information file and via their noticeboard situated in the waiting room. This included making patients aware of the early detection of oral cancer. Patients reported they felt informed about every aspect of dental care and treatment pertaining to the health of their teeth and dental needs.

Staffing

The practice team consisted of one employed dentist and two locum dentists; one trained dental nurse and three trainee dental nurses; two hygienists, a receptionist and a practice manager. The practice manager had no system for planning ahead to ensure sufficient staff were available to run the service safely and meet patient needs. This had resulted in cancelled appointments at short notice for patients. In discussion with the provider we were told they had been unable to recruit permanent staff and had been running the practice with locum dentists for the last six months. They hoped this would change soon.

The dental hygienists did not work with chairside support. We pointed this out to the practice manager and referred them to the guidance set out in the General Dental Council's guide 'Standards for the Dental Team' specifically standard 6.2.2 working with other members of the dental team. The practice manager told us current staffing levels did not enable this but they would discuss this further with the provider.

Are services effective?

(for example, treatment is effective)

The practice manager kept a record of all training carried out by staff however they did not monitor it to ensure staff had the right skills to carry out their work. Mandatory training included basic life support and infection prevention and control, however not all staff had received this training. New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. One of the newer members of staff told us it was an on line course which they had completed at home with no interactions with staff in the practice.

Staff had access to policies which contained information that further supported them in the workplace. All clinical staff were required to maintain an on-going programme of continuing professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff.

There was no appraisal system in place to identify training and development needs. Staff we spoken with told us they had accessed specific training in the last six months in line with their professional needs.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. Dentists could refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as special care dentistry and oral surgery. We saw several examples of referrals made by the dentists.

The referral forms seen had been appropriate and contained comprehensive information. We observed the practice used a referral tracking system to monitor referrals from the practice. This ensured patients were seen by the right person at the right time.

Consent to care and treatment

The dentists described how they obtained valid, informed consent from patients by explaining their findings to them and keeping records of the discussions. Patients were given a treatment plan after consultation and assessment, and prior to commencing dental treatment.

The patient's dental care records were updated with the proposed treatment once this was finalised and agreed with the patient. The signed treatment plan and consent form were retained in the patients' dental care records. The plan and discussions with the clinicians made it clear a patient could withdraw consent at any time and they had received an explanation of the type of treatment, including the alternative options, risks, benefits and costs.

The dentist described to us how they obtained verbal consent at each subsequent treatment appointment. We saw this confirmed in the dental care records.

The dentists told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken. They demonstrated a good understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).

The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The dentists and staff we spoke with had a limited understanding and application of the MCA in practice. Staff had not received MCA training. We asked the practice manager if they had any planned dates for the training and were told no were planned.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback given by patients on the 14 CQC comment cards demonstrated patients felt they were always treated with kindness and respect, and staff were friendly, caring and helpful.

The treatment rooms were situated away from the main waiting areas and we saw the door was closed at all times when patients were with the clinician. Several patients confirmed in CQC comment cards staff put them at ease.

The practice manager told us they would act upon any concerns raised by patients regarding their experience of attending the practice.

To maintain confidentiality electronic dental care records were password protected and paper records were securely stored. The design of the reception desk ensured any

paperwork and the computer screen could not be viewed by patients booking in for their appointment. Policies and procedures in relation to data protection, security and confidentiality were in place and staff were aware of these.

We observed staff in the reception area were polite and helpful towards patients and the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

The dentists discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. We saw this documented in the dental care records. Patients commented in all 14 CQC comment cards they were listened to and involved in their care. Patients confirmed treatment options, risks and benefits were discussed with them and they were provided with helpful information to assist them in making an informed choice.

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. Fees were displayed in the waiting rooms and 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 provided patients with information about the services they offered in the practice leaflet and on their website. The services provided included prevention advice and treatment alongside the specialist dental care available.

Patients' feedback demonstrated they had flexibility and choice to arrange appointments in line with other commitments. However they reported they could not always be sure a dentist would be available. The 14 CQC comment cards report appointments were often cancelled at short notice or were not available for emergency treatment when patients had dental pain. Patients had reported having to access other services in the surrounding area for emergency treatment.

On arrival for their appointment patients booked in with the receptionist but reported they were not kept informed if there were any delays to appointment times.

We observed space was left daily in the appointment book so dentists could provide urgent care when required but this was dependant on a dentist being available in the practice. The receptionists we spoke with told us it was a lovely place to work but very stressful as they always had to cancel appointments and felt unsupported.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place but had not provided training to support staff in understanding and meeting the needs of patients.

They had completed a Disability and Discrimination Act (DDA) assessment and made adjustments, for example to accommodate patients with limited mobility. There was

wheelchair access to the waiting area and to facilities on the ground floor. Information was in English but translation services could be utilised if necessary via access to a language line.

Access to the service

The practice displayed its opening hours on the website, in the waiting room and in leaflets. It is open Monday to Friday, 09:00am - 1:00pm and 2:00pm - 5:30pm and closed at weekends. When the practice is closed the emergency contact numbers are displayed on their website. Contact information is available from the practice telephone answering service.

The 14 CQC comment cards seen reflected patients felt they had limited access to the service and appointments were not always flexible to meet their needs.

Concerns & complaints

The practice had a complaint policy which provided staff with clear guidance about how to handle a complaint. The policy explained the process to follow, and included other agencies to contact if the complaint was not resolved to the patients satisfaction. Staff told us if they raised any formal or informal comments or concerns with the practice manager they were responded to appropriately and in a timely manner.

The practice had received 13 complaints in the last 12 months. We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients.

We found there was a system in place which ensured a timely response and sought to address the concerns promptly and efficiently to effect a satisfactory outcome for the patient. The practice manager and staff told us complaints were not discussed amongst the team. There was no system for identifying learning from the complaints and sharing it with the staff team for the well-being of patients.

Are services well-led?

Our findings

Governance arrangements

The practice had some governance arrangements in place to ensure risks were identified, understood and managed. The practice manager was responsible for the day to day running of the service. They took the lead role for individual aspects of governance such as complaints, risk management and audits within the practice and sought to ensure there were systems to monitor the quality of the service such as risk assessments.

We asked the practice manager if they had any evidence of audits undertaken at the practice to monitor and improve the quality of service provided. They showed us a waiting time audit which had been completed in July 2015. However there was no analysis of this audit with outcomes identified and no action plan to address shortfalls. We also saw a clinical record keeping audit which had been undertaken by the provider in July 2016 and showed a significant number of areas for improvement. An action plan had been drawn up however there was no evidence this had been implemented or was being monitored.

We were shown an infection control audit which had been completed in February 2016 and demonstrated a significant shortfall from the essential standards required with a score of 66% for the management of waste. The audit identified not all staff had received waste disposal training and were not confident of the various waste disposal protocols. We asked the practice manager for an action plan and were told one was not available. Staff we spoke with had not received specific waste management training since the audit.

The practice manager told us they were aware they lacked some of the skills and knowledge to operate an effective governance system to fully assess, monitor, mitigate risks and improve the quality of service provided. The practice manager told us they were currently applying to be the registered manager and had asked the provider for help in preparing for this process.

The practice had a range of policies and procedures to support the management of the service. We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the

service. We saw risks such as those associated with recruitment of staff, environmental safety, infection control, sharps usage and medicine control had not been suitably identified and mitigated.

The practice undertook regular meetings involving all the staff in the practice and records of these meetings were retained. Lead roles, for example in infection control and safeguarding supported the practice had not been identified to manage risks and help ensure information was shared with all team members.

There were policies and procedures in place to govern activity and had been reviewed within the last 12 months. Staff were aware of the policies and procedures and acted in line with them in as much as their knowledge allowed. These included guidance about confidentiality, record keeping, managing violence and aggression, inoculation injuries and patient safety.

Leadership, openness and transparency

The practice held regular staff meetings to support staff communication in the practice. We saw evidence which showed meetings were used to support communication about aspects of service provision and share information from the company.

Staff told us they could speak to the manager if they had any concerns and the manager said they operated an open door policy. The manager was open about the practice governance arrangements and we saw evidence of transparency, for example, in the practice complaint procedures.

The practice had a statement of purpose that described their vision, values and objectives. We observed, and staff told us, the practice was a friendly environment to work in and they enjoyed coming to work at the practice. However it could be stressful at times due to the lack of staff availability and they felt there was a lack of support at times to assist them in their role within the practice.

The provider was aware of the requirements of the Duty of Candour. Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

Management lead through learning and improvement

The practice had some understanding of the need to ensure staff had access to learning and improvement

Are services well-led?

opportunities. Staff working at the practice were not fully supported to maintain their continuing professional development as required by the General Dental Council. Records seen showed professional registrations were up to date for all staff however there was little evidence continuing professional development was taking place or that it was being monitored by the practice manager for the benefit of patients.

The practice manager carried out some quality assurance measures to encourage continuous improvement for example: infection control audit. The audit results seen indicated no actions had been taken to improve the quality of service provided.

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

We saw patients and staff were engaged and involved.

The practice had systems in place to seek and act upon feedback from patients using the service.

The practice gathered feedback from patients through the NHS Friends and Family Test (FFT), NHS Choices, compliments and complaints.

Results of the most recent internal analysis of patient feedback indicated that 47% of patients were not happy with the care provided by the practice and patients would not recommend the practice to family and friends. The results had identified patients were unhappy with the lack of appointment times; cancelled appointments at short notice and lack of continuity of dentist(s). The practice manager told us they hoped to resolve this in the coming months but they had no specific action plan. The provider told us they were looking to recruit more staff but did not have a plan of how they were going to do this or a time frame for completion.

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>How the regulation was not being met:</p> <ul style="list-style-type: none">• There was a lack of appropriate systems in place to assess, monitor and improve the quality and safety of services provided.• Risk assessments were not always complete and some aspects of service provision had not been risk assessed in accordance with current guidance.• Records relating to the management of regulated activities were not created and, amended appropriately in accordance with current guidance.• Patients who used services and others were not protected against the risks associated with recruitment processes as not all the required information was available to the practice manager .• The provider must evidence they employ 'fit and proper' staff who are able to provide care and treatment appropriate to their role and to enable them to provide the regulated activity. <p>Regulation 17(1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Staff did not receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to carry out. There was limited evidence of appraisals and limited evidence of induction for new staff when they started working at the practice.

This section is primarily information for the provider

Requirement notices

Regulation 18 (1)&(2)