Flint Dental Surgery Limited

Millhouses Dental Cosmetic and Implant Clinic

Inspection Report

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Overall summary

We carried out this unannounced inspection on 12 April 2018 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 not 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

Millhouses Dental Cosmetic and Implant Clinic is located in Sheffield and provides private treatment to adults and children.

A portable ramp is available for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

Summary of findings

The dental team includes two dentists, five dental nurses (who also carry out reception and administrative duties), two part time dental hygienists and a practice manager. The practice has three treatment rooms.

The practice is owned by a company 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 Millhouses Dental Cosmetic and Implant Clinic was the practice manager.

On the day of inspection we spoke with some patients. Patients were positive about all aspects of the service the practice provided.

During the inspection we spoke with the principal dentist, four dental nurses, a dental hygienist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday: 8.30am - 7.00pm

Tuesday, Wednesday and Thursday: 8.30am - 5.30pm

Friday: 8.30am - 6.00pm

Saturday appointments by prior arrangement.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Minor improvements were needed to the medicines and life-saving equipment available.
- The practice did not have 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.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- 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.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review staff training to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council (in particular, the process to identify missing and expired items).
- Review staff training to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- Review the practice's protocols for conscious sedation, taking into account the guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015' (in particular, the provision of regular training and operator sedationist leaving the treatment room).
- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' (In particular, the storage of instruments, testing of sterilisation equipment and the use of a vacuum sterilisation cycle for implant instruments).

Summary of findings

- Review the practice's waste handling protocols to ensure waste is segregated and disposed of in compliance with the relevant regulations, and taking into account the guidance issued in the Health Technical Memorandum 07-01.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services safe?

Requirements notice 

We found that 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. Once the shortcomings have been put right the likelihood of them occurring in the future is low. 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 had a system for staff to report incidents and significant events. They used learning from incidents and complaints to help them improve.

We did not see evidence of safeguarding training for five members of staff. They knew how to recognise the signs of abuse and how to report concerns.

Improvements were needed to the systems to assess, monitor and manage risks to patient safety.

The practice did not complete staff recruitment checks.

The practice did not have effective arrangements to ensure the safety, and correct operation of the X-ray equipment.

The practice did not ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

The practice followed national guidance for cleaning and sterilising dental instruments. Improvements were need to the processes to store instruments, and reduce risks associated with Legionella and the storage of waste.

The practice had suitable arrangements for dealing with medical and other emergencies. The processes to ensure staff received up to date training were not effective.

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.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment.

Summary of findings

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in this speciality. They completed reflective logs to ensure quality of care and evidence ongoing improvement.

We noted the principal dentist worked with additional nursing support during treatments to ensure that patients received their full attention and all tasks were carried out in a timely way. We saw that staff prepared comprehensive day lists of planned appointments and treatments.

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.

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 two people. Patients were positive about all aspects of the service the practice provided. They told us staff were pleasant, caring and attentive.

They said that they were given helpful, 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 observed staff ensuring that patients were followed up after treatment to check on their wellbeing and recovery.

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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain. They offered late evening and Saturday appointments as required. Patients could book appointments directly through the practice website.

A disability access assessment was not in place. The practice had made some reasonable adjustments for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

Summary of findings

The practice had a policy and procedure to respond to concerns and complaints. We were not shown evidence that the practice had responded to concerns and complaints quickly and constructively.

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).

During the inspection the provider was open to discussion and responsive to feedback. Immediately after the inspection, actions were taken quickly to address our concerns and evidence of these actions was provided.

The processes for managing risks and issues were ineffective. For example, in relation to the employment of staff, fire safety, servicing and maintenance of equipment, staff immunity and acting on recommendations from risk assessments.

The practice did not have processes to assess and mitigate the risks from radiography. Equipment had not been risk assessed or serviced. The provider did not have appropriate local rules for use of the radiography equipment or quality assurance processes in place.

The practice had not ensured that complaints were investigated and responded to appropriately.

There were systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice could not provide evidence that all staff had received training relevant to their role, although evidence was obtained and sent to us after the inspection.

The practice had an inconsistent approach to quality assurance processes to encourage learning and continuous improvement.

Requirements notice ✖

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, equipment & premises and Radiography (X-rays))

The practice had some 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 did not see evidence of safeguarding training for five members of staff during the inspection. Staff demonstrated they knew about the signs and symptoms of abuse and neglect and how to report concerns, and we saw evidence that staff had appropriately documented and acted on concerns. We were sent evidence after the inspection confirming that two members of staff had completed training in 2017 (one at level three) and one completed level two training after the inspection.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination. We highlighted to the practice manager that this information could be more readily accessible to staff.

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 practice had a staff recruitment policy and procedure to help them employ suitable staff. We looked at staff recruitment records. Evidence could not be provided to demonstrate the practice followed the policy and the relevant legislation. For example, there was no recruitment information for one clinical member of staff, employment history and references had not been sought for any staff members, and Disclosure and Barring Service (DBS) checks were not in place for four members of staff. DBS checks prevent unsuitable people from working with vulnerable groups, including children. There was a process to provide staff that were new to the practice with an induction. We could only see evidence this had been completed for one member of staff.

The practice did not retain up to date records of qualifications, General Dental Council (GDC) registrations, or appropriate professional indemnity cover for all clinical staff. Evidence of appropriate indemnity was not available for five clinical members of staff. This was obtained and provided after the inspection.

The provider did not ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. For example:

- The gas boiler had not been serviced since 2015. This had been highlighted as a recommended action in the 2016 legionella risk assessment.
- The dental compressor had recently been serviced, although the equipment had not been serviced in the previous year.
- The handheld X-ray machine (which requires an annual service), had not been serviced since 2016. The inhalation sedation equipment had not been serviced since 2015.

The provider took immediate action to document this as a significant event to prevent future occurrence. The inhalation sedation machine was serviced after the inspection and evidence of this was sent to us. Evidence was also sent that testing of the handheld X-ray machine service had been arranged.

The provider did not have effective arrangements to ensure the safety of the X-ray equipment. They had a radiation protection file, which included access to a Radiation Protection Advisor service (RPA).

- Local rules were available but these were not applicable to the equipment in use.
- The practice had not registered their practice's use of dental X-ray equipment with the Health and Safety Executive in line with the Ionising Radiation Regulations 2017 (IRR17). The practice manager confirmed they would action this immediately.
- The dentists justified and reported on the radiographs they took. The dentists did not consistently grade radiographs or carry out radiographic audits.
- There was no evidence that the provider had consulted with an RPA, or risk assessed the purchase of the handheld X-ray machine. The provider could not provide evidence that dosimetry was considered. Radiation dosimetry is the calculation of the absorbed dose in tissue resulting from exposure to ionizing radiation.

Are services safe?

- The practice had recently installed a combined Orthopantomogram (OPG) and cone beam computed tomography (CBCT) machine. This is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws, teeth and surrounding structures. We saw evidence that they consulted with an RPA on the appropriate placement of the equipment and of critical acceptance testing. Policies, standard operating procedures and local rules were not in place.
- Evidence of staff training for the CBCT machine was not available.

Appropriate safeguards were in place for patients and staff. A daily equipment calibration test was carried out. There was no evidence of ongoing quality assurance checks in place.

Risks to patients

Improvements were needed to the systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. A self-assessment of fire safety had been carried out in 2016. The four storey premises had two battery operated smoke detectors, which were located on the ground floor and first floor landings. Records showed that these were tested regularly by staff.

We noted that the two fire extinguishers on the ground floor were tested in 2017, and the extinguisher located in the decontamination room appeared to have last been tested in 2016. We observed a fourth fire extinguisher was available in the front entrance to the practice. It was unclear from the label when this device was last serviced.

The practice had not sought advice from a competent person to ensure the current arrangements for fire detection and fighting was appropriate to the size and layout of the premises. We discussed this with the practice manager who gave assurance they would ensure they consult a competent person in relation to this. The dental compressor and suction motors were located in the cellar. We observed the cellar could be hazardous due to the storage of surplus items and waste. The door to the cellar was not locked to ensure unauthorised persons could not gain entry. The practice manager took action to arrange a comprehensive fire risk assessment and secure the cellar door, and evidence of this was sent to us.

The practice had current employer's liability insurance in place.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulations when using needles and other sharp dental items. A basic sharps risk assessment had been undertaken in relation to needles. A more detailed risk assessment was sent to us after the inspection. The dentists used safer sharps and disposable dental matrices. Staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles where necessary in order to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.

The registered provider told us they ensured 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. Evidence of this could only be produced for one clinical staff member. Evidence of protection was obtained and sent after the inspection for a further five members of staff, one of whom was a low responder. Evidence was later provided that they had received a booster dose as advised. The practice manager carried out a documented risk assessment for this individual to prevent accidental exposure.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of monthly checks to make sure these were available, within their expiry date, and in working order. We noted that the practice did not have an adult sized self-inflating oxygen mask or an adult sized mask with oxygen reservoir. These items were ordered immediately. We noted the Automated External Defibrillator pads had expired. Staff explained and showed evidence that these had been re-ordered but the pads received were incorrect and this was an ongoing issue.

Staff knew how to respond to a medical emergency, we saw evidence that medical emergencies were discussed at regular staff meetings. The practice manager told us all staff completed training in emergency resuscitation and basic life support (BLS) every year. Evidence to support this was not available for six members of staff. Certificates for five staff members were sent to us after the inspection.

Are services safe?

Staff involved in the provision of sedation had received additional Immediate Life Support (ILS) training, and we saw evidence of this. We saw a spare emergency medical oxygen cylinder was available. We noted that the medical oxygen cylinder used as part of the inhalation sedation equipment had expired at the end of March 2018. A new tank was available but had not been connected, evidence this had been actioned was sent after the inspection.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments and product safety data sheets 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. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking and sterilising instruments in line with HTM01-05. We noted there was confusion whether bagged instruments were stamped with the date on which they were sterilised, or the date of expiry. We discussed this with staff who told us they would discuss this to ensure a consistent approach in future. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. Staff were unclear on the schedule for daily and weekly testing of the autoclaves. For example, steam penetration test strips were used in the non-vacuum autoclave, these were retained as evidence of satisfactory sterilisation, staff did not record the time and temperature of test cycles.

Staff told us they did not use the vacuum cycle for the sterilisation of implant instruments; we encouraged them to review this in line with best practice guidance. We noted the door to the decontamination room was open; we discussed the need to restrict access to this room. After the inspection, evidence was sent that a 'staff only' sign was displayed on the door.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. There were recommendations in the report that had not been actioned. For example, the provider was advised to install a lid, and regularly clean the cold water storage tank. A recommendation was also made to ensure the hot water heaters were serviced annually. Staff had acted on recommendations to carry out monthly water temperature testing and regular water dip slide testing. Records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual. Cleaning equipment was available in line with HTM 01-05. This is a standardised code which ensures these items are not used in multiple areas, mitigating the risk of possible cross-contamination. Staff were not clear how the colours related to different areas in the practice. A cleaning schedule including guidance on the colour coding for staff was submitted after the inspection.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We saw that used and surplus X-ray chemicals were being stored in the practice and there was no process in place for their disposal. We discussed this with the practice manager who gave assurance they would be disposed of appropriately.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. We noted that the action plan from the most recent audit had identified the lack of information relating to staff immunity to Hepatitis B, this had not been acted on.

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

Are services safe?

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 data 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 systems for appropriate and safe handling of medicines. There was a suitable stock control system of medicines which were held on site. This ensured that all medicines could be accounted for, did not pass their expiry date and enough medicines were available if required. The midazolam for sedation was not stored securely. Staff took immediate action to secure this on the day of the inspection.

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

Track record on safety

The practice had a good safety record.

There were 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.

Lessons learned and improvements

The practice learned and made improvements when things went wrong. 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. We saw evidence that previous incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

The risk assessments in relation to safety issues could be improved. For example, in relation to fire safety and the cellar and attic spaces, which were identified as hazardous due to the quantity of clutter and stored items which prevented proper access.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, staff were aware of a recent incident with a dental light curing device. The incident had been discussed with staff and device had been removed.

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. The practice did not document actions taken as a result of relevant alerts. The practice manager told us they would store these for future reference.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The provider took into account guidelines as set out by the British Society for Disability and Oral Health when providing dental care in domiciliary settings such as care homes or in people's residence.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in this speciality. The dentist used a specialised operating microscope to assist with carrying out implant treatment. The provision of dental implants was in accordance with national guidance. They completed reflective logs to ensure quality of care and evidence ongoing improvement.

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 dentist and hygienist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentist 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 and provided health promotion leaflets to help patients with their oral health.

We spoke with the principal dentist and dental hygienist who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance 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 dentist 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 can 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.

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 patients' dental care records to check that the dentists recorded the necessary information.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

Are services effective?

(for example, treatment is effective)

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

The practice also provided inhalation sedation. The records also showed that staff recorded details of the procedure along the concentrations of nitrous oxide and oxygen used. The provider confirmed they would not carry out this procedure until the equipment had been serviced.

The operator-sedationist was supported by a second individual. The name of this individual was recorded in the patients' dental care record. We were told that the operator-sedationist occasionally left the treatment room towards the end of sedation treatment, for example to review other patients. Staff told us they always returned quickly to carry out necessary checks and discharge the patient. There was no evidence of sedation training for the dentist and dental nurses since 2010 and 2012 respectively. They attended an approved sedation training course the week after the inspection, and evidence of this was provided.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example,

The practice manager told us that staff new to the practice had a period of induction based on a structured induction programme. Evidence of this was not available for the most recently recruited members of staff. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. The practice did not ensure that staff provided consistent evidence of this.

We noted the principal dentist worked with additional nursing support during treatments to ensure that patients received their full attention and all tasks were carried out in a timely way. We saw that staff prepared comprehensive day lists of planned appointments and treatments. This provided the dentist with detailed information. For example, information arising from previous appointments, required checks and any patient requests.

Staff told us they discussed training needs at staff meetings and during one to one discussions.

Co-ordinating care and treatment

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

The dentist 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 bacterial 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

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were pleasant, caring and attentive. We saw that staff treated patients respectfully, appropriately and kindly, and were friendly towards patients at the reception desk and over the telephone. We observed staff ensuring that patients were followed up after treatment to check on their wellbeing and recovery.

Patients said staff were compassionate and understanding. One patient, who had a hearing impairment, told us the dentist always spoke slowly and clearly to ensure they heard and understood any treatment proposed.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

There was a television in the waiting room. Practice information, magazines and thank you cards 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

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act.

- Telephone interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. We saw evidence of this, and detailed treatment plans, which included clear information about cost.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, X-ray images and an intra-oral camera. The intra-oral cameras and microscope with a camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

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.

A disability access assessment was not in place. The practice had made some reasonable adjustments for patients with disabilities. These included a portable ramp to access the ground floor reception, waiting room and surgery, and hand rails and a call bell in the patient toilet. The practice manager told us they would carry out a self-assessment of the practice to assess whether additional reasonable adjustments could be made.

Patients could choose to receive text and email reminders for appointments. Staff told us that they telephoned some patients on the morning of their appointment to make sure they could get to the practice.

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 in their practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. They offered late evening and Saturday appointments as required. Patients could book appointments directly through the practice website. 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.

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 had a policy and procedure to respond to concerns and complaints. The practice complaints policy providing guidance to staff on how to handle a complaint. Information was available to patients on how to make a complaint, this included organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

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

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

The practice manager told us there had not been any recent complaints. We looked at a previous complaint the practice received in 2016.This showed the practice had provided an initial acknowledgement of the complaint. No evidence could be provided to show they had responded further.

Are services well-led?

Our findings

Leadership capacity and capability

During the inspection the provider was open to discussion and responsive to feedback. Immediately after the inspection, actions were taken quickly to address our concerns and evidence of these actions was provided.

Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated that although they occasionally felt under pressure, they felt respected, supported, rewarded and valued. They were proud to work in the practice. We saw thank you cards from previous members of staff.

Openness, honesty and transparency were demonstrated when responding to incidents. We saw evidence that incidents were documented and discussed with staff. The practice had not ensured that complaints were investigated and responded to appropriately. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff told us they were able to raise concerns, were encouraged to do so and gave examples of where they had raised issues. We saw evidence that issues raised by staff were scheduled for discussion at the next staff meeting. They had confidence that these would be addressed.

Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place, which included policies, protocols and procedures that were reviewed on a regular basis. Policies and information could be made more accessible to staff. Some members of staff told us they were not sure if there were policies in place. For example, complaints, incident reporting and whistleblowing.

The processes for managing risks and issues were ineffective. For example, information relating to the employment of staff was inconsistent and the practice could not demonstrate recruitment procedures in line with legislation. Risks relating to fire safety and hazardous areas of the premises had not been appropriately assessed. Processes were not in place to ensure that equipment was serviced appropriately, or to identify if servicing of equipment had been missed. Recommendations from the legionella risk assessment had not been actioned and the provider had not ensured that staff had adequate immunity to Hepatitis B in place.

The practice did not have processes to assess and mitigate the risks from radiography. Equipment had not been risk assessed or serviced. The provider did not have appropriate local rules for use of the equipment or quality assurance processes in place.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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 and verbal comments to obtain patients' views about the service.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff told us they were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice had an inconsistent approach to quality assurance processes to encourage learning and continuous improvement. Audits of dental care records and reflections after dental implant cases demonstrated a commitment to

Are services well-led?

continuous improvement. The practice did not carry out radiographic audits and we noted that recommended actions arising from the infection prevention and control audit had not been acted upon.

The principal dentist and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The practice held regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Staff did not have annual appraisals. They told us they discussed learning needs, general wellbeing and aims for future professional development informally and at staff meetings.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The practice could not provide evidence that all staff had received this training, although evidence was obtained and sent to us after the inspection.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so. The practice did not ensure that evidence was available to show that all staff were up to date with this.

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 **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:** • There were no quality or safety processes in place to ensure the safety and correct use of the radiographic equipment. • The equipment had not been serviced since 2016. The local rules were not appropriate to the equipment. There were no quality assurance processes in place. • There were no local rules or standard operating procedures in place for the OPT/CBCT machine which was installed six months prior to the inspection. There were no ongoing quality assurance processes in place. There was no evidence the provider had acted upon advice to liaise with their RPA to ensure the safe operation of equipment. • The provider was using equipment that had not been serviced and maintained appropriately. In particular: • The two inhalation sedation machines had not been serviced since 2015, although used rarely, these were still in use on occasion. • We noted that the medical oxygen cylinder attached to the inhalation sedation machines had expired at the end of March 2018 and staff had not noticed and switched the supply to the new tank. • The gas boiler and water heaters had not been serviced since 2015 (this was also a recommended action in their 2016 legionella risk assessment). **The provider had not ensured that risks relating to fire safety were adequately assessed and controlled.** • The cellar and attic office spaces were full of clutter. There were no fire detection devices in these locations.

This section is primarily information for the provider

Requirement notices

- There were only two battery operated smoke alarms for the premises; they had not considered whether this was sufficient for the size, and layout of the premises. Staff checked these regularly but did not replace the batteries regularly to prevent the battery life expiring before the devices were checked.
- Four fire extinguishers were available at the location, the servicing and maintenance of these was inconsistent, staff did not know if one of the extinguishers could be used.

There was additional evidence that safe care and treatment was not being provided. In particular:

- The provider could not provide evidence that staff had completed a course of vaccinations and had appropriate immunity against hepatitis B. This had also been highlighted in the action plan of the most recent IPS audit (completed October 2017) and no action had been taken.
- Evidence of titre levels were only available for one member of staff on the day of the inspection. There was evidence that one other staff member had completed the course of vaccinations but no evidence of testing or follow up.

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

Appropriate governance systems were not in place to assess and mitigate risks effectively. In particular:

- The provider had not acted on recommended actions arising from the legionella risk assessment was completed in 2016.

This section is primarily information for the provider

Requirement notices

- Governance processes were not in place to demonstrate that the practice assessed and mitigated the risks from fire effectively
- Policies and processes were not in place to ensure that radiographic equipment was maintained and used appropriately by staff. There were no processes to monitor the quality of radiographs in the practice.
- The practice did not have systems to ensure that equipment was serviced and maintained in line with the manufacturer's recommendations. Processes were not in place to check that medical oxygen supplies for inhalation sedation were within date for use.

The provider did not have a process to ensure that all staff were up to date with highly recommended and training related to sedation for staff.

- The provider could not provide evidence of up to date CPR training for clinical staff and up to date ILS training for staff involved in sedation.
- There was evidence of up to date level 2 safeguarding training for only four staff members
- The provider could not provide evidence that the most recent documented complaint was investigated or responded to appropriately. There was no evidence that the provider had investigate their complaint or responded further.

There was additional evidence of poor governance. In particular:

- Evidence was not available to show the provider carried out clinical audits including radiography, CBCT and sedation.
- Staff said they were not sure if the practice had policies, e.g. for whistleblowing, complaints and incidents.
- The practice hadn't assessed the risk from the cellar which was full of stored items and the security of the room.
- The provider did not ensure that midazolam for sedation was stored securely.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

A policy and recruitment process was in place but was ineffective, as there was no evidence it had been followed.

- Staff files were disorganised, there was no information available for one of the dentists
- There was no evidence of DBS checks for four clinical staff members
- There was no evidence that the provider had sought information relating to past employment, or asked for/ contacted references
- There was no evidence available to show up to date indemnity for five clinical staff members
- There was an induction process. We found this had only been completed for one member of staff.
- Evidence of staff immunity was not held on-site and one member of staff was identified as a low responder following the inspection. Opportunities had been missed to act on this when it was raised as an action from the IPS audit.