

# IDH Limited

# IDH Calne

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 8th December 2015 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 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 providing well-led care in accordance with the relevant regulations.

#### **Background**

Mydentist Calne is located in the centre of Calne and provides NHS and private treatment to patients of all ages. The practice consists of two treatment rooms, toilet facilities for patients and staff, a reception/ waiting area and a staff room.

The practice treats both adults and children. The practice offers routine examinations and treatment. There are two dentists and a hygienist.

The practice's opening hours are

8.30 to 17.00 on Monday

8.30 to 17.30 on Tuesday

8.30 to 17.00 on Wednesday

8.00 to 18.00 on Thursday

8.30 to 17.30 on Friday

We carried out an announced, comprehensive inspection on 8th December 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

Before the inspection we looked at the NHS Choices website. In the previous year there had been five comments about the practice. Two comments were very positive, two comments were complaining about the costs and one was complaining about poor treatment. The organisation responded to all the comments and discussed the learning points with staff.

# Summary of findings

For this inspection 13 people provided feedback to us about the service. Patients were positive about the care they received from the practice. They were complimentary about the service offered which they said was good. They told us that staff were professional, caring and friendly. Patients told us that the practice was clean and hygienic. We received no negative comments.

## **Our key findings were:**

- Safe systems and processes were in place, including a lead for safeguarding and infection control.
- Staff recruitment policies were appropriate and most of the relevant checks were completed. Staff received relevant training.
- The practice had not ensured that risk assessments were in place and that they were regularly reviewed.
- The clinical equipment in the practice was appropriately maintained. The practice appeared visibly clean throughout.
- The process for decontamination of instruments did not follow relevant guidance.
- The practice did not maintain all appropriate dental care records and patients' clinical details were not updated suitably.
- Patients were provided with health promotion advice to promote good oral care.
- Written consent was obtained for dental treatment.
- One of the dentists was not aware of what process to follow when a person lacked capacity to give consent to treatment.
- All feedback that we received from patients was positive; they reported that it was a caring and effective service.
- There were not sufficient governance systems in place at the practice such as systems for auditing patient records.

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

Make sure they obtain satisfactory information about the conduct of prospective new staff in their previous employment in services relating to health or social care, or children or vulnerable adults.

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

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

- Review and where necessary update the COSHH assessments.
- Re-order the glucose injections and either keep the new supply in the fridge or adjust the expiry date in line with the directions.
- Make sure that staff follow relevant guidance when cleaning and sterilising instruments
- Make sure the dentists are trained about the Mental Capacity Act 2005 and understand how to put this into practice.
- Make sure all the necessary records are in place for each patient and keep these up to date.
- Conduct fire evacuations regularly, at least every six months.
- Obtain two written references when recruiting new staff.
- Provide training for staff about equality and diversity.
- Provide training for the dentists and staff about the Mental Capacity Act (MCA) and codes of practice so that they will know what to do if an adult lacks the capacity to make particular decisions for themselves.
- Keep a record of the training for the dentists in the practice.
- Review and update the policies.
- Develop effective systems for auditing of patient records.

# 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 not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

There were appropriate systems for reporting incidents and for learning from incidents. Staff had received training about safeguarding adults and children. There were policies about safeguarding and whistleblowing and staff knew how to report any concerns.

There were also arrangements for dealing with foreseeable emergencies, for fire safety and for managing risks to patients and to staff. There was a business continuity plan. Hazardous substances were managed safely.

Most of the appropriate checks were being made to make sure staff were suitable to work with vulnerable people. However, references were not always obtained. The necessary medicines were in place. Equipment was regularly serviced. X-rays were dealt with safely.

The surgeries were fresh and clean. At the last inspection we made a requirement about infection control. This had been addressed. We found that guidance about decontamination of instruments was not being followed so there was a risk of the spread of infection.

### **Are services effective?**

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

The dentists took X-rays at appropriate intervals. The practice were not checking the condition of the gums for every patient and they were not checking for oral cancers. Patients completed medical history questionnaires but these were not updated at each visit. The practice kept up to date with current guidelines and research. They promoted the maintenance of good oral health through information about effective tooth brushing. The dentist discussed health promotion with individual patients according to their needs.

The practice had sufficient staff to support the dentist. Staff received appropriate professional development and most of the expected training except about equality and diversity.

The practice had suitable arrangements for working with other health professionals and making appropriate referrals to ensure quality of care for their patients. Patients were asked for written consent to treatment. However, one of the dentists showed little understanding about the Mental Capacity Act 2005 (MCA) and what they would do if an adult lacked the capacity to make particular decisions for themselves.

### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations. Staff in the practice were polite and respectful when speaking to patients. Patients' privacy was respected and treatment room doors were closed during consultations. The practice used an electronic record system and the computer screens in reception were shielded so that they could not be seen by patients.

Patients were positive about the care they received from the practice. They reported that staff were kind, professional, caring, efficient and friendly. People were given treatment plans by the dentist, which they had signed to show their consent and agreement to them.

# Summary of findings

## **Are services responsive to people's needs?**

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

The practice had a system to schedule enough time to assess and meet patients' needs. People also said that they could get an appointment easily. Emergencies were usually fitted in on the day they contacted the practice. The practice actively sought feedback from patients on the care being delivered. There was a procedure about how to make a complaint and the process for investigation. We saw evidence that the practice responded to feedback made direct to the practice and made changes when necessary.

There was an equality and diversity policy but staff had not received training about equality and diversity. There was information about translation services for people whose first language was not English. There was no level access for wheelchair users to the surgeries and people who could not use stairs were offered an appointment at another surgery that had level access. There was a hearing loop system for patients who had a hearing impairment.

## **Are services well-led?**

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had some systems for clinical governance such as audits of the infection control and radiographs but there was no audit of record keeping. Some of the records were not being kept up to date. There were checks of equipment. The autoclave and compressor were serviced and there were daily checks of the autoclave.

The practice had a range of policies which were made available to staff. However, these need to be reviewed.

The practice manager was the lead for the practice supported by more senior managers in the organisation. There was a whistleblowing policy and information for staff about the duty of candour and the need to be open if an incident occurred where a patient suffered harm. So far there had been no such incidents.

The practice manager held team meetings where staff discussed developments in the practice such as the importance of updating medical histories. Staff were responsible for their own continuing professional development and kept this up to date.

The practice sought feedback from patients through patient satisfaction feedback forms and these were analysed by the organisation. The practice manager had made changes in the practice in response to this feedback.

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## Detailed findings

### Background to this inspection

We carried out an announced, comprehensive inspection on 8th December 2015. The inspection took place over one day.

The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

We reviewed information received from the provider prior to the inspection. We also informed the local Healthwatch and NHS England we did not receive any information from them.

During our inspection visit, we reviewed policy documents and dental care records. We spoke with three members of staff and two dentists. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed a dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

Thirteen people provided feedback about the service. Patients, who completed comment cards, were positive about the care they received from the practice. They were complimentary about the friendly, professional and caring attitude of the dental staff.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

There was an effective system for reporting and learning from incidents. Incidents were recorded and analysed. We saw an accident/incident/dangerous occurrences procedure. There was an accident investigation form and a procedure for reporting accidents. Staff reported any accidents or incidents to the health and safety team who decided whether the incident needed to be reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any accidents or incidents in the practice in the past 12 months. However, the organisation sent quarterly newsletters to all practices with information and learning from incidents in other practices. The practice manager told us that he gave these to staff to read and discussed them in team meetings. We saw a newsletter with information about a sharps injury. A sharps injury is when a person is injured by a needle or other sharp dental instrument. There was learning from this to prevent reoccurrence. Staff had signed to show that they had read the information.

### Reliable safety systems and processes (including safeguarding)

There was a procedure on the wall in each surgery about what to do if a member of staff had a sharps injury. There had been no such incidents. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

The practice had policies and procedures for child protection and safeguarding adults. This included contact details for the local authority social services which were also posted on the office wall. All staff had read and signed the policies to say that they understood them. The practice manager was the safeguarding lead for the protection of vulnerable children and adults. Staff were in the process of completing e-learning about safeguarding adults and children. The manager said that they will all have completed the training by the end of December. Staff would raise concerns with the safeguarding lead. There had been no safeguarding issues reported by the practice to the local safeguarding team. We spoke with two nurses who knew how to make a referral to the safeguarding team if they had a concern.

There was a whistleblowing policy which staff could follow if they had concerns about another member of staff's performance. There was a helpline number for staff to contact and discuss any concerns that they had.

### Medical emergencies

The practice had arrangements to deal with medical emergencies. Staff had received training in emergency resuscitation and basic life support and this was refreshed every year. We saw certificates for this training. The staff we spoke with were aware of the practice procedures for responding to an emergency. The practice had emergency equipment in accordance with guidance issued by the Resuscitation Council UK. This included relevant emergency medicines and oxygen and an automated 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). There were defibrillator pads for both adults and children. The oxygen cylinder and resuscitation mask were in date. The oxygen cylinder was being routinely checked for effectiveness and we saw records for these daily tests. We reviewed the contents of the emergency medicines kit. We saw records of weekly and monthly audits of the medicines and equipment and all the emergency medicines were in date. The glucagon injections were not being kept in the fridge. There was no date to show when they were supplied so it was not possible to tell how long they had been kept. When glucose injections are kept out of the refrigerator the expiry date should be adjusted accordingly.

### Recruitment

The practice staffing consisted of two dentists, a hygienist, two dental nurses, a receptionist and a practice manager. There were usually two receptionists but one was off sick. There was a recruitment portal on the organisation's computer system. This included information about the recruitment procedure and appropriate checks that needed to be carried out to ensure new staff were suitable and competent for their role. This included an interview, a review of employment and medical history, checking of qualifications, identification, references and a check of the right to work in the UK. We looked at the records of recruitment checks for two staff. Each member of staff had completed an application form. They each had a disclosure and barring service (DBS) check and had a copy of their passport as proof of identity and information about their

# Are services safe?

right to work in the UK. One member of staff had only one reference, from their previous employer and the other member of staff had no references. New staff had an induction and probationary period when they met regularly with the practice manager. There was a record of their immunisation status of the nurses and dentists. We saw that appropriate checks of registration with the General Dental Council (GDC) had been carried out for all the qualified staff. There were certificates of qualifications. New staff had an induction and probationary staff had an induction and s

## Monitoring Health and Safety and responding to Risk

There were arrangements to deal with foreseeable emergencies. We saw that there was a health and safety policy. The practice had a fire risk assessment and there were certificates showing that the fire alarm system and emergency lighting had been serviced. The practice manager was the fire marshal. There were records of fire drills. The practice manager said that they aimed to have an evacuation every six months. However the records showed that the fire evacuations were not taking place every six months and the last one, due in August did not take place until October. There were risk assessments for the general risks in the practice. These included the action to be taken to manage risk and were reviewed annually.

There were arrangements to meet the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. There were COSHH risk assessments dated February and March 2011 but these had not been reviewed. There were also safety data sheets for hazardous substances and cleaning products.

The practice followed national guidelines on patient safety. For example, the practice used a rubber dam for root canal treatments. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.

The practice had a business continuity plan to ensure continuity of care in the event that the practice's premises could not be used for any reason.

## Infection control

There were some systems to reduce the risk and spread of infection. One of the dental nurses was infection control lead for the practice. There was a comprehensive infection control policy displayed in the decontamination room and

available on the organisation's intranet. Clinical staff were required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. There were good supplies of protective equipment for patients and staff members including gloves, masks, eye protection and aprons. There were hand washing facilities in the treatment rooms and the toilet. The dentists, nurses and hygienist wore uniforms in the clinical areas and they were responsible for laundering these.

At the last inspection we found that the practice was not following relevant guidance about cleaning and infection control. At this visit we found that guidance was being followed. At the last inspection we also found that cleaning schedules were not being completed fully so it was not clear whether cleaning had been carried out. We found, during this visit, that cleaning schedules were completed and the practice looked clean throughout. The nurses cleaned the surgeries. Three patients we spoke with said that the practice was always clean and hygienic. Ten people who completed comment cards said that the environment was always clean and hygienic. Ten people who completed comment cards said that the environment was safe and hygienic.

We examined the facilities for cleaning and decontaminating dental instruments in the decontamination room. 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)' when setting up their decontamination room. In accordance with HTM 01-05 guidance dirty instruments were carried from the surgery to the decontamination room in a designated sealed box to ensure the risk of the spread of infection was minimised.

There was a clear flow from 'dirty' to 'clean.' There were two sinks, one for washing and one for rinsing and an ultrasonic bath. The nurse showed us the process for decontamination of instruments. They put on personal protective equipment (PPE) including domestic style rubber gloves. They washed the instruments in the washing bowl after testing the temperature of the water. However they did not follow the process in line with HTM01-05 guidance. Instead of scrubbing the instruments with a long handled brush they used other dirty instruments to scrape the instruments before rinsing them in the rinsing bowl.



## Are services safe?

They inspected them for debris under an illuminated magnifying glass, placed them on trays and put them into the autoclave to sterilise. After the sterilisation cycle was complete they took the instruments out of the steriliser to the clean area of the room, put them into date stamped bags and put them into a clean container to take back to the surgery. The nurses also showed us how they cleaned down the surgeries between patients. They used disinfectant wipes to sanitise the surfaces.

The autoclave was checked daily for its performance, for example, in terms of temperature and pressure. A log was kept of the results demonstrating that the equipment was working well. We saw a certificate to show that it was serviced annually.

Procedures to control the risk of infection were monitored as part of the daily checks and the practice had carried out cross infection audits. The practice had an on-going contract with a clinical waste contractor. Waste was being appropriately stored and segregated. This included clinical waste and safe disposal of sharps. There was a Legionella risk assessment (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). We saw a log book of monthly checks of the

temperatures at the cold and hot water outlets. The nurse showed us how they flushed the dental water lines in accordance with current guidance in order to prevent the growth of Legionella.

### **Equipment and medicines**

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced. We saw an up-to-date portable appliance testing (PAT) certificate for all electrical items.

Medicines were stored securely in a cupboard and a designated fridge. Prescription pads were locked in the safe. The defibrillator was kept in reception. There was an oxygen cylinder with an up to date certificate.

### **Radiography (X-rays)**

There was an X-ray unit in each of the two surgeries. There were suitable arrangements in place to ensure the safety of the equipment. We saw logs to show that they were maintained. The name of an external radiation protection adviser (RPA) was made available and the dentists were the radiation protection supervisors (RPS). X-rays were graded as they were taken. We saw records of audits of the radiographs in September and December 2015.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We reviewed fifteen adult dental care records and seven children's records. The dentist took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, findings and quality assurance of X-ray images taken. The records showed that an assessment of periodontal tissues was not always undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums.) Patients' BPE scores were not recorded in two thirds of the dental care records we read.

We found evidence that the practice conducted audits of infection control and radiographs but not of record keeping. The approach to medical histories was inconsistent. One person we spoke with said that they completed a medical history form on their first visit and it was updated once but they did not recall being asked about changes on each visit. Another person said that their medical history was reviewed at each visit. A third patient said that their medical history had not been updated in the last two years but they had been asked about changes. We saw that information about medical history was entered in people's records but the records showed that this was not reviewed and updated at every visit. This information must be kept up to date so that the dentist is informed of any changes in people's physical health which might affect the type of care they receive.

We saw evidence that the practice kept up to date with some of the current guidelines and research in order continually 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 referring patients for removal of wisdom teeth and prescribing antibiotics. However they did not conduct risk assessments for patients to help them to decide appropriate intervals for recalling patients. The dentists were aware of the Delivering Better Oral Health Toolkit when considering care and advice for patients.

### Health promotion & prevention

The dentist said that they discussed health promotion with individual patients according to their needs. This included discussions around smoking and sensible alcohol use. However, we saw no records of examinations of soft tissue to check for the early signs of oral cancer.

The practice promoted the maintenance of good oral health through information about effective tooth brushing. We observed that there was some information about tooth brushing displayed in the waiting area. This could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition.

### Staffing

There was a practice manager, two dentists, two nurses, a dental hygienist, a two receptionists and a cleaner. There had been some staffing issues but the practice manager was managing these. The nurses and the dentists tended to take leave together so that there were always enough clinical staff to cover appointments. However, one receptionist was off sick and the manager was advertising for a temporary replacement. The cleaner was also off sick. The nursing staff and practice manager were covering the cleaning.

The practice manager told us that all staff received professional development and training. The company had online training for each job role. We saw the records which showed that all the staff were working through the courses and they had until the end of December 2015 to complete them. Courses for all staff included safeguarding, cardio pulmonary resuscitation, medical emergencies, infection control, health and safety and the Mental Capacity Act 2005 (MCA.) Staff were working through this training and were due to complete this by the end of December 2015. We noted that there was no training planned about equality and diversity. The dentists, hygienist and the nurses were responsible for their own continuing professional development (CPD.) They logged all their training hours online with the General Dental Council (GDC.) A log of CPD was being introduced for the nurses. However, There was no record in the practice of the CPD hours the dentists had completed.

Annual appraisals were completed by the practice manager for the nurses and receptionist. Senior managers in the organisation completed appraisals for the dentists. We saw records to show that the dentists had an appraisal in June 2015.

# Are services effective?

(for example, treatment is effective)

## **Working with other services**

The practice had suitable arrangements for working with other health professionals to ensure quality of care for their patients. The dentists used a system of onward referral to other providers, for example, for oral surgery, orthodontics or endodontics. Where there was a concern about oral cancer a referral was made to the local hospital. One of the dentists said that referral information was sent to the specialist service about each patient, including their medical history and x-rays. However, as we had already noted that medical histories were not being updated this means information would not be up to date.

## **Consent to care and treatment**

The practice ensured that valid consent was obtained for all care and treatment. The dentists discussed treatment

options, including risks and benefits, as well as costs, with each patient. They provided two copies of the treatment plan for private treatment, one for the dentist and one for the patient and the patient signed these to show consent. NHS patients signed the NHS treatment plans. When treatment was needed for children the dentist obtained consent from their parents.

When we spoke with one of the dentists we found that they had very little understanding about the Mental Capacity Act 2005 (MCA.) The MCA 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. The dentist gave no examples of how they treated a person if they lacked capacity. We found no evidence of training about the MCA for the dentists.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Patient confidentiality was respected. The practice used a paper record system. We noted that records were locked away so that they could not be seen by patients. They were identified by a number to maintain confidentiality. Patients were afforded appropriate privacy as the treatment room doors were closed during consultations. The waiting room was away from the consulting rooms so that conversations could not be heard from the other side of the door. We observed that staff in the practice were polite and respectful when speaking to patients. Patients told us that they were treated with respect.

Patients who completed comment cards, were positive about the care they received from the practice. Patients reported that staff were kind, professional, caring, pleasant, understanding, efficient and friendly. They said that they

provided a very good service. Colouring-in sheets were available for children to keep them occupied whilst they were waiting in reception. One patient commented that the receptionist was kindly and gave their children drawings to do. Three patients we spoke with said that the dentist and nurse were very friendly.

### **Involvement in decisions about care and treatment**

The practice provided treatment plans for private patients which gave options for treatment and indicative costs. There were also clear NHS treatment plans. Written consent was obtained for the dentist's treatment plans showing that people were involved in decisions about their care. Three patients we spoke with said that they had signed their treatment plans and the dentist explained treatment to them very clearly so that they could make decisions. However, the patient records did not show that any issues or options for treatment were discussed.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had a system to schedule enough time to assess and meet patients' needs. The practice reserved a 20 minute appointment morning and afternoon to see emergencies. Patients commented that the staff provided a good service. Some patients described the service as prompt and professional. Two patients told us that they had been seen promptly when they had an emergency. The practice actively sought feedback from patients on the care being delivered. We saw evidence that the practice responded to feedback that they received on the NHS Choices website. They sent each patient a text message survey after each appointment. Views were collated at head office and they shared the results with each practice in the organisation so they could all learn from feedback. There were feedback cards in reception and staff discussed the feedback in team meetings.

### Tackling inequity and promoting equality

There was an equality and diversity policy but there was no training about equality and diversity. There were some

reasonable adjustments in place. There was information in reception about translation services. There was a loop system for deaf people. There were drawing and colouring sheets for children. The layout of the building and narrow stairs meant that they could not provide a service to wheelchair users. People who could not manage the stairs were offered a service at two nearby surgeries run by the organisation.

### Access to the service

The opening hours were displayed in reception and the website. Patients told us that they had no difficulty getting appointments. Emergencies were usually fitted in on the day they contacted the practice.

### Concerns & complaints

There was a procedure about how to make a complaint, including timescales for responding to complaints and the process for investigation. Information about how to make a complaint was displayed in the reception area. Three patients we spoke with knew how to make a complaint. Information about concerns and complaints was logged on the computer. There had been no formal complaints.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had systems for clinical governance. There were audits of emergency medicines, infection control and radiographs. However, there was no auditing of record keeping to make sure all assessments and checks were completed and updated. We noted that checks of soft tissues, BPE scores and medical histories were not routinely taking place or being updated.

There were checks of equipment. We saw evidence that the autoclave and compressor were serviced. The nurse told us that they conducted daily checks of the autoclave and we saw records of these tests in a log book.

We saw that there was a range of policies which were made available to staff on the organisation's computer system. These policies should be reviewed, for example the policy about personal, protective equipment was last reviewed in 2012.

### **Leadership, openness and transparency**

The practice manager was the lead for the practice and they were also the lead for safeguarding and medical emergencies. One of the dental nurses was the lead for infection control. We saw information for staff in the policy folder on the computer about the duty of candour and the need to be open if an incident occurred where a patient suffered harm. So far there had been no such incidents. We saw a whistleblowing policy which was made available to staff. There was a whistleblowing helpline so that staff could discuss a concern in confidence.

### **Management lead through learning and improvement**

The practice manager told us that there were regular team meetings. We saw the minutes of meetings, which showed that staff discussed developments in the practice such as learning from incidents and complaints. The nurses told us that they were responsible for their own continuing professional development and kept this up to date. They said that they also had training within the practice and we saw records to show that relevant training was taking place, for example for safeguarding and health and safety.

One of the nurses told us that a senior manager in the organisation had advised them to change their practice for cleaning the dental instruments and to remove debris with other soiled dental instruments. This practice does not follow the guidance about decontamination of instruments.

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

We saw that patients had posted feedback on the NHS Choices website and the organisation had responded to every comment. There were patient satisfaction feedback forms and these were analysed about once a quarter. Feedback was logged by the organisation and they ranked the responses for each practice. Learning points and improvement action were sent to each practice which demonstrated that the organisation was learning from feedback. The practice manager said that the improvement actions were discussed in team meetings. Recent improvement actions had been that prescription numbers must be logged on patients' files and medical histories must be updated.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  <b>Regulation 19(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b>  The provider must establish that prospective new staff are of good character. They must make sure they obtain satisfactory information about the conduct of prospective new staff in their previous employment in services relating to health or social care, or children or vulnerable adults.