

Banks House Dental Practice

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Inspection Report

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Date of inspection visit: 30 March 2016
Date of publication: 10/05/2016

Overall summary

We carried out an announced comprehensive inspection on 30 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this practice was 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

The practice is situated in West Kirby, Wirral and has waiting areas, reception area, three treatment rooms, a decontamination room, staff room/storage area and an administrative office. The practice has three dentists, two hygienists, six qualified dental nurses, a receptionist and a practice manager. The practice provides primary dental services to predominantly NHS patients and some private patients. The practice is open as follows:

Monday 9am – 7pm

Tuesday and Wednesday 8.30am – 5.30pm

Thursday and Friday 9am – 5.30pm

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

We received feedback from 13 patients about the service. The five CQC comment cards seen and eight patients spoken to reflected positive comments about the staff and the services provided. Patients commented that the practice appeared clean and tidy and they found the staff very caring, friendly and professional. They had trust and

Summary of findings

confidence in the dental treatments and said explanations from staff were clear and understandable. They told us appointments usually ran on time and they would recommend the practice.

Our key findings were:

- The practice reported and recorded accidents, significant clinical events and complaints.
- Staff had not received adequate safeguarding or mental capacity act training. There was access to policies and procedures and local authority guidance.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies and emergency medicines and emergency equipment were available.
- Infection prevention and control procedures were in place, however a cleaning schedule was not in place that was monitored and cleaning equipment was not suitable.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and their confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice staff felt valued, involved and worked as a team.
- Clinical staff maintained their own continuous professional development, however there was no clear training plan or appraisal process to ensure all staff were suitably trained in health and safety including fire safety and infection control updates.
- Dentists and some of the dental nurses held clinics in school holidays for the application of fluoride varnish for children. Fluoride varnish application helps to prevent dental decay. Dentists also occasionally visit local primary school to promote good oral health to children.
- There was a lack of a robust governance framework. There was a lack of systems to act on patients'

feedback, monitor and mitigate risks relating to health and safety and maintenance of staff records to include information relevant to their employment within their role.

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

- Ensure records relating to staff include information relevant to their employment in the role including information relating to the requirements under Regulations 4 to 7 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in particular Disclosure and Barring Service checks relevant to the role.
- Ensure a system is implemented by which patient views are analysed, acted on and feedback used to help improve services.
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure all staff are trained to an appropriate level for their role in safeguarding of children and protection of vulnerable adults and aware of their responsibilities, including understanding of and responsibilities under the Mental Capacity Act 2005.

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

- Review the access to the local decontamination unit (LDU).
- Review fire safety training to ensure staff undertake this annually and fire safety drills six monthly.
- Review the availability of an interpreter service for patients who do not speak English as their first language.
- Review the arrangements in place for receiving and recording the response to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the format of staff meetings to include documented dissemination of lessons learnt from significant incidents, events and complaints and sharing improvements from audits and patient feedback.

Summary of findings

- Review and document the cleaning schedule to consider following National Patient Safety Association (NPSA) guidance on the cleaning of dental premises, including suitable cleaning equipment.
- Review the training, learning and development needs of staff members at appropriate intervals and establish an effective process for the on-going assessment and supervision of all staff employed which includes ensuring staff are up to date with mandatory training including safeguarding, infection control and fire safety.
- Review the implementation of the business continuity plan so that staff are familiar with its contents and it is accessible.

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.

The practice reported and documented significant incidents, accidents and complaints; however there was little documented evidence of lessons learnt being disseminated to all staff.

Safety alerts were received by the practice and disseminated to relevant staff for action. However we found that the alerts were not documented and there was no evidence of response by the practice.

Infection prevention and control procedures were in place however there was no documented cleaning schedule in place that was monitored. The local decontamination unit (LDU) was accessible and not locked. Clinical waste was stored appropriately and safely until collected.

The dental X-ray units were suitably sited and used by trained staff. Local rules were displayed where X-rays were carried out as required by the 2000 IRMER regulations. Emergency medicines and equipment was suitable and checked for efficiency and to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were available at the practice and were serviced and maintained at regular intervals.

There were sufficient numbers of qualified staff working at the practice. Staff had not received safeguarding training at a level appropriate to their role and were not aware of their responsibilities under the Mental Capacity Act 2005.

Are services effective?

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

Patients received an assessment of their dental needs including recording and assessing their medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were fully explained and consented to. The practice kept detailed dental records of oral health assessments; treatment carried out and monitored outcomes of treatment.

National Institute for Health and Care Excellence (NICE), Department of Health, national best practice and clinical guidelines were considered in the delivery of care and treatment for patients. The treatment provided was effective, evidence based and focussed on the needs of the individual. An emphasis was placed on promoting good oral health and hygiene. Fluoride application clinics were held in school holidays and school visits for oral health education took place.

Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration

Are services caring?

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

Patients were treated with dignity and respect and their privacy maintained. Patients spoke highly of the care and treatment given. We found that treatment was clearly explained and patients were provided with information regarding their treatment and oral health. Staff were highlighted to special needs or medical conditions of patients through a flagging system on the computer which helped them treat patients individually and with care and understanding.

Summary of findings

Patients who were nervous or anxious about attending the dentist were cared for with compassion that helped them feel more at ease.

Are services responsive to people's needs?

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

The practice was aware of the needs of their patients and took these into account in how the practice was run. Patients had good access to appointments at the practice. There were good dental facilities in the practice and there was sufficient well maintained equipment to meet patients' needs. Appointment times were convenient and met the needs of patients and they were seen promptly. The practice was accessible and accommodated patients with a disability or lack of mobility. Some treatment rooms and a disabled accessible toilet were located on the ground floor. There was ramp access to the ground floor. There was no provision of translation services for those patients who do not speak English as their first language.

There was a clear complaints system in place.

Are services well-led?

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

The practice had poor governance systems. There was a lack of systems in place to act on patient feedback, monitor and mitigate risks relating to health and safety and to maintain staff recruitment records to include information relevant to their employment within their role.

Regular staff meetings to share information, learn from incidents, events and audits and share patient and staff feedback were not evident. Clinical staff maintained their continuous professional development; however there was not a clear training plan in place to ensure all staff received mandatory health and safety training including fire safety, safeguarding and infection control.

The practice had a clear leadership structure in place and shared roles and responsibilities amongst staff. Staff felt well supported by the dentists and each other as a team. Good team working was evident; staff enjoyed working at the practice.

Banks House Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 30 March 2016 and was conducted by a CQC inspector and a dental specialist advisor.

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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included any complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed information we held about the practice and found there were no areas of concern. During the inspection we spoke with dentists, dental nurses, receptionist and the practice manager. We reviewed policies, procedures and other documents. We reviewed five CQC comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice and spoke to eight patients on the day of inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to record and report accidents, clinical incidents and complaints. Incidents were analysed and lessons learnt documented in the report, however discussion and dissemination of the outcomes was not evident in staff meeting minutes.

Staff were aware of how to report accidents and incidents. The practice had a no blame culture and policies were in place to support this. The dentists had an understanding of their responsibilities under the Duty of Candour. Duty of Candour means that people who use services are told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result. The provider also knows when and how to notify CQC of incidents which cause harm.

We found that patient safety alerts were received by the practice and disseminated to relevant staff. However there was no evidence of response to them or documented actions.

Reliable safety systems and processes (including safeguarding)

The practice had local policies and procedures in place for the protection of vulnerable adults and children. There were local safeguarding authority's flow charts and guidance of what to do in the event of concerns regarding child and vulnerable adult abuse and access to the local authority's safeguarding policies and procedures, however these were not displayed and staff were not aware of whom to contact externally for guidance and advice. There was no identified lead for safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice, who had been suitably trained and updated to an appropriate level. There was no evidence of all staff being trained and regularly updated to an appropriate level in safeguarding of children and adults. Staff were not familiar with or could demonstrate an understanding of their responsibilities under the Mental Capacity Act 2005. They had not received training in the Mental Capacity Act.

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Electronic dental

care records contained a medical history that was obtained and updated prior to the commencement of dental treatment and at regular intervals of care. The clinical records we saw were all well-structured and contained sufficient detail to demonstrate what treatment had been prescribed or completed, what was due to be carried out next and details of possible alternatives.

Computers were password protected and data regularly backed up to secure storage. Screens at reception were not overlooked which ensured patients' confidential information could not be viewed at reception.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and staff received basic life support training annually. Staff we spoke with were able to describe how they would deal with medical emergencies.

Emergency medicines and oxygen were available. This was in line with the Resuscitation Council UK and British National Formulary guidelines. The practice had an automated external defibrillator (AED) as part of their equipment. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). AEDs are recommended as standard equipment for use in the event of a medical emergency by the Resuscitation Council UK. We found that medicines and equipment were checked to monitor stock levels, expiry dates and ensure that equipment was in working order. These checks were recorded.

Staff recruitment

The practice had a recruitment policy and procedures in place that were in line with requirements relating to workers. Staff recruitment records we reviewed demonstrated that all clinical staff had undertaken a Disclosure and Barring Service (DBS) check. However some of these checks had been undertaken for previous employers and were not suitable for the role they were currently employed for. Clinical staff had evidence of registration with their professional body the General Dental Council (GDC) and appropriate indemnity insurance. The GDC is the organisation which regulates dentists and dental care professionals in the United Kingdom.

Are services safe?

Staff told us they had received an induction however there was no documented evidence in staff records. Suitable job descriptions and contracts of employment were evident.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred they would cover for their colleagues.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessments were in place. These identified risks to staff and patients who attended the practice. Risks had been identified however there was no evidence of action having been taken to control and mitigate those risks, for example security of the staff room and storage area was identified as a risk and control measures suggested, however these had not been actioned. Other policies in place included infection prevention and control, COSHH, Legionella and fire safety risk assessment.

We saw records to demonstrate that fire detection and firefighting equipment such as fire alarms and fire extinguishers were regularly tested. However the practice did not undertake formal fire safety training or fire drills on a regular basis.

The practice had a basic business continuity plan in place. The plan was not distributed to staff and they did not have an awareness of the plan or its location.

Infection control

The practice was visibly clean, tidy and uncluttered. The practice clinical areas had been furnished to a high standard and the treatment rooms had units, work surfaces and furniture that promoted good infection prevention and control. There was an overarching infection control policy in place and supporting policies and procedures which detailed decontamination and cleaning. General cleaning was undertaken by a cleaner however a cleaning schedule was not in place that was monitored and followed National Patient Safety Association (NPSA) guidance on the cleaning of dental premises. Cleaning equipment was not adequate for the practice's general cleaning. Responsibility for cleaning the clinical areas in between patient treatments was identified as a role for the dental nurses and they were able to describe how they undertook this.

There was a lead dental nurse for infection control and decontamination in the practice. Staff had received training

in infection prevention and control as part of their continuous professional development. However non clinical staff had not received infection control training and clinical staff did not have regular update training. We saw evidence that the practice had undertaken regular infection control audits and demonstrated compliance with current Department of Health's guidance, Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05).

We found that there were adequate supplies of liquid soaps and paper hand towels throughout the premises. Posters describing proper hand washing techniques were displayed throughout the practice. There was a policy and procedure for dealing with inoculation /sharps injuries. Sharps bins were properly located, signed, dated and not overfilled. The practice implemented a safer sharps system in accordance with Health and Safety (sharp instruments in healthcare) Regulations 2013. A clinical waste contract was in place. Clinical waste was stored securely until collected.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated local decontamination unit (LDU); however this was not secure and was accessible to patients and the public. The decontamination room had defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye/face wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 1-05). On the day of our inspection, the lead dental nurse for decontamination demonstrated the decontamination process to us and used the correct procedures. The practice cleaned their instruments manually and with an automatic washer/disinfector. Instruments were then rinsed and examined using an illuminated magnifying glass to enable closer inspection of instruments after cleaning. Instruments were then sterilised in a validated autoclave. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date that was within the recommendations of the Department of Health.

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the

Are services safe?

manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Staff were well presented and wore uniforms inside the practice only. We saw and were told by patients that they wore personal protective equipment when treating patients. We saw documented evidence that clinical staff had received inoculations against Hepatitis B. People who are likely to come into contact with blood products and are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

The practice had a legionella risk assessment and conducted regular cleaning of the dental unit waterlines (DUWL) and regular temperature tests on the sentinel taps in the hot and cold water supplies. A Legionella risk assessment is a report by a competent person giving details as to how to control the risk of the legionella bacterium spreading through water and other systems in the work place.

Equipment and medicines

We found that all of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments, X-ray sets, dental chairs and all equipment in the treatment rooms. There were processes in place to ensure tests of equipment were carried out appropriately and there were records of service histories for each of the units and equipment tested.

We found that portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process under which electrical appliances are routinely checked for safety.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were recorded for evidential and audit purposes. Emergency medicines were checked to ensure they did not go beyond their expiry date.

Radiography (X-rays)

X-ray equipment was used and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment and in line with published guidance. We noted that local rules were displayed in areas where X-rays were carried out. We were shown a well maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). This file contained notification to the Health and Safety Executive (HSE) and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of 3 years.

The dental care records we saw showed that dental X-rays were justified, quality assured (graded) and reported on every time. X-rays were taken in line with current guidelines by the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines. These findings showed that the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. The dentist monitored the quality of the X-ray images on a regular basis and records of these X-ray audits were maintained.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Dentists carried out consultations, assessments and treatment in line with the Faculty of General Dental Practice, (FGDP), guidelines and General Dental Council guidelines. Patients attending the practice for consultation and treatment received an assessment of their dental conditions and needs which began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence, and were told by patients, that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues to assess their oral health and treatment needs.

The staff we spoke with and evidence we reviewed confirmed that care and treatment was aimed at ensuring each patient was given support to achieve the best outcomes for them. We found from our discussions that staff completed assessments and treatment plans and these were reviewed appropriately.

It was confirmed by dentists and patients we spoke with that each patient's treatment needs were discussed with them and treatment options were explained. Preventative dental and oral health advice and information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures. The patient's notes were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

The practice undertook a number of quality monitoring audits on a regular basis. These included radiographs, infection control and record keeping. These demonstrated improvements in practice; however audit outcomes were not routinely discussed and disseminated to staff at meetings.

We reviewed five CQC comment cards and spoke to eight patients on the day of inspection. Feedback we received reflected that patients were very satisfied with the assessments, explanations and the quality of the treatment. Data from the NHS Dental Services Vital Signs

report (December 2015) also concurred with 100% of patients surveyed satisfied with the dentistry they received (compared to a national average of 94% and local area team average of 96%).

Health promotion & prevention

Oral health promotion was part of the practice's philosophy. The dentists, hygienists and dental nurses all provided oral health advice and education tailored to patients' individual needs. The dental nurses were qualified in oral health and some had undertaken specific courses to be able to deliver oral health education. The practice held fluoride varnish application clinics in school holidays. Fluoride varnish application helps to prevent dental decay. Dentists also occasionally visited the local primary school to promote good oral health to children.

The waiting room and reception area at the practice contained literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health.

Adults and children attending the practice were educated in oral health and how to maintain good oral hygiene during the course of their treatment. Tooth brushing techniques were explained to them in a way they understood, smoking and alcohol advice was also given to them. This was in line with guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. The sample of dental care records we observed demonstrated that dentists had given oral health advice to patients. Oral Health products such as tooth brushes, inter dental cleaning aids and mouthwash were for sale and available at the reception desk.

Staffing

The practice had three dentists, two dental therapists, six qualified dental nurses, a receptionist and a practice manager. Dental staff were appropriately trained and registered with their professional body the GDC. Staff maintained their continuing professional development (CPD) to maintain their skill levels and had access to

Are services effective?

(for example, treatment is effective)

various role related courses both online and face to face. CPD is a compulsory requirement of registration as a general dental professional and this activity contributes to their professional development.

We saw evidence of some core training having taken place such as basic life support skills. However there was no documented practice training plan to ensure staff received core training in topics such as health and safety, fire safety, safeguarding and infection control updates.

Annual staff appraisals and performance reviews did not take place. Staff told us they could have informal discussions with the dentist about their performance and any training /development needs. They told us that the practice was supportive and staff were always available for advice and guidance.

Working with other services

The principal dentist explained how they worked with other services. They were able to refer patients to a range of specialists in secondary and tertiary care services if the treatment required was not provided by the practice for example in the case of suspected oral cancers and for specialised orthodontic treatments. The process for referral was discussed.

Consent to care and treatment

Staff we spoke with on the day of our visit demonstrated an understanding of patient consent issues. The clinical staff understood the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. We also noted that in instances where treatment plans were more complex the patient was provided with a written statement of the individual findings in language that they could understand.

Staff were not familiar with the guidelines of the Mental Capacity Act 2005 and their responsibilities when treating patients who suffered with any mental impairment which might mean that were unable to fully understand the implications of their treatment. The Mental Capacity Act 2005 which provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that staff at the practice treated patients with dignity and respect and maintained their privacy and confidentiality. Treatment room doors were closed and conversations could not be overheard from the waiting areas. The reception area was away from the main waiting room and computer screens could not be overlooked.

Patients reported they felt that practice staff were kind, helpful and caring and they were treated with dignity and respect at all times. Comments also told us that staff always listened to concerns and provided patients with good advice to make appropriate choices in their treatment.

Staff were clear about the importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment. This was

supported by patients' comments reviewed which told us that they were well cared for when they were nervous or anxious and this helped make the experience better for them.

Involvement in decisions about care and treatment

The dentists explained that patients were given time to think about the treatment options presented to them and made it clear that a patient could withdraw consent at any time. Patients told us that they received a detailed explanation of the type of treatment required, including the risks, benefits and options. Costs (where applicable) were made clear in the treatment plan. We reviewed a number of records which confirmed this approach had taken place.

Patients' comments told us that the staff were professional and care and treatments were always explained in a language they could understand. Information both written and verbal was given to patients enabling them to make informed decisions about care and treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice's information leaflet and information displayed on the website and in the waiting area described the range of services offered to patients and included information in relation to the complaints procedure. The practice provided mostly NHS treatment and some private care. Treatment costs, where appropriate, were clearly displayed.

Each patient contact was recorded in the patient's dental care record. New patients completed a medical history and dental questionnaire. This enabled the practice to gather important information about their previous dental, medical and relevant social/lifestyles history. They also aimed to capture the patient's expectations in relation to their needs and concerns which helped direct staff to provide the most effective form of treatment. Staff were highlighted to special needs or medical conditions of patients through a flagging system on the computer which helped them treat patients individually and with care and understanding.

Tackling inequity and promoting equality

The practice had good facilities and was accessible to patients with reduced mobility and those using wheelchairs. Some treatment rooms and a disabled accessible toilet were located on the ground floor with a ramp access to this area. The practice currently did not have access to translation services for those patients whose first language was not English.

Access to the service

Appointment times and availability met the needs of patients. The arrangements for obtaining emergency dental advice outside of normal working hours were detailed in the reception area, in the information leaflet and on the website.

Patients we spoke with and comments we received told us that there were no concerns regarding waiting times and that appointments usually ran on time. Patients commented that they had sufficient time during their appointment for discussions about their care and treatment and for planned treatments to take place.

Concerns & complaints

The practice had a complaint policy and procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Staff we spoke with were aware of the procedure to follow if they received a complaint.

From information received prior to the inspection we saw that there had not been any complaints received in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

There was a clear organisational structure and staff we spoke with were aware of their roles and responsibilities within the practice.

The practice lacked robust governance arrangements. There was a lack of systems to act on patients' feedback, monitor and mitigate risks relating to health and safety and maintenance of staff records to include information relevant to their employment within their role.

Health and safety risk assessments were in place, however there was no evidence of actions being taken in response to risks identified, for example, security of the staff room and storage area was identified as a risk and control measures suggested, however no action had been taken.

There was a range of policies and procedures in use at the practice. These included health and safety, safeguarding children and vulnerable adults, infection prevention control, consent and treatment and recruitment. Staff were aware of the policies and they were available for them to access.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. The ethos of the practice detailed they were committed to putting patients' needs first and making every patient feel comfortable, assured and confident.

Staff were aware of whom to raise any issues with and told us that the dentists and other staff listened to their concerns and acted appropriately. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

The practice had a statement of purpose. Staff could articulate the values and ethos of the practice to provide high quality dental care and put the patient first.

Learning and improvement

The practice carried out regular audit cycles. These included for example, radiographs, infection control and record keeping. Audits were completed on a regular basis and re audits were evident that demonstrated improved outcomes. However audits and their outcomes were not discussed at staff meetings and not disseminated to all staff for learning.

Regular appraisals and development reviews did not take place. Clinical staff maintained their continuous professional development; however there was not a clear training plan in place to ensure all staff received mandatory health and safety training including fire safety, safeguarding and infection control.

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

The practice last undertook a patient satisfaction survey 14 months ago. There was no evidence of outcomes and actions from this survey being undertaken. They had implemented the NHS Friends and Family Test (FFT) and told us they reviewed comments regularly; however there was no documented report or evidence that feedback had been used for improvements to service.

The practice held documented meetings at which clinical and practice management issues could be discussed. However these were not regular and the practice had not had a meeting this year. Governance issues such as audit, patients' feedback, significant events and complaints were not part of the agenda and therefore there was a lack of evidence to demonstrate quality monitoring and service improvements were disseminated and discussed with all staff.

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems and processes in place to ensure that staff are trained at a suitable level to their role and that training is updated at appropriate intervals for staff to keep up to date and enable them to understand their role in recognising abuse, seeking advice and reporting concerns to the appropriate authorities. Staff did not understand their role and responsibilities under the requirements of the Mental Capacity Act 2005.</p> <p>13 (1) (2)</p> |
| Regulated activity | Regulation |
| Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems and processes in place to assess, monitor and improve the quality and safety of services provided.</p> <p>The provider did not have effective systems in place to monitor and mitigate the risks relating to the health, safety and welfare of patients and others.</p> <p>The provider did not have effective systems in place to act on feedback from patients and staff.</p> <p>The provider did not have an effective system in place for maintaining records relating to staff to include information relevant to their employment in the role including information relating to the requirements under Regulations 4 to 7 and Regulation 19 (part 3) of the</p> |

This section is primarily information for the provider

Requirement notices

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular ensuring an appropriate Disclosure and Barring Service check is maintained that is relevant to the role.

7 (1) (2) (a), (b), (d), (e), (f)