Mr. Paul Brown

Framlingham Dental Practice

Inspection Report

26-28 Bridge Street
Framlingham
Suffolk
IP13 9AH
Tel:001728 7236511728 723651
Website: https://www.aldeburghdentist.co.uk

Date of inspection visit: 21 May 2019
Date of publication: 28/06/2019

Overall summary

We carried out this announced inspection on 20 May 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

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

Framlingham Dental Practice is in Framlingham and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available in car parks near the practice.

The dental team includes three dentists, three dental nurses and one trainee dental nurse, and the reception manager. The practice has four treatment rooms, one room is currently not in use.

Summary of findings

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at Framlingham Dental Practice was the principal dentist.

On the day of inspection, we collected 34 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, two dental nurses, one dental hygienist, one receptionist and the reception manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday from 8.30am to 5.30pm. The practice opens from 8am on Tuesday mornings. Thursday evening appointments are available by appointment.

Our key findings were:

- We received positive comments from patients about the dental care they received and the staff who delivered it.
- The practice appeared clean and well maintained. A five-year fixed wire test had not been completed.
- The practice staff had infection control procedures which reflected published guidance. We found the practice did not have records of six-monthly infection control audits.
- Appropriate medicines and some life-saving equipment were available. The practice was missing some essential medical emergency equipment such as the required clear face masks and ambu bags. Staff Basic Life Support (BLS) training was overdue.
- The practice had some systems to help them manage risk. However, risk assessments were limited.
- A legionella risk assessment had been undertaken. There was limited evidence that any recommended actions had been reviewed and completed.
- There was limited evidence that any recommended actions from the most recent radiation surveys had been reviewed or completed. The X-ray annual mechanical electrical checks had not been undertaken.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

We identified regulations the provider was not meeting. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation/s the provider was/ is not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Assess any potential risks of staff lone working in the practice and implement suitable control measures to minimise them.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Introduce protocols regarding the prescribing of antibiotic medicines and review the practice's protocols for the security of NHS prescription pads in the practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

Not all equipment was maintained according to manufacturers' instructions, the ultra-sonic bath had not been serviced despite inconclusive results from quarterly tests. The X-ray annual mechanical electrical checks were not undertaken. There was no five-year fixed wiring check in place for the building.

Actions identified in the radiation survey by the radiation protection adviser (RPA) from 2017 and since and surveys before that date back to 2012, had not been reviewed or completed.

There was a lack of risk assessments in particular to ensure the provider had oversight of the specific risks associated with the hygienist working without chair side support.

Recommendations identified in the legionella risk assessment undertaken in 2017 had not been reviewed or completed. There was no legionella staff lead or legionella training undertaken.

Appropriate life-saving equipment were not all available. We noted the practice was missing some essential medical emergency equipment such as ambubags and clear face masks. Staff BLS training was overdue.

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as a great service with attention to detail. The dentists discussed treatment with patients, so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

Summary of findings

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?

No action

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

We received feedback about the practice from 34 people. Patients were positive about all aspects of the service the practice provided. They told us staff were supportive, wonderful and caring.

They said that they were given informative, thorough and honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss. We were informed that patients could invite family relations to attend to assist. This could present a risk of miscommunications/ misunderstandings between staff and patients.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

Requirements notice

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/ Enforcement Actions section at the end of this report).

We identified a number of shortfalls during our inspection including systems to ensure facilities and equipment were safe, equipment was maintained according to manufacturers' instructions, arrangements to ensure the safety of the X-ray equipment and oversight of the actions identified in radiation audit from 2017. There was a lack of risk assessments in particular to ensure the provider had oversight of the specific risks associated with the hygienist working without chair side support, there was no oversight of the recommendations identified in the

Summary of findings

legionella risk assessment undertaken in 2017. There was no legionella staff lead and no legionella training, and not all of the medical emergency equipment was available, staff BLS training was overdue, and no scenario practice, all of which demonstrated that some governance procedures in the practice were ineffective.

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays).

The practice had systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice. The reception manager described how the practice would work with the sister practice in Aldeburgh in the event of any disruption.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had some systems to ensure facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. However, we found not all checks for the radiation equipment had been undertaken, such as the annual mechanical electrical checks, despite recommendations from the radiation protection adviser since the report in 2017. We noted the ultrasonic bath was 18 months old and had not been serviced, despite inconclusive results from quarterly foil tests. In addition, a five-year fixed wire test had not been undertaken at the premises.

Arrangements to ensure the safety of the X-ray equipment were not robust. We found that whilst three yearly surveys had been completed annual checks plus recommendations from the survey undertaken in 2017 had not been actioned. We noted the survey recommended the lead lining of one treatment room wall which was adjacent to a patient waiting room. There was no evidence that this had been completed. We discussed this with the provider who confirmed the door to this treatment room had been lead lined but was unable to confirm what action had been taken to line the wall. We asked the provider to take immediate action to ensure patients were not at risk. Following our inspection, the provider sent us confirmation that they had contacted their radiation protection advisor to establish what work had been completed and what further action was required. We noted the practice were given guidance by the radiation protection advisor the following day to ensure patients and staff were not put at risk when this equipment was in use. There was an additional recommendation for the practice to frequently audit their procedures in the future.

Not all X-ray equipment was fitted with rectangular collimation. Acollimatoris a metallic barrier with an aperture in the middle used to reduce the size and shape of the X-ray beam, thereby also reducing the volume of irradiated tissue in the patient.

Are services safe?

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. However, we found where actions were identified during risk assessment the actions were not always followed up or completed by the practice.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. However, we noted nurses were handling matrix bands, sharps boxes were not signed or dated and were not always stored securely and out of reach. We discussed these issues with the provider who confirmed they would be using disposable matrix bands in future and would review the procedures for sharps boxes.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. We noted there was no record of immunity in one staff record we looked at.

Medical emergency training in emergency resuscitation and basic life support (BLS) was undertaken by staff in November 2017. We were told by the practice that BLS training had been scheduled for November 2019. No scenario practice had been undertaken by staff in the interim period to ensure staff knew how to respond to a medical emergency.

Emergency equipment and medicines were available. The practice was missing some essential medical emergency equipment such as a size zero airway, not all the required sizes of clear face masks were available and there were no ambubags.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. A lone worker risk assessment was not in place to ensure the provider had oversight of the specific risks associated with the hygienist working without chair side support.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed some equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. We noted the ultrasonic bath had not been serviced.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of legionella or other bacteria developing in the water systems, in line with a risk assessment. Records of water testing and dental unit water line management were in place. However, we found that the 20 recommendations identified in the risk assessment undertaken in 2017 had not been actioned or completed. There was no evidence that a legionella lead was in place or staff had undergone legionella training.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

Staff uniforms were laundered at the practice, staff uniforms were clean and their arms were bare below the elbows to reduce the risk of cross contamination. We noted staff changed out of their uniforms at lunch. The practice carried out infection prevention and control audits

annually, but not as regularly as recommended by guidance which states completion on a six-monthly basis. The latest audit showed the practice was meeting the required standards. The practice did not have an annual infection control statement. We noted some loose items were stored in treatment room drawers including unpouched matrix with bands on, sucker tips and triple syringe tips. We discussed these concerns with the management team who confirmed systems would be put in place to review these issues. We were told one member of staff had started to clear loose items from the treatment room drawers before we completed our inspection.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with General Data Protection Regulation (GDPR) protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of emergency medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

There was scope to improve the processes at the practice for storing and tracking records of NHS prescriptions as described in current guidance. We noted cupboards where these were stored were not locked and there were no systems in place to track or audit issued prescriptions.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were not undertaken. There were no systems in place to demonstrate the dentists were following current guidelines.

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 34 comment cards that had been completed by patients prior to our inspection. All the comments received reflected patient satisfaction with the quality of their dental treatment and the staff who delivered it. Patients described the interaction between themselves and the dentist, which included detailed discussions about treatment plans and the provision of treatment to a high standard.

We noted Sepsis (a serious complication of an infection) guidance was displayed, however not all staff had a clear understanding of the implications of sepsis and the common signs and symptoms. Not all the staff were aware of the Local Safety Standards for Invasive Procedures (LocSSIPs) for wrong site extraction in Dentistry.

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to them. Our discussions with the dentists demonstrated that they were aware of, and worked to, guidelines from National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. The practice had systems to keep dental practitioners up to date with current evidence-based practice.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. Three part-time dental hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale, there were a limited selection of health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. The practice had processes in place to establish and confirm parental/legal responsibility when seeking consent for children and young people.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited some patients' dental care records to check that the dentists recorded the necessary information. There was scope to ensure these were undertaken for all clinicians.

Effective staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us there were enough of them for the smooth running of the

Are services effective?

(for example, treatment is effective)

practice. However, the hygienists worked without chairside support, which was not in line with GDC best practice standards. The management of the practice was overseen by the reception manager. We were told they were supported by the practice manager from the sister practice.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and comment cards we received described staff as excellent, first class and supportive when dealing with nervous children. Other patients told us that staff were great with their children and were polite and professional. Nervous patients told us that staff were sympathetic and understanding of their fears.

Patients suggestions for more children's books in the waiting areas and evening appointments had been implemented.

Information folders were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Dental records we reviewed showed that treatment options had been discussed with patients.

Interpretation services were available for patients who did not speak or understand English. We were informed that patients could invite family relations to attend to assist. This could present a risk of miscommunications/ misunderstandings between staff and patients.

Staff communicated with patients in a way that they could understand. For example, staff described how they supported patients with reduced vision and hearing, supporting patients who lip-read by speaking clearly or writing things down when needed and directing patients to chairs or supporting them with paperwork.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice. We found there was limited use of treatment information leaflets to help patients better understand what was involved.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a ground floor treatment room and a hearing loop. There were magazines and children's books and drinking water available in the waiting rooms to keep patients occupied whilst they waited. There was also a helpful information folder about the practice and details of the staff who worked there.

A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

They took part in an emergency on-call arrangement with the NHS 111 out of hours service and with the sister practice in Aldeburgh.

The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The principal dentist was responsible for dealing with these. Staff would tell the principal dentist or reception manager about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had overall responsibility for both the management and clinical leadership of the practice. As there was not a dedicated practice manager, there was no clear direction or oversight at the practice for a number of administrative tasks. It was clear staff had struggled to find direction and guidance and to keep on top of these administrative tasks and would benefit from some clear lines of allocation and management.

Staff spoke highly of the principal dentist, telling us he was approachable, it was clear staff worked and communicated well together. Staff told us they enjoyed their work, we noted some staff had worked there for several years. However, some staff expressed the need for better coordination in governance and management areas within the practice.

Vision and strategy If applicable

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. Staff described the business plans the practice was in the process of undertaking which included updating computer software, installing linked services between the practice and the sister practice and the potential development of the fourth treatment room.

Culture

The practice had a culture of high-quality sustainable care. Staff said they felt respected and were clearly proud to work in the practice. Staff described the team building holidays the practice team took part in. The latest holiday had been a four-day break in Austria were staff took part in a paragliding exercise.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

Governance and management

We identified a number of shortfalls during our inspection including systems to ensure facilities and equipment were safe, equipment was maintained according to manufacturers' instructions, arrangements to ensure the safety of the X-ray equipment, oversight of the actions identified in radiation audit from 2017 and before. There was a lack of risk assessments in particular to ensure the provider had oversight of the specific risks associated with the hygienist working without chair side support, there was no oversight of the recommendations identified in the legionella risk assessment undertaken in 2017. There was a lack of a legionella staff lead and no legionella training. Not all of the required medical emergency equipment was available and staff BLS training was overdue, which demonstrated that some governance procedures in the practice were ineffective.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys, comment cards and verbal comments to obtain patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We noted results since January to April 2019 were wholly positive.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service.

Continuous improvement and innovation

The practice did not have robust quality assurance processes to encourage learning and continuous improvement. For example, audits of dental care records, radiographs and infection prevention and control were not in line with recommended guidance. Where risk assessments had identified recommended actions there was no oversight or evidence of the resulting action plans and improvements being completed.

Are services well-led?

The whole staff team had annual appraisals. They discussed learning needs and general wellbeing. We saw evidence of completed appraisals in the staff folders.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12 Care and treatment must be provided in a safe way for service users The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: Staff BLS training had not been reviewed since 2017. There was no named legionella lead in place and staff had not completed legionella training. Checks in place were not effective to monitor all emergency equipment. **Regulation 12**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 Good governance

This section is primarily information for the provider

Requirement notices

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

How the regulation was not being met

There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

There was no system in place to ensure good governance and effective leadership in the practice.

The provider had limited oversight of systems to monitor the servicing of equipment at the practice.

There was no oversight by the provider of what further action was required with regard to the actions identified from the full survey of radiation equipment in 2017.

The provider had no oversight of what further actions were required with regard to the 20 recommendations identified in the January 2017 legionella risk assessment.

Audits of radiography, dental records and infection prevention and control were not undertaken at regular intervals to improve the quality of the service.

Auditing systems were limited and had been ineffective in identifying a number of shortfalls we found during our inspection.

Regulation 17