

Mrs. Karen Horne

# Mrs Karen Horne - Windlestone Road

## Inspection Report

19a Windlestone Road  
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### Overall summary

We carried out this announced inspection, in response to concerns we received, on 01 May 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

##### **Are services safe?**

We found that this practice was 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**

Mrs Karen Horne - Windlestone Road practice is in Billingham and provides NHS and private treatment to patients of all ages.

# Summary of findings

The practice is situated on the first floor of a building, with entrance through the ground floor. Car parking spaces, including for blue badge holders, are available near the practice.

The dental team includes a principal dentist, three dental nurses (one of whom is a trainee), a dental therapist and a receptionist. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Two weeks prior to the inspection, we sent comment cards to the practice for patients to complete. On the day of inspection, we found no comment cards had been filled in by patients. The practice was not open for dental treatment on the inspection day.

During the inspection we spoke with the principal dentist and the receptionist. Most other staff members had prior arranged annual leave. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday and Wednesday 9am to 5.30pm

Thursday 9am to 6pm

Friday 8.30am to 5pm

## Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.

- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.
- The practice had some systems to help them manage risk.
- The principal dentist did not have thorough staff recruitment procedures.
- The practice did not have effective leadership and a culture of continuous improvement was not evident.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

# Summary of findings

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

We always ask the following five questions of services.

We asked the following question(s).

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles.

The principal dentist did not complete all essential recruitment checks in accordance with legislation.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### Are services effective?

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

The principal dentist and dental therapist assessed patients' needs and provided care and treatment in line with recognised guidance. The dental professionals discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. We saw evidence of efficient and timely referrals for suspicious lesions that were later found to be malignant.

The practice supported staff to complete training relevant to their roles. Systems to help them monitor this could be improved.

The staff were involved in quality improvement initiatives such as peer review as part of its approach in providing high quality care.

No action



### Are services caring?

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

No action



# Summary of findings

We received no feedback about the practice from patients via the comment cards. We viewed comments from NHS choices. Patients said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

## Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. At the point of booking an appointment, patients were made aware the practice was on the first floor. Those who could not ascend the stairs were either given the details of another practice or shown where they could find further information of practices with ground floor treatment rooms. We saw evidence of this on the inspection day. The practice also had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## Are services well-led?

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

The practice had some arrangements to ensure the smooth running of the service; these needed improving. A more robust system for the practice team to discuss the quality and safety of the care and treatment provided was required.

We found areas of concern relating to recruitment procedures, risk assessments of the practice, sharps and hazardous substances, Legionella, medical emergency drugs, fire and X-ray documentation. We found paperwork was stored in a disorganised manner, and subsequently the principal dentist and receptionist were not able to locate several documents for us on the inspection day.

There was a clearly defined management structure and staff felt supported and appreciated.

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

Requirements notice



# Summary of findings

The practice monitored some clinical and non-clinical areas of their work to help them improve and learn. We requested to see evidence of their audit processes; we were not provided with these for all topics. The practice asked for views of patients and staff.

# Are services safe?

## Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice staff were aware of the need to identify adults that were in other vulnerable situations – for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

The practice did not have a staff recruitment policy. We discussed the recruitment procedure with the principal dentist and the receptionist. They knew what was required to help them employ suitable staff in accordance with relevant legislation. We looked at all staff recruitment records. The principal dentist had employed a dental therapist and a trainee dental nurse recently. The dental therapist was employed two months prior to the inspection and the trainee dental nurse three months prior. We were

told both members of staff were provided with Disclosure and Barring Service (DBS) check forms to complete, however they hadn't done so. We noted the principal dentist had a risk assessment in place for both staff and also had the previous employer's DBS check as an intermediary. We were told the principal dentist requested both members of staff to obtain their own references; they had not yet done so and the principal dentist had not obtained these on their behalf. We found there was no evidence of the qualification certificate for the dental therapist. The practice did not follow the recruitment procedures described by the staff on the inspection day.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. We found fire drills were discussed in staff meetings and these were not acted out. We discussed with the principal dentist the importance of ensuring safe evacuation in timed fire drills and documenting these.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety. We identified that some areas could be improved.

## Are services safe?

The practice's health and safety policies were up to date and reviewed regularly to help manage potential risk. The practice did not have a health and safety risk assessment in line with their policy.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The principal dentist did not have an effective system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. Immunisation statuses and vaccination records were not available for both newly recruited staff and we found ambiguous information regarding Hepatitis immunity for two additional members of staff. The principal dentist had not carried out risk assessments for these staff members, to mitigate the risk associated with carrying out clinical work when the immune status was unknown.

Staff knew how to respond to a medical emergency. We were told annual training in emergency resuscitation and basic life support (BLS) was not carried out by staff in line with national guidance.

Emergency equipment and medicines were available as described in recognised guidance. We noted the expiry date for the Glucagon had not been altered to reflect its storage at room temperature. The principal dentist assured us they would amend this. We also found there were two expired medical emergency drugs alongside ones which were in-date. This may create confusion during a medical emergency. We saw staff kept records of their monthly checks to make sure all medical emergency drugs and equipment were within their expiry date, and in working order. We spoke with the principal dentist about reviewing this system and implementing a more robust process.

A dental nurse worked with the principal dentist and the dental therapist when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous

to health. We noted these risk assessments had not been reviewed or updated since 2015; the principal dentist showed us their new risk assessment forms and plans to update these in future.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We viewed records to confirm the equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. We noted the soil test for one of the cleaning machines showed it was not producing effective cleaning. This was observed in the results of all tests from the previous eight months; the principal dentist was unaware this was occurring and assured us they would rectify this. We also found the steam penetration tests for the vacuum autoclave were not being carried out daily as recommended by national guidance. The principal dentist told us they would revisit the guidance with regards to this.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We observed that all recommendations had been actioned and some control measures were in place. We found the recording of water temperatures was inconsistent and monthly checks were not being carried out as recommended. We saw schedules to confirm testing of water and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

# Are services safe?

The principal dentist told us they carried out infection prevention and control audits twice a year. They showed us evidence of an audit from March 2017 and were unable to locate any other audits. The latest audit showed the practice was meeting the required standards.

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

## **Safe and appropriate use of medicines**

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored and kept records of NHS prescriptions as described in current guidance.

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

## **Track record on safety**

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been one safety incident. The incident was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

## **Lessons learned and improvements**

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

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

The principal dentist was involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

### Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

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

The principal dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

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

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The principal dentist told us they gave patients information about

treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to the legal precedent (formerly called the Gillick competence) by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We were told the practice audited patients' dental care records to check that the dentists recorded the necessary information. We asked the principal dentist to show us evidence of these audits on the inspection day; they could not so we requested these to be sent the following morning. We have not received evidence of these audits.

### Effective staffing

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

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed most clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

### Co-ordinating care and treatment

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

# Are services effective?

(for example, treatment is effective)

The principal dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

We spoke with the principal dentist about urgent referrals for suspicious lesions. The practice also had systems and processes for referring patients with suspected oral cancer

under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. They described their protocols and showed us evidence to confirm appropriate referrals were followed through with diagnosis and confirmation of malignancy in some of their patients.

The practice monitored all referrals to make sure they were dealt with promptly.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

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

Patients commented positively that staff were caring, wonderful and patient. We saw that staff were friendly towards patients at the reception desk and over the telephone.

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

Information folders, patient survey results and thank you cards were available for patients to read.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act and the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The principal dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models and X-ray images.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

We were told of examples of patients who requested specific appointments (autistic and visually impaired patients) and the receptionist confirmed these patients would also have extended appointment slots to provide further time. The principal dentist and receptionist also described they would take extra support measures for patients with memory loss and anxiety, for example, by calling these patients on the appointment day to ensure they were able to attend.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had made reasonable adjustments for patients with disabilities. The principal dentist had assessed access for patients using a disability access audit. We saw they continuously reviewed this to improve their care. The practice was situated on the first floor of a building with two flights of stairs to ascend. Patients were made aware of this prior to their appointment and given alternative practice details if requested. We saw evidence the principal dentist had considered installing a stair lift for the premises. A hearing loop, large print patient leaflets, braille information leaflets and a toilet with hand rails and a call bell were all available.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

They took part in an emergency on-call arrangement with 111.

The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

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

The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the last 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The principal dentist was the overall leader in the practice. They were knowledgeable about some issues and priorities relating to the quality and future of services. They understood the challenges but they were not fully addressing them.

The principal dentist did not have the capacity to deliver the practice strategy and address all the risks to it.

The principal dentist was approachable and staff confirmed this. They worked closely with all members of staff to make sure they prioritised compassionate and inclusive leadership.

The practice could not demonstrate effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

There was a clear vision and set of values.

### Culture

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

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

The principal dentist acted on behaviour and performance which was inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The receptionist and a dental nurse were supporting them in this role. Other staff members held responsibilities. These systems of accountability to support good governance and management were not effective.

The principal dentist had a system of clinical governance in place which included policies (with the exception of a recruitment policy), protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were no clear and effective processes for managing all risks associated with the practice, issues and performance. For example, we found recruitment procedures were ineffective, a risk assessment of the premises was not carried out, risk assessments of hazardous materials were not reviewed regularly, some control measures from the Legionella risk assessment were not being carried out and sterilisation equipment was not being tested or maintained in accordance with national guidance. We also observed the process for reviewing medical emergency drugs and equipment required improving to ensure all expired medicines were removed from the medical emergency kit, fire drills were not enacted, timed nor documented and the X-ray local rules were not updated. We found paperwork was stored in an disorganised manner, and subsequently the principal dentist and receptionist were not able to locate several documents for us on the inspection day.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used comment cards and verbal comments to obtain staff and patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

## Are services well-led?

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

### **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

The practice had some quality assurance processes to encourage learning and continuous improvement. We asked to see evidence of audits of dental care records, radiographs and infection prevention and control. We were shown an infection prevention and control audit from March 2017 and no other documents were available.

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

The whole staff team, including the principal dentist, had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. We found staff did not undertake medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

## 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered provider did not have effective systems in place to ensure that the regulated activities at Karen Horne – Windlestone Road Dental Practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not have systems or processes that operated effectively to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>Recruitment processes were not effective.</li></ul> <p>Disclosure and Barring Service checks, immunisation status reports and references were not effectively obtained by the registered provider at the start of employment.</p> <ul style="list-style-type: none"><li>The practice had inadequate systems to help them manage risk.</li></ul> <p>A risk assessment of the premises was not carried out, risk assessments for hazardous materials were not reviewed regularly, some control measures identified in the Legionella risk assessment were not being carried out, sterilisation equipment was not tested or maintained in accordance with national guidance, the process for reviewing the medical emergency drugs and equipment required improving, fire drills were not enacted, timed nor documented. The X-ray local rules were not up to date.</p>

This section is primarily information for the provider

## Requirement notices

- Audits of Infection prevention and control, X-rays and other aspects of clinical care were not available.