Green Dental Care Ltd

# Castle Street Dental Practice

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 1 July 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 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**
Castle Street Dental Practice is a general dental practice and is equipped to deal with all dental requirements, such as treating tooth decay and gum disease and restorative dentistry. The practice provides private services for approximately 700 patients in Canterbury and the surrounding areas.

The practice staff included one practice manager, three dentists, a periodontal specialist, a restorative dentist, two hygienist, three dental nurses, a trainee dental nurse and two receptionists. Dental services are provided Monday to Thursday between the hours of 8.30am and 8pm, Fridays 8.30am to 5.30pm and Saturday 9am to 2pm.

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

Prior to our inspection we provided some CQC comment cards for patients to complete about their experience of the practice. A total of 35 comments cards were received and we found that patients had made positive comments

# Summary of findings

about the practice and were very satisfied with the care and treatment they received from the staff. Patients said dentists took time to explain their dental needs to them and treated them with compassion and professionalism.

Our key findings were:

The practice was providing effective, caring and responsive care in accordance with the relevant regulations.

- There were systems to check all equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- Dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- Patients were provided with information and were involved in decision making about the care and treatment they received.
- The practice delivered personalised care to patients that took into account their individual needs.

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

- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review risk assessment activity to ensure all risks are assessed and reduced where possible.

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:

- Provide up to date mandatory training and annual appraisals for all staff.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Are services safe?**

We found that this practice was providing safe care in accordance with the relevant regulations. The practice had systems for reporting, recording and monitoring incidents, accidents and significant events as well as responding to national patient safety alerts. There were systems to safeguard vulnerable adults and children who used services and the practice was equipped to deal with medical emergencies. Staffing levels were safe for the provision of care and treatment.

**Are services effective?**

We found that this practice was providing effective care in accordance with the relevant regulations. The dental care provided was evidence based and focussed on the needs of the patients. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration.

**Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations. Patients told us (through comment cards and in discussion) that they had positive experiences of dental care provided at the practice. Patients felt they were listened to, treated with respect and were involved with the discussion of their treatment options which included risks, benefits and costs. Patients with urgent dental needs were responded to in a timely manner.

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

We found that this practice was providing responsive care in accordance with the relevant regulations. The practice provided friendly, personalised dental care. Most of the staff had worked at the practice for many years and knew (and responded to) patients' individual needs well. Patients could access treatment and urgent and emergency care when required. The practice offered dedicated emergency slots each day enabling effective and efficient treatment of patients with dental pain. The practice had considered the needs of people with disabilities. The two ground floor treatment rooms were fully accessible to people using wheelchairs.

**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 at the end of this report).

The practice had clinical governance and risk management systems. However, the practice was unable to demonstrate they had a system to help ensure all governance documents were kept up to date. There was a leadership structure with named staff in lead roles and the practice operated an audit system that improved the service and followed up to date practice guidance. However, the practice had failed to identify risks associated with some infection control issues. The practice manager was visible in the practice and there were meetings held in order to engage staff and involve them in the running of the practice. The practice did not have a system of appraisal. The practice took into account the views of patients via feedback from patient surveys, as well as comments and complaints received when planning and delivering services.

# Castle Street Dental Practice

**Detailed findings**

## Background to this inspection

We carried out an announced comprehensive inspection of Castle Street Dental Practice on 1 July 2015. Our inspection team was led by a CQC Lead Inspector. The team included a Dentist specialist advisor.

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as NHS England and the local Healthwatch, to share what they knew. We did not receive any information of concern.

During our visit we spoke with a range of staff (one dentist, the practice manager, two dental nurses and one receptionist) and spoke with four patients who used the service. We spoke with four patients, reviewed 35 comment cards where patients and members of the public shared their views and experiences of the service and reviewed practice documentation.

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

The practice used a range of information to identify risk and improve quality regarding patient safety. For example, reported incidents and accidents, national patient safety alerts as well as comments and complaints received. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses.

We reviewed safety records and incident reports for the last 12 months. The incident log book showed that there were no reported incidents for the last 12 months.

National patient safety alerts were disseminated electronically as well as in paper form to practice staff and alerts relevant to the practice were discussed at staff meetings.

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

The practice had systems to safeguard vulnerable adults and children who used services. There was written information for safeguarding vulnerable adults and children. Other documents were also readily available to staff that contained information for them to follow, in order to recognise potential abuse and report it to the relevant safeguarding bodies. For example, a safeguarding policy. Contact details of relevant safeguarding bodies were available for staff to refer to if they needed to report any allegations of abuse of vulnerable adults or children. All staff we spoke with told us they were up to date with training in safeguarding and records confirmed this. When we spoke with staff they were able to describe the different types of abuse patients may have experienced as well as how to recognise them and how to report them.

The practice had a whistleblowing policy that contained relevant information for staff to follow that was specific to the service. The document detailed the procedure staff should follow if they identified any matters of serious concern. All staff we spoke with were able to describe the actions they would take if they identified any matters of serious concern and most were aware of this policy.

The practice had a monitoring system to help ensure staff maintained their professional registration. For example, professional registration with the General Dental Council. We looked at the practice records of two clinical members of staff which confirmed they were up to date with their professional registration.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments). Information available for staff detailed the actions they should take if an injury from using sharp instruments had occurred.

Staff we spoke with told us dentists routinely used 'rubber dam' when providing root canal treatment to patients. Rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.

Care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare. All patient records that we examined had an up to date medical history that documented their current health status, any medicines they were taking as well as any allergies they had. This had been carried out each time treatment was provided.

### Medical emergencies

Emergency equipment was available in the practice, including access to emergency medicines, medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). Staff told us these were checked regularly and records confirmed this. However, the AED was non-functional but the team were aware of this. We spoke with the practice manager who assured us that new pads and a four year battery would be ordered immediately. Following our inspection, we received notification from the practice manger that the items required to make the AED operational had been ordered and we received photographic evidence that they had been received.

Staff had recently completed training in emergency resuscitation and basic life support including the use of the automatic external defibrillator (AED). Staff we spoke with demonstrated they knew how to respond if a patient suddenly became unwell. However, there was no set protocol for team responsibilities/actions if a medical emergency occurred.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and

# Are services safe?

hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. However, we found that one item we checked was not in date and fit for use.

Appropriate temperature checks for refrigerators used to store medicines had been carried out and records of those checks were made.

There was a business continuity policy and disaster recovery document that indicated what the practice would do in the event of situations such as a temporary or prolonged power cut and loss of the practice premises.

### Staff recruitment

The practice had policies and other documents that governed staff recruitment. For example, a recruitment policy. We reviewed evidence of the recruitment process used in three personnel files. The records were comprehensive and showed that the relevant checks for example identity, references, qualifications and experience had been reviewed and considered prior to their appointment.

Records demonstrated all relevant staff had Disclosure and Barring Service (DBS) clearance (a criminal records check) or an assessment of the potential risks involved in using those staff without DBS clearance.

### Monitoring health & safety and responding to risks

The practice had a health and safety policy statement to help keep patients, staff and visitors safe. Health and safety information was displayed for staff to see and the practice had a designated health and safety representative.

A risk assessment had been completed in June 2015 for the safe use and management of sharps. All employers are required to ensure that risks from sharps injuries are adequately assessed and appropriate control measures are in place.

There was a system governing security of the practice. For example, visitors were required to sign in and out using the designated book in reception. Non-public areas of the practice were secured with coded key pad locks to help ensure only authorised staff were able to gain access.

### Infection control

The practice had a designated member of staff to lead on infection prevention and control. They showed us the decontamination area and the processes used to clean and decontaminate dental instruments ready for use. An infection control audit had been completed by the practice in March 2015 and an action plan was in place. For example, extra uniforms ordered for staff and disposable trays ordered.

Dental instruments were cleaned and decontaminated in a dedicated decontamination room. This was laid out appropriately with clear separation of the dirty instruments entering the room and the clean sterile instruments coming out of the autoclave (an autoclave is a piece of equipment that treats instruments at high temperature to help ensure any bacteria are killed). A member of staff demonstrated the process for cleaning and sterilising instruments. The process followed current guidance and appropriate personal protective equipment was worn throughout the procedure. The equipment used for cleaning and sterilising was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was clear that the equipment was in working order and being effectively maintained. We looked at the dental instruments which had been taken through the decontamination process and were ready for use in each of the dental consulting rooms. Instruments were stored in sterile pouches and contained expiry dates indicating by which time they should be used.

There was no visible or clear designation of dirty/clean areas within treatment rooms and discussion with different users of the rooms produced a differing delineation perception.

We looked at the treatment rooms where patients were examined and treated. All rooms and equipment appeared uncluttered and clean. However, in treatment room three the cold sterilization container contained autoclavable suction adaptors, which on separate questioning nurses did not know what to do with; plastic spittoon filters had contaminates including alginate (used to make impressions) still on them; the cold sterilization fluid was lower than the items within it, so they were not submerged and the fluid was no longer a clear, new or active solution. Drawers were dishevelled, contained unwrapped, wrapped out of date and wrapped undated clinical instruments and burs this was also the case in another treatment room. Burs (used for cutting hard tissues) were also left completely open and obviously being used directly from their original plastic multi containers, some even unlidded.

# Are services safe?

There was no environmental cleaning company for the whole practice, this job was carried out by practice manager and there were no records of cleaning maintained. We saw that in treatment room three there was thick layer of dust, and an old mouthwash tablet stuck to a water bottle. There was crumbling gypsum (dentistry plaster used to make impressions) under the work surfaces and dirty under sink cupboards with severe crusted product spillage inside.

The infection control policy contained information for staff on the frequency and method for cleaning equipment used in assessing and treating people who used the practice. For example, work surfaces and equipment. Records evidenced that only one out of eight relevant members of staff had received up to date infection control training. Personal protective equipment (PPE) including disposable gloves, aprons, face masks and visors were available for staff to use. Clinical staff were provided with uniforms dedicated for use whilst at work. Antibacterial hand wash, paper towels and posters informing staff how to wash their hands were available at all clinical wash-hand basins in the practice.

There was a system for safely handling, storing and disposing of clinical waste. This was carried out in a way that reduced the risk of cross contamination. Clinical waste was stored securely in locked, dedicated containers whilst awaiting collection from a registered waste disposal company. However, on the day of our inspection we saw that clinical waste bags had been disposed of on the basement floor instead of being placed in the locked dedicated container. Minutes of a practice team meeting in March 2015 evidenced that the practice manager had pointed out that the clinical waste bags were not being put into the Yellow bin in the cellar. A copy of the clinical waste procedure was given to all members of staff to read and everybody agreed to make sure that the clinical waste sacks would always be put into the bin.

There were procedures to ensure that water used in the practice complied with purity standards. This included using specially treated water for clinical processes that could generate water vapour which could be inhaled. The practice were able to demonstrate there was a system for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). Records evidenced that a legionella risk assessment had been undertaken in June 2015. However, daily, weekly, quarterly and annual testing was disorganised, unclear and inconsistent. Legionella water temperatures were recorded but there was no evidence of biofilm awareness (a community of micro colonies developed in dental waterlines) or full assessments.

The practice had a system that monitored and recorded the hepatitis B status of clinical staff at the practice.

### Equipment and medicines

Electrical safety tests had been completed on the items we checked and a system was in place to ensure these checks took place as required. Servicing of equipment such as the autoclave machines and X-ray equipment were also in place.

All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date was June 2015. Emergency equipment such as a defibrillator (electronic devices that apply an electric shock to restore the rhythm of an irregular heart) was available for use in a medical emergency. We saw that the equipment was checked weekly to ensure it was in working order and fit for purpose.

Portable oxygen cylinders were available and we found the practice had systems in place to check the cylinders were fit for use on a monthly basis. However, records evidenced that staff were signing to confirm that there were three cylinders of oxygen when there were only two throughout the practice.

There was no evidence to show that there was sufficient numbers / types or the sterility of the instruments for the various clinicians practicing in treatment room three, as they transported their own clinical instruments to the practice. One patient's record evidenced that a root end surgery could not be carried out for the patient due to the necessary equipment not having been brought to the practice in readiness by the visiting clinician. Systems and processes must be in place to ensure that there is enough suitably sterilised instrumentation available to carry out the elective procedures that have been scheduled for patients.

Medicines were stored securely in areas accessible only by practice staff. The practice kept records of the ordering and receipt of medicines. Staff told us that stock levels and expiry dates of medicines held were routinely checked. The lead for the storage and management of medicines was the

# Are services safe?

practice manager. We found that expiry date logging was incorrect resulting in an out of date emergency medicine remaining in the kit since expiry in May 2015. Antibiotics and medicines prescribed were not being consistently logged by all practitioners or at all times by each practitioner. We cross referenced an antibiotic log against a patient's records and found it had been dated incorrectly (this patient had been prescribed an antibiotic and had no other referral or treatment on record). Appropriate temperature checks for refrigerators used to store medicines had been carried out and records of those checks were made.

**Radiography (X-rays)**

We checked the provider's radiation protection file as X-rays were taken and developed at the practice. We also looked at X-ray equipment in use at the practice and talked with staff about its use. We found that a sensor had required replacement for over a year and there were no plans for replacement. Images we viewed were of poor quality and not fit for diagnostic purposes, thereby requiring further patient exposure to radiation from further X-rays being required.

Following our discussion with the clinical lead, he suggested using the sensor from a second unit, to be used between both appliances. However, during our inspection the practice manager ordered a new sensor. On 8 July 2015 we received photographic evidence of test X-rays for both units that were reviewed and confirmed by the specialist dental advisor as being compliant.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The dentists assessed each patient's gum health and 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 as well as each patient's basic periodontal examination (BPE). These measures demonstrated a risk assessment process for oral disease. However, we found that BPE and soft tissue scores were not being assessed by all practitioners.

The assessments were carried out in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and the General Dental Council (GDC). Assessments included an examination covering the condition of patients' teeth, gums and soft tissues as well as signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

### Health promotion & prevention

The practice promoted the maintenance of good oral health. There was a copy of the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' available to guide staff.

The practice asked new patients to complete a health questionnaire which included further information for health history. The practice then invited patients for consultation with one of the dentists for review. However, on one of six patient records accessed we found the patient had answered 'Yes' to taking prescribed medication but this had not been checked or verified by a clinician, receptionist or nurse.

Records showed that patients were given advice appropriate to their individual needs such as smoking cessation.

Information displayed in the waiting areas promoted good oral health. This included information on tooth sensitivity.

### Staffing

Staff were able to share different tasks and workloads when the practice entered busy periods for patients. Staff told us the levels of staff and skill mix were reviewed and staff were flexible in the tasks they carried out. This meant they were able to respond to areas in the practice that were particularly busy or respond to busy periods. For example, reception support was increased at busy times and other staff completed administration tasks.

Practice staffing included clinical, managerial and administrative staff. We reviewed staff training records and saw that not all staff were up to date with attending mandatory courses for example infection control. All staff were up to date with their yearly continuing professional development requirements and they were encouraged to maintain their continuing professional development (CPD), to maintain their skill levels and records of the number of hours achieved was being maintained.

There was an induction programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such infection control.However, there was no appraisal system in place, used to identify training and development needs. Staff were able to relate to the induction process during the course of our discussions with them.

### Working with other services

The practice had a system in place for referring patients for dental treatment and specialist procedures to other colleagues where appropriate. The provider told us the practice involved other professionals and specialists in the care and treatment of patients where it was in the patient's best interest. For example, once a month there were visiting practitioners who specialised in periodontal treatments and implants.

### Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they wanted. This was reflected in comment cards completed by patients. The practice asked patients to sign consent forms for some dental procedures such as tooth whitening to indicate they understood the treatment and risks involved.

Staff told us that they obtained either verbal or written consent from patients before carrying out examinations,

# Are services effective?

## (for example, treatment is effective)

tests, treatments, arranging investigations or referrals and delivering care. They said that parental consent given on behalf of children was documented in the child's dental records. All staff had received dementia awareness training. Staff we spoke with were able to describe how they would manage the situation if a patient did not have capacity to give consent for any treatment they required. Staff also told us that patients could withdraw their consent at any time and that their decisions were respected by the practice.

# Are services caring?

## Our findings

### Respect, dignity, compassion & empathy

We looked at 35 patient comment cards and comments were positive about the service patients experienced at the practice. Patients indicated that they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said that staff treated patients with dignity and respect. Patients had sufficient time during consultations with staff and felt listened to as well as safe.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a treatment room. We noted that treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. However, we found that during lunch times when treatment rooms were empty, doors were left open and computer screens with patients' records were left open and day sheets with patients' contact details were beside the computers and could be seen by people coming in to make appointments.

Telephone calls answered by reception staff and private conversations between patients and reception staff that took place at the reception desk could be overheard by others. However, when discussing patients' treatments staff were careful to keep confidential information private. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

### Involvement in decisions about care and treatment

Information leaflets were available that gave a details on a wide range of treatments and disorders, such as gum disease and good oral hygiene. Information about procedures such as tooth whitening, crowns and bridges was accessible on the practice website.

Staff told us dentists took time to explain care and treatment to individual patients clearly and were always happy to answer any questions. Patients told us through comment cards they felt listened to by staff who were very attentive to their care and support needs and always took time to answer any questions they had.

Patients were provided with written treatment plans that explained the treatment required and outlined any costs patients were required to pay. Staff told us that they rarely carried out treatment the same day unless it was considered urgent. This allowed patients to consider the options, risks, benefits and costs before making a decision to proceed.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice offered a range of general dental services such as examinations, fillings, root canal treatments and cosmetic dentistry such as teeth straightening and implants. The practice treated private patients and opened Monday to Thursday between the hours of 8.30am and 8pm, Fridays 8.30am to 5.30pm and Saturday 9am to 2pm.

Staff reported (and we saw from the appointment book) the practice always scheduled plenty of time to assess and undertake patients' care and treatment needs. Staff told us they never felt rushed or under pressure to complete procedures and always had enough time available to prepare for each patient.

### Tackling inequity and promoting equality

The practice, although an historic building had considered the needs of people with disabilities. The two ground floor treatment rooms were fully accessible to people using wheelchairs. Although these rooms were primarily used by the practice principal and hygienist, staff told us arrangements were made for the associate dentists to treat patients in these rooms if they had requested it.

### Access to the service

The practice opening hours, as well as details of how patients could access services outside of these times, were available for patients to take away from the practice in written form. For example, in a practice leaflet and on the practice's website. Appointments were available outside of normal working hours (9am to 5pm) and outside of school hours. Specific longer appointments were available for vulnerable patients and those with mental health conditions.

Each day the practice was open, emergency treatment slots were made available for people with urgent dental needs. Staff told us patients requiring emergency care during practice opening hours were always seen the same day. During our inspection, we spoke with a patient who had telephoned at lunch time and was given an appointment that afternoon. We asked the receptionist how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message and the practice's website detailed how to access out of hours emergency treatment.

### Concerns & complaints

The practice had a system in place for handling complaints and concerns. The complaints policy and procedures were in line with recognised guidance and contractual obligations for practices in England. There was a designated responsible person who handled all complaints which was the practice manager. We saw that information was available to help patients understand the complaints system in the waiting area, in the practice leaflet and the website.

Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We reviewed the practice complaints system and noted that no patient complaints had been received over the past 12 months.

# Are services well-led?

## Our findings

### Governance arrangements

Whilst there were some delegated roles such as an infection control lead and a nurse supervisor, the principal dentist took responsibility for leading on clinical issues. We observed that whilst there was a management structure of which the practice manager was the day to day lead, there was a nurse supervisor who the practice manager relied on to answer many areas of practice compliance questions.

Some of compliance documentation was not logged, misunderstood and when completed was confusing with differing information for same dates. For example, oxygen cylinders logged in three locations by one person and two locations (correct) on the same day and signed off by the practice manager.

We spoke with the practice manager who was unaware of the cross infection control breaches within treatment room three, even though the nurse supervisor stated that she had cascaded some of the information regarding this room.

The shortfalls identified during this inspection indicate the need for leadership roles to be more clearly defined and carried out by suitable team members.

The practice identified, recorded and managed some risks. It had carried out risk assessments where risks had been identified and action plans had been produced and implemented. For example, safe use of sharps (needles and sharp instruments) risk assessment. However, the practice had failed to identify risks associated with infection control issues in line with national guidance. For example, cleaning and storage of instruments.

Staff told us they felt supported and enjoyed working at the practice. They reported that the senior dental nurse and dentists were approachable. The arrangements for sharing information across the practice required some improvement because staff had limited opportunity to discuss issues together as a team.

### Leadership, openness and transparency

Staff told us they felt well supported by colleagues and management at the practice. They said they were provided with opportunities to maintain skills as well as develop new ones in response to their own and patients' needs.

The practice manager was visible in the practice and staff told us that they were always approachable and always took time to listen to all members of staff. There were monthly practice team meetings held in order to engage staff and involve them in the running of the practice. Staff we spoke with told us they felt valued by the practice and able to contribute to the systems that delivered patient care. For example, nurses were asked whether or not the new lab work system was working for them and that everyone was happy? Dental nurses told us they had informal chats with the nurse supervisor at the start of their working day and could report back to them at any time during the day.

We spoke with the clinical lead and found that he did not have systems for remediation of poor performance, risk assessments and was unaware that basic periodontal examination (BPE) and soft tissue management scores were not being assessed by some practitioners. The nurse supervisor carried out the practice's first documented clinical report in February 2015 and instances of unlogged antibiotics and lab work, medical histories not updated/ signed every 6 months and radiograph malfunction were all still evident at our visit in July 2015.

### Learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at staff files and saw that appraisals had not been undertaken in the past 12 months. We spoke with four members of staff who told us they had not received an annual performance review and personal development plan. Records confirmed this.

We spoke with the practice manager who told us that she planned to undertake all staff appraisals from July 2015.

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

The practice took into account the views of patients and those close to them via feedback from patient surveys, as well as comments and complaints received when planning and delivering services.

The practice had conducted a patient satisfaction survey In December 2014 and had received 17 out of 43 responses. Results had been collated and identified positive aspects of the practice. For example, out of the 17 responses, half had scored an overall of 80% for experience in the waiting room

# Are services well-led?

and surgery. Four negative comments were received these were to do with phones and receptionists being busy. Records demonstrated that results were discussed at staff meetings.

Patients interviewed on the day of our inspection felt very engaged with the practitioners and services offered and were happy to recommend the practice to others. There were no complaints noted by the practice.

The practice gathered feedback from staff through monthly employee satisfaction surveys, staff meetings and discussions. Staff told us they would not hesitate to feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both patients and staff.

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<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>**Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.**<br>**How the regulation was not being met:**<br>Systems or processes were either not established or operated effectively, to ensure compliance with the requirements in this Part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 20014.<br>The systems or processes did not enable the registered person, in particular, to:<br>Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the experience of service users in receiving those services);<br>Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;<br>Evaluate and improve their performance in respect of the processing of the information referred to in sub-paragraphs (a) to (e). |