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St Albans Dental Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 21 January 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

St Albans Dental Centre is a general dental practice which is part of the Southern Dental corporate close to St Albans city centre in Hertfordshire. The practice offers predominantly NHS and some private dental treatment to adults and children.

The premises are located on the ground and first floor and consist of four treatment rooms, a reception area, a waiting room and a designated decontamination room.

The staff at the practice consist of a practice manager, three dentists, a dental hygienist, a receptionist, a qualified dental nurse and three trainee dental nurses. The practice manager also managed two other Southern Dental practices.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.

Summary of findings

- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- There were some effective systems in place to reduce the risk and spread of infection. We found the treatment rooms and equipment were mostly visibly clean.
- There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers, oxygen cylinder and the X-ray equipment.
- We found the dentists and dental hygienist regularly assessed each patient's gum health and dentists took X-rays at appropriate intervals.
- The practice kept up to date with current guidelines when considering the care and treatment needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- Staff demonstrated knowledge of the practice whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.
- At our visit we observed staff were kind, caring and professional. Some staff had worked at the practice for a long time and demonstrated they knew patients well when they greeted them.
- We received feedback from 40 patients. Comments we received indicated patients felt they received very good service, detailed explanations of available treatments and helpful advice from a practice team who were very polite and caring.
- The practice had a well-publicised complaints process. However, the practice was not following its own policy, did not have a system for recording verbal complaints and information about the complaints received by the practice did not correlate with information sent to us from the head office prior to our inspection.
- There was a lack of an effective system to assess, monitor and improve the quality and safety of the services provided.
- The practice was not undertaking X-ray audits which was not in accordance with current guidance.There was no person identified to maintain oversight of the practice in the absence of the practice manager.
- The risks associated with ascending and descending the internal stairs had not been adequately mitigated.

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

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

- Ensure an effective system is established to assess, monitor and improve the quality and safety of the services provided.
- Ensure audit learning points are shared with all relevant staff and resulting improvements can be demonstrated as part of the audit process.

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

- Review the practice complaints procedures to ensure there is an effective process in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients.
- Review the risk associated with the steep internal stairs to ensure patients, staff and visitors are adequately supported to ascend and descend the stairs safely.
- Ensure a range of suitable literature or information is available for patients in relation to maintaining good oral and general health.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and in line with current guidelines. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were safe for the provision of care and treatment.

Are services effective?

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

The practice provided evidence based dental care which was focussed on the needs of the patients. We saw examples of effective collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) training and were meeting the requirements of their professional registration.

Are services caring?

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

Patients told us they had very positive experiences of dental care provided at the practice. Patients told us they received excellent care and detailed explanations of treatment options from a practice team who were very friendly, caring and professional and we observed this during our inspection. Some staff had worked at the practice for several years and demonstrated they understood patients' individual care and support needs. Staff spoke with enthusiasm about their work and were proud of what they did.

Are services responsive to people's needs?

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

The practice provided friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. The practice offered dedicated emergency appointments each day enabling effective and efficient treatment of patients with dental pain. However, the practice had not fully taken into account the need of the local population as they had not provided adequate support to patients in ascending and descending the internal stairs. In addition, although there was a well-publicised complaints system, the practice was not following its own complaints policy and information held by the head office did not correlate with information the practice held in relation to complaints received.

Are services well-led?

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

Summary of findings

Staff told us the practice manager was very approachable and supportive and the culture within the practice was open and transparent. All staff were aware of the practice ethos and philosophy and told us they felt well supported and able to raise any concerns where necessary. Staff told us they enjoyed working at the practice and felt part of a team. They would recommend the practice to a family member or friends.

However, the practice had did not have effective clinical governance and risk management structures in place. We had concerns the practice did not have systems in place to monitor the oversight of the practice when the practice manager was working at the other two practices that they managed.

St Albans Dental Centre

Detailed findings

Background to this inspection

The inspection was carried out on 21 January 2016 by a CQC inspector and a dental specialist advisor. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice policies and protocols, clinical patient records and other records relating to the management of the service. We spoke with the practice manager, three dentists, a dental nurse, a trainee dental nurse and the receptionist. We also spoke with the organisation's head of compliance who was supporting the practice on the day of our inspection.

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?

This informed our view of the care provided and the management of the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was a system in place to learn from and make improvements following any accidents, incidents or significant events which was open and transparent.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence.

Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result such as further staff training.

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's safeguarding team, social services and other agencies including the Care Quality Commission. Staff had completed safeguarding training and demonstrated to us their knowledge of how to recognise the signs of different kinds of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. This included and identified the practice's safeguarding lead.

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.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments). Only dentists or the dental hygienist were permitted to re-sheath needles where necessary in order to minimise the risk of inoculation injuries to staff.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for both adults and children. Oxygen and medicines for use in an emergency were available. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use.

Records showed staff regularly completed training in emergency resuscitation and basic life support including the use of the 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 heart rhythm. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

We asked the practice manager how they could ensure that all staff were competent and confident in being able to respond quickly if a medical emergency had occurred. They told us that staff practiced different medical emergency scenarios in order to refresh their skills. Staff we spoke with confirmed this.

Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for three staff members. Each file contained evidence that satisfied the requirements of relevant legislation. This included application forms, employment history, evidence of qualifications and photographic evidence of the employee's identification and eligibility to work in the United Kingdom where required. The qualification, skills and experience of each employee had been fully considered as part of the interview process.

Appropriate checks had been made before staff commenced employment including evidence of their professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had been carried out. The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Monitoring health & safety and responding to risks

There were some arrangements in place to deal with foreseeable emergencies. We found the practice had not been assessed for risk of fire. We discussed this with the practice management team who resolved to immediately address this. We received confirmation after our inspection that this had been carried out. Although the full results were not yet available we were assured that any improvement actions identified would be carried out as soon as possible.

Are services safe?

We observed fire safety signs were clearly displayed, fire extinguishers had been recently serviced and staff demonstrated to us they knew how to respond in the event of a fire.

The practice had a health and safety risk management process in place which helped them to assess, mitigate and monitor risks to patients, staff and visitors to the practice. However, we had concerns that risks were not always identified, and those that were identified were not always adequately mitigated. For example, we noticed that the stairs leading from the ground to the first floor were quite steep and narrow. The practice had displayed signs to warn people using the stairs that they were steep; however, staff told us some patients had complained about the difficulty of using the stairs. Staff told us that they and some patients had suggested (on more than one occasion) that a second handrail could be installed to assist people in ascending and descending the stairs but this had not been actioned. We discussed this with the practice management team who told us they would contact the provider's facilities department to reassess the situation.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found this to be comprehensive where risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

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

We examined the facilities for cleaning and decontaminating dental instruments. The decontamination nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (PPE), including heavy duty gloves and a mask, while instruments were decontaminated and rinsed prior to being placed in an autoclave (sterilising machine). We observed there were good supplies of PPE available

We saw instruments were placed in pouches after sterilisation and dated to indicated when they should be reprocessed if left unused. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

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 appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

We looked at the treatment rooms where patients were examined and treated. Most rooms and equipment appeared visibly clean. However, we observed in one treatment room (which was not being used on the day of our inspection) that the spittoon adjacent to the dental chair was visibly stained and unclean. Although a cleaning schedule was in place and had been completed, it did not specifically mention the spittoon. We bought this to the attention of the practice manager who arranged for it to be immediately cleaned. We also observed that the rinsing sink in the decontamination room looked unclean in that it appeared to be quite stained with water splashes and marked with lime scale. Although the practice manager told us they had tried to clean it thoroughly and the marks could not be removed, when we tried to clean it during the inspection we found at least some of the marks were removable. The practice manager accepted this and advised us they would ensure this is monitored more closely in future.

Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective hand washing. Wall mounted hand wash gel and alcohol rub were available to use. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. We observed there were good supplies of personal protective equipment for patients and staff

Are services safe?

members. However, some staff told us the practice had previously run out of masks as the provider's ordering system had meant they had not been able to re-order the supplies they needed in time. The practice management team told us this was very unlikely to recur as the practice ordering system had been reviewed.

Records showed a risk assessment process for Legionella had been carried out and was due to be undertaken again in May 2016. This process 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 environmental cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spreading

Equipment and medicines

There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the annual servicing certificates. An effective system was in place for the prescribing, dispensing, administration and stock control of the medicines used in clinical practice such as local anaesthetics. These medicines were stored safely for the protection of patients and prescription pads were also stored securely.

Radiography (X-rays)

We checked the practice's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available. We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

In order to keep up to date with radiography and radiation protection and to ensure the practice is in compliance with its legal obligations under Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000, the General Dental Council recommends that dentists undertake a minimum of five hours continuing professional development training every five years. We asked to see evidence that the dentists had completed this training within the last five years. The practice manager told us they had requested this information from the dentists but not everyone had supplied this to them. We could not therefore be assured that all of the dentists had completed the recommended training and discussed this with the practice management team. They resolved to address this immediately by identifying which dentists might not be up to date and arranging for the relevant training to be undertaken.

After our inspection the practice provided us with information which demonstrated all dentists were up to date with their IRMER training.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for people using best practice

The dentists told us they regularly assessed each patient's gum health and the dentists took X-rays at appropriate intervals. We asked the dentists to show us some dental care records which reflected this. Records showed an examination of a patient's soft tissues (including lips, tongue and palate) had been carried out and dentists had mostly recorded details of the condition of patients' gums using the basic periodontal examination (BPE) scores although this was not always consistent. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). In addition they recorded details of treatment options offered to or discussed with patients as well as the justification, findings and quality assurance of X-ray images taken.

The regional clinical lead undertook record keeping audits in order to identify any improvements needed. Although dentists were supported in this process to improve their record keeping where relevant; these results were not consistently shared with the practice manager who was then unable to monitor improvements. We discussed this with the management team who agreed to resolve this.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

The practice held regular meetings to discuss ways in which they could improve the care and treatment offered to patients. Dentists we spoke with told us they planned to increase the frequency of the meetings to ensure they continued to offer the best possible care for their patients.

Health promotion & prevention

The practice promoted the maintenance for good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients. We observed there were no leaflets or other literature available to patients in the waiting room to inform patients how to maintain good oral and general health. Staff told us the practice used to have these available but stocks had been depleted and had not been replaced. We discussed this with the practice management team who resolved to address this.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. This was also recorded in the dental care records we reviewed.

Staffing

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. For example, trainee dental nurses were able to shadow a more experienced dental nurse until they felt competent to assist the dentist on their own.

Clinical staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies, safeguarding vulnerable children and adults and infection control and prevention.

There was an appraisal system in place which was used to identify training and development needs. Staff told us they had found this to be a useful and worthwhile process; they felt well supported by the practice manager and they were given opportunities to learn and develop.

Working with other services

Referrals for patients when required were made to other dental specialists. The practice had a system in place for referring patients for dental treatment and specialist procedures such as oral surgery, periodontal treatment and sedation. Staff told us where a referral was necessary, the care and treatment required was fully explained to the patient. Referrals made were recorded and monitored by each dentist to ensure patients received the care and treatment they required in a timely manner.

Consent to care and treatment

The practice ensured informed consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits were

Are services effective?

(for example, treatment is effective)

discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients signed consent forms for treatments such as endodontics, extractions and prosthodontics. Dental care records we reviewed reflected this. Patients were given time to consider and make informed decisions about which option they wanted.

All staff had undertaken training in the Mental Capacity Act 2005 (MCA). This provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

Staff members we spoke with were clear about involving children in decision making and ensured their wishes were respected regarding treatment. They were familiar with the concept of Gillick competence regarding the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

Are services caring?

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Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff reported (and we saw from the appointment book) the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

There were systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. This included checks for laboratory work such as crowns and dentures fixtures which ensured delays in treatment were avoided.

Several patients told us the practice team were very understanding of, and sensitive to, their anxieties in relation to the anticipation of dental treatment which included taking time to ensure it was as pain free as possible. They told us how staff had turned what used to be a difficult experience into a pleasant one.

Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions. The staff at the practice spoke a number of different languages between them. However, if staff were unable to communicate fully with a patient due to a language barrier they could encourage a relative or friend to attend who could translate or they would contact a translator.

The needs of the local population were not fully identified, understood or taken into account when planning services. An audit had been undertaken in January 2016 to ensure the practice met the requirements of the Equality Act 2010 and they had considered the support needs of patients who visited the premises. However, this had not identified the need to provide extra support to patients to manage the steep and narrow stairs. Patients using wheelchairs or those with limited mobility could be seen in a downstairs treatment room although there were no accessible toilet facilities. The practice was unable to modify the premises to provide an accessible toilet and told us they advised patients of this when scheduling appointments.

Access to the service

We asked staff how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment. Each day the practice was open, emergency treatment slots were made available for people with urgent dental needs. Staff told us patients requiring emergency care during practice opening hours were always seen the same day. This was reflected in patients' feedback we reviewed.

Concerns & complaints

There was a complaints policy which provided staff with information about handling formal and informal complaints from patients. Staff told us the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

Information for patients about how to make a complaint was available in the practice's waiting room. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We reviewed the complaints log held at the practice. This showed one complaint had been received within the last year and had been acknowledged. The practice had not followed their own policy in that they had not completed a front sheet to summarise the action taken. In addition the complaints log we reviewed at the practice did not correlate with the summary complaints log we were sent prior to the inspection in that it contained different information about four other complaints that had been received by the provider's head office. We discussed this with the practice management team who told us they thought this could be due to the fact that when patients submitted complaints online, it was not always possible to identify which practice they were complaining about. This had resulted in the complaints tracker received from the provider's head office showing incorrect information. Although we were told that the provider was working to address this, we had concerns the practice manager was not able to effectively monitor or manage the complaints process due to the conflicting information held.

Are services responsive to people's needs?

(for example, to feedback?)

Staff members told us that they and some patients had complained about the safety of the stairs and that although they would report concerns to the practice manager, there was no formal system in place to record, act upon or respond to these verbal comments.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements of the practice were developed through a process of continual learning. The practice manager liaised regularly with the staff team in order to identify any improvements needed and share learning.

Staff at the practice spoke very highly of the support they received from the practice manager, who had responsibility for the day to day running of the practice. The practice manager was not always a visible presence due to their commitments in managing two other practices. Although staff told us the practice manager could be contacted remotely when absent, we had concerns that there was no deputy identified responsible for oversight of the practice in their absence and that some governance processes were not effectively monitored and were overlooked. For example, there were discrepancies in the information held by the practice in relation to complaints received in that it did not correlate to the information held by the organisations head office; the practice had not fully mitigated the risks associated with the steep internal stairs and we observed isolated areas that appeared visibly unclean (the spittoon in on treatment room and the sink in the decontamination room).

We discussed this with the practice management team who agreed this could lead to a lack of effective monitoring of governance processes. They resolved to address this immediately by identifying a suitable deputy and by ensuring this was communicated to all staff.

Leadership, openness and transparency

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the practice manager without fear of recriminations.

Management lead through learning and improvement

The practice carried out regular audits on infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. However, we had concerns about how this process was undertaken. For example, we asked to see the latest infection control audit which had been completed in January 2016 and indicated 100 per cent compliance. We reviewed the audit and found that some of the questions had been answered incorrectly. For example, the audit indicated that all equipment was intact and not damaged whereas we had observed that the dental unit in one treatment room had a crack in it. The audit also indicated that all work surfaces were seamless whereas we had observed in one treatment room they were not. Both of these findings meant there was a risk of infection spreading and should have been highlighted by the audit process so that action could be taken to address the risk. We had concerns therefore that risks were not being appropriately identified or mitigated.

There was no effective process in place to assure the quality of X-ray images taken. We reviewed some records which demonstrated a partial process in that one dentist had collated the quality grading scores for 50 X-ray images they had taken. Although the records showed that most were of good diagnostic quality, the audit did not demonstrate a full process in that results had not been analysed or any improvement actions identified. The regional clinical lead had identified this process was not being carried out effectively and had arranged to visit the practice in February 2016 to support the dentists in establishing an effective quality monitoring process. This meant the practice was not following current regulations for the use of ionising radiation for medical and dental purposes (IRR99 and IR (ME) R2000) which place a legal responsibility to establish and maintain quality assurance programmes in respect of dental radiology.

The practice manager told us audits of clinical record keeping were undertaken by the organisation's regional clinical lead to ensure these were in line with good practice guidance. We asked to see copies of the audits; however we were told that they were not kept at the practice but at the provider's head office. After the inspection the practice sent us a record keeping audit which had been undertaken by the regional clinical lead for one dentist in November 2015. The results had been analysed and the dentist been supported to improve their record keeping where deficiencies had been highlighted. A further audit undertaken January 2016 showed there had been an improvement.

Are services well-led?

We had concerns that although some record keeping audits were undertaken by the provider's regional clinical lead, these were not shared with the practice manager which made it difficult for them to monitor any actions needed as a result.

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

The practice conducted daily unscheduled discussions amongst staff as well as regular staff meetings. Staff members told us they found these were a useful opportunity to share ideas and experiences which were listened to and acted upon.

There was no system in place to act upon suggestions received from patients using the service.

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 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014** **Good governance** **How the regulation was not being met:** **The practice did not have effective systems in place to;** **Assess, monitor and improve the quality and safety of the services provided.** **Ensure audit learning points are shared with all relevant staff and resulting improvements can be demonstrated as part of the audit process.** Regulation 17 (1)(2)(a)