Mr. Jasvinder Kaila

Mr Jasvinder Kaila - Middle Gordon Road

Inspection Report

46 Middle Gordon Road
Camberley
Surrey
GU15 2HT
Tel:0127623370

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Overall summary

We carried out an unannounced comprehensive inspection on 20 January 2016 due to information of concern we received with regard to infection control. 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 providing well-led care in accordance with the relevant regulations

Background

Mr Jasvinder Kaila's Dental Practice provides predominately NHS dental services with private treatment options available for patients. The premises consist of a waiting area, three treatment rooms, staff area and a reception area. The practice does not have a separate decontamination room and decontamination and sterilisation are carried out in the treatment rooms by temporal separation method.

The staff at the practice consist of the practice owner (principal dentist), an associate dentist, a foundation trainee dentist, two dental nurse's, a student nurse, two receptionists and a practice manager/ head dental nurse.

The principal dentist 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 did not review or supply any Care Quality Commission (CQC) comment cards for patients as this inspection was

Summary of findings

unannounced. We did review feedback from patients who had completed the 'Friends and Family Test' and spoke to nine patients following our inspection and found that the feedback was positive.

Our key findings were:

- There was appropriate equipment for staff to undertake their duties, however equipment had not been maintained regularly as per guidance and legislation.
- Patients care and treatment was planned and delivered in line with current legislation and evidence based guidelines such as from the National Institute for Health and Care Excellence (NICE)
- Patients were treated with dignity and respect and confidentiality was maintained at all times
- The practice had a procedure for responding and acting on complaints
- The appointment system met the needs of the patients and where possible waiting times were kept to a minimum
- The practice had effective systems to reduce the risk of the spread of infections

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

- Review the practice's arrangements for receiving and responding 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 practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result
- Review stocks of medicines and materials and implement a system for identifying and disposing of out-of-date stock.
- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the current legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures, giving due regard to the 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.
- Implement a system to monitor staff training which links into appraisals.
- Update all practice policies and procedures to reflect current legislation and guidance and put into place a system for updating all governance documentation
- Review the current fire safety processes at the practice and complete training in fire safety and awareness.

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?

No action

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

The practice had systems to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. However the practice had not carried out and reviewed risk assessments in relation to the practice to identify and manage risks since 2011.

The practice could demonstrate that infection control procedures were carried out in a way which reflected published national guidance and staff had been trained to use the equipment in the decontamination process. The practice was operating an effective decontamination pathway, with checks in place to ensure sterilisation of the instruments.

Are services effective?

No action

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

The practice kept detailed electronic and paper records of the care given to patients including comprehensive information about patients oral health assessments, treatment and advice given. They monitored any changes in the patient's oral health and made referrals to hospital specialist services for further investigations or treatment if required.

The practice was proactive in providing patients with advice about preventative care and supported patients to ensure better oral health. Comments received speaking with patients and via the NHS friends and family test reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes they experienced.

Staff we spoke with told us they had accessed specific training in the last 12 months in line with their continuing professional development (CPD) requirements.

Are services caring?

No action

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

We reviewed comments the practice had received . Comments were positive about how they were treated by staff at the practice. Patients commented they felt involved in their treatment and that it was fully explained to them.

The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients booking in for their appointment. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these. However, these policies and procedures had not been updated for some time and did not contain current guidance and information. Staff however were able to demonstrate that they had an up to date understanding of confidentiality and data protection.

Summary of findings

Are services responsive to people's needs?

No action

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

Appointment times met the needs of patients and waiting time was kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen where possible within 24 hours. They would see patients suffering dental pain, extending their working day if necessary.

The practice had made reasonable adjustments to accommodate patients with a disability or limited mobility.

Patients who had difficulty understanding care and treatment options were suitably supported.

The practice had a procedure in place for dealing with complaints.

Are services well-led?

No action

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

The culture of the practice encouraged candour, openness and honesty. Staff told us there was an open culture at the practice and they felt valued and well supported. They reported the dentists were very approachable and available for advice where needed.

The provider did not have effective governance arrangements at the practice, but has mplemented a system which they have shared with us since our visit.. Policies and procedures were not effective to ensure the smooth running of the practice; the policies and procedures were all out of date by some years and did not contain up to date information and guidance for staff to refer to. the provider sent us new updated policies and procedures with current information. All staff had declared that they had read and understood these new documents.

Staff told us that meetings occurred monthly; however the practice had not documented these and therefore did not have formal mechanisms to share learning.

There were limited arrangements for identifying, recording and managing risks through the use of risk assessments, audits, and monitoring tools. The provider shared with us a new system for risk management and reduction.

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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

This unannounced inspection was carried out on 20 January 2016 by an inspector from the Care Quality Commission (CQC) and two dental specialist advisors.

During the inspection we viewed the premises, spoke with the two dentists, three dental nurses, and receptionists and head nurse/practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We informed the local NHS England area team on 12 January 2016 that we were inspecting the practice; They informed us that they had received some information of concern that related to infection control and governance of the service.

We received feedback from 9 patients. All patients commented positively about dentists, dental nurses and reception staff. They described staff as caring and friendly.

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

We discussed the systems for accident, incident and significant event reporting. An accident reporting book was available but there had been no accidents recorded within the previous 12 months. The practice had some systems and processes to ensure all care and treatment was carried out safely. The practice had procedures in place for accidents and significant events however staff we spoke with were unsure how to report incidents including near misses and therefore no learning or prevention of these should they occur. Following our inspection we received information to confirm that staff had discussed incident reporting and had tailored their process to include sharing of information and the implementation of learning.

Staff could demonstrate an understanding of their responsibilities of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

However a formalised system for receiving MHRA alerts and sharing the information with staff was not in place. The principal dentist assured us that they would sign up to receive these alerts straight away. We received confirmation following the inspection that this was now in place.

The practice had not undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. The last entry in the COSHH folder was dated August 2007. Some of the entries were for materials the practice no longer used. We found new materials that had not been risk assessed and entered into the COSHH file. Improvements could be made to ensure all COSHH products used at the practice had been included in the risk assessment and folder. The practice provided evidence to support a new, comprehensive COSHH file had been created following our inspection.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures for safeguarding children and vulnerable adults against the risk of harm and abuse. However, these needed updating. These policies included details of how to report concerns to external agencies such as the local safeguarding team. Staff had access to a flow chart describing how to report concerns to external agencies where this was appropriate, this contained up to date information. Staff we spoke with were aware of the requirements and their responsibilities to safeguard children and vulnerable adults and how to raise any concerns. All staff had completed safeguarding training to the appropriate level.

There was a whistleblowing policy and staff we spoke with were aware of what to do if they suspected that another staff members performance was unsafe or not meeting the General Dental Council standards.

The practice had not carried out carried out risk assessments to cover topics such as safe use of pressure vessels (the autoclave and compressor) and the safe use of X-ray equipment since 2011. The principal dentist provided new risk assessments completed following our inspection.

We noted that rubber dams were being routinely used in root canal treatment in line with current guidance. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

Medical emergencies

The practice had policies and procedures on how to deal with medical emergencies which had not been updated since 2011. Staff had undertaken basic life support training recently and could describe how they would act in the event of patients experiencing anaphylaxis (severe allergic reaction) or other medical emergency. We recieed a new updated policy following our inspection.

A range of emergency medicines were available to support staff in a medical emergency. Staff also had access to emergency equipment on the premises including medical oxygen. The practice had an automated external defibrillator (AED) (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore

a normal heart rhythm). All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Are services safe?

Staff recruitment

The practice had a recruitment policy which had not been updated for 2 years that described the process when employing new staff. We reviewed recruitment records of staff employed at the practice and found that process was being followed in most cases. We saw that checks including, criminal record checks through the Disclosure and Barring Service (DBS), detailed job descriptions, which described staff's roles and responsibilities, current professional registration certificates and personal indemnity insurance had been obtained for staff members. A new employee had not been subject to a DBS check. We brought this to the attention of the principal dentist who assured us this would be actioned immediately. We received confirmation following the inspection that this had been actioned.

Monitoring health & safety and responding to risks

The practice had some arrangements in place to monitor health and safety and deal with foreseeable emergencies. A health and safety policy was available, although this had not been updated since 2011 A health and safety law poster was on display in the staff room. The practice did not keep a general risk log or conduct a health and safety risk assessment. Generic templates had been used and had not been made relevant to the practice. Also, not all of the information had been completed or was out of date so we could not be sure that all risks to patients, staff and visitors had been identified or mitigating action taken. The provider sent us new updated policies and a risk reucton and management system that had been put in place following our inspection.

The practice had outdated policies and procedures and we were told that these would be amended and updated to contain details relevant to the practice. A standardised fire risk assessment had been completed by the principal dentist in August 2015, this had not been adapted to meet the needs of the practice nor did it record any information regarding staff training. We saw a new fire risk assessment which was comprehensive and included all aspects of fire safety and staff training.

Fire safety systems were not robust. For example no evidence was provided to demonstrate that staff had received fire training and staff spoken with confirmed that they had not received any recent training. The principal dentist told us that fire safety checks were being undertaken. We saw a fire safety check form. However, this form did not clearly record what was checked, by whom and when. The frequency of these checks was unclear. Forms were not dated. The provider sent us completed forms following our inspection.

Infection control

We discussed the systems in place to reduce the risk and spread of infection. Environmental cleaning was carried out each day by a cleaner employed by the practice. We saw that cleaning equipment was available in accordance with the national colour coding scheme.

We saw that infection control audits were not completed on a six monthly basis in accordance with HTM 01-05 guidance. The most recent audit carried out on 25 May 2015 had scored 100%, as the practice used temporal separation and did not possess a washer disinfector this score was not possible. We received an updated infection control audit with a 97% score which now reflected processes at the practice.

One of the dental nurses was the designated lead for infection prevention and control. There was no documentary evidence available to demonstrate that all staff had undertaken training regarding infection prevention and control within the last 12 months. However, staff spoken with were aware of the infection prevention and control procedures to follow for the decontamination of dental instruments and we were told that infection prevention and control training was undertaken during the induction of newly employed staff, although we did not see any documentation to confirm this. Staff spoken with were able to describe the end to end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient and demonstrated how the working surfaces, dental unit and dental chair were decontaminated. Each treatment room had some routine personal protective equipment (PPE) available for staff and patient use although there were no heavy duty gloves of aprons for staff to use during the manual scrubbing of instruments. Patients we spoke with confirmed that dental staff wore gloves and masks during any checks or treatment they carried out.

It was noted that the dental treatment rooms, waiting area, reception and toilets were visibly clean, tidy and clutter

Are services safe?

free. Patients spoken with confirmed that the practice was always clean. Hand washing facilities were available including wall mounted liquid soap and gels and paper towels in each of the treatment rooms and toilets.

The practice did not have a separate decontamination room for instrument processing. The process of cleaning was temporal separation within the dental treatment rooms. A dental nurse demonstrated the decontamination process from taking the dirty instruments through to clean and ready for use again. Staff manually scrubbed instruments for the initial cleaning process, following inspection using an illuminated magnifying examination lens they were placed in an autoclave (a machine used to sterilise instruments). When instruments had been sterilised they were pouched and stored appropriately until required.

There was appropriate use and monitoring of single use instruments and staff spoken with were aware of which instruments were for single use only.

A member of staff spoken with demonstrated how the dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings). The methods discussed by staff were in line with current HTM 01 05 guidelines.

We reviewed the practice's legionella risk assessment which had been carried out by a company registered with the legionella control association carried out in March 2012. Actions identified were monitoring of water temperatures to ensure that they were in the safe ranges which would reduce the risk of contamination. We asked the principal dentist if this had been done and we were told it had not.

We observed that clinical waste bags were securely stored away from patient areas. Consignment notices demonstrated that clinical waste was removed from the premises on a regular basis by an appropriate contractor.

Equipment and medicines

The practice did not maintain information regarding equipment in use, for example service records and maintenance contracts. We saw that the autoclave had last been serviced in September 2014 and the practices' X-ray machines had been serviced and calibrated in August 2013. We were sent copies of equipment servicing and engineer reports for all of the equipment following our inspection.

A portable appliance test (PAT – this shows electrical appliances are routinely checked for safety) had been carried out in August 2014 by an appropriately qualified person to ensure the equipment was safe to use. However no further tests had been carried out since then. We were sent documets to show that PAT testing had been carried out post inspection in February 2016.

Dental treatment records showed that the batch numbers and expiry dates for local anaesthetics were recorded when these medicines were administered. These medicines were stored safely for the protection of patients. The practice did not dispense any medicines. Prescription pads were stored securely.

We saw a number of items such as some dental cement which had expired in 2014 in the fridge. These items were disposed of during the inspection. The practice did not have any systems for checking the expiry date of these items. The practice sent us their ststem for the rotation of stock and surgery check lists to ensure that out of date materials were not retained and disposed of appropriately.

Radiography (X-rays)

The practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IR(ME)R). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records for 2013, but none since**.** X-rays were digital and images were stored within the patient's dental care record. We found there were arrangements in place to ensure the safety of the equipment, such as dosemeters. However, the practice did not monitor the quality of radiographs to ensure that patients did not receive unnecessary exposure to radiation.

X-rays were taken and justification for taking X-rays was recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered. Staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended training.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we discussed patient care with the two dentists and checked dental care records to confirm the findings. The dentists told us how they undertook a dental assessment and how they took into consideration current guidelines such as those from the National Institute for Health and Care Excellence (NICE). This included a review of the patients' medical history and assessment of the periodontal tissues using the basic periodontal examination (BPE) tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) The patients we spoke with on the day of the inspection, confirmed that medical history was verbally taken at each visit.

The dentists used NICE guidance to determine a suitable recall interval for the patients. This took into account the likelihood of the patient experiencing dental disease. Patients were given a copy of their treatment plan, including information on the fees involved. Patients we spoke with told us they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment. The comments received reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The dentists we spoke with said they provided patients with advice to improve and maintain good oral health, including advice and support relating to diet, alcohol and tobacco consumption. Patients told us that they were well informed about the beneficial use of fluoride toothpaste and mouthwashes and the

ill-effects of smoking on oral health. The dentist showed us how they would demonstrate with models and animated videos on the computer to help patients to understand good brushing and hygiene techniques.

The dentists were aware of and were using the Department of Health publication -'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The dental team provided advice to patients about the prevention of decay and gum disease including advice on tooth brushing technique and oral hygiene products. Information leaflets on oral health were available. There were a variety of different information leaflets available in the reception areas.

Staffing

Staff had not undertaken training in the Mental Capacity Act 2005 (MCA).The provider did not have a system to monitor continuing professional development (CPD) activity their staff had completed and what training needs were required by staff. (All professionals registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their

registration). The practice did not have a system for appraising staff performance and staff records showed that appraisals had not taken place.

Working with other services

The practice had a system to refer patients to alternative practices or specialists, if the treatment required was not provided by the practice. The practice referred patients for secondary (hospital) care when necessary, for example, for assessment or treatment by oral surgeons. Referral letters contained detailed information regarding the patient's medical and dental history and a copy of the patients' referral was kept in the dental records.

The dentist explained the system and route they would follow for urgent referrals if they detected any un-explained lesions during the examination of a patient's soft tissues to rule out the possibility of oral cancer.

Consent to care and treatment

The practice had policies for obtaining patients' consent to treatment and staff were aware of and followed these even though they were outdated. Staff told us that they ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent.

We were told how staff discussed treatment options with their patients including the risks and intended benefits of each option. This was confirmed in the patients dental care records that we examined.

Patients told us the dentists were good at explaining their treatment and answering questions, they felt fully informed about their treatment and they were given time to consider

Are services effective?

(for example, treatment is effective)

their options before giving their consent to treatment Staff we spoke with on the day of the inspection could not demonstrate an understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). The training records of staff showed that staff had not undertaken any formal training. (MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves).

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 9 patients. All patients commented positively about dentists, dental nurses and reception staff. They described staff as caring and friendly. Patients said that dentists listened to them and answered any questions regarding their dental care and treatment. They said that dentists and dental nurses understood their concerns and fears.

We reviewed the results of the NHS Friends and Family Test. We found that 100% of patients who had responded said that they would be 'extremely likely' or 'likely' to recommend the dental practice to their family and friends. A number of these patients commented positively about how they were treated by staff.

We observed staff interacting with patients before and after their treatment and speaking with patients on the telephone. They were polite and friendly and this was also reflected in comments made by patients.

The practice data protection and confidentiality policy was out of date, however staff were aware of the importance regarding disclosure of and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Dental care records were held securely.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about their dental treatment. Patients were informed about the range of treatments available during consultations.

Patients commented they felt involved in their treatment and it was fully explained to them. We checked a sample of dental care records to confirm the findings and saw that these included a summary of treatment and explanations given to patients, and they showed that the range of treatment options available were documented.

Patients we spoke with told us that these options were discussed with them and that their consent to treatment was sought.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The staff we spoke with were aware of the needs of the local population and aimed to deliver a flexible service to meet these needs. The practice had an appropriate appointments system that responded to the needs of their patients. Emergency and non-routine appointments were available every day and fitted in as add-ons to scheduled appointments. If a patient had a dental emergency, the practice made efforts to see them as soon as possible or within 24 hours.

Patients we spoke with told us they had flexibility and choice to arrange appointments in line with other commitments. Patients also commented that they were offered cancellation appointments if these were available.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. Staff members told us that extra time was planned for patients who were particularly nervous or anxious and for children.

Staff we spoke with explained to us how they supported patients with additional needs such as a learning disability. They ensured patients were supported by their carer and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient understood.

The practice was located on the ground floor and had made reasonable adjustments to support patients with limited mobility and parents with prams and pushchairs to access the facilities. Step free access was available at the practice.

Access to the service

Appointments were available between Monday to Thursday 9am to 5.30pm and Friday 9am to 4.30pm.

Patients who contacted the dental practice outside of its opening hours were advised how to access emergency dental services; details were available on the practice answer phone, displayed in the waiting room and outside of the entrance to the practice. Patients told us that they could access care and treatment in a timely way and the appointment system met their needs. This was reflected in the positive comments on the results of the NHS Friends and Family Test. We found that 100% of patients who had responded said that they would be 'extremely likely' or 'likely' to recommend the dental practice to their family and friends.

Staff told us that where treatment was urgent patients would be seen on the same day, where possible. Patients we spoke with confirmed that staff were very helpful and accommodating when they had needed an appointment urgently.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Patients were provided with information, which explained how they could make complaints and how these would be dealt with and responded to. Patients were also advised how they could escalate their concerns should they remain dissatisfied with the outcome of their complaint or if they felt their concerns were not dealt with fairly. This information was displayed in the practice waiting room.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The practice had received one complaint within the last 12 months; this had been dealt with in line with the practice complaints policy.

Are services well-led?

Our findings

Governance arrangements

The provider did not have effective governance arrangements at the practice. We checked the practicepolicies and saw that most were generic policies which had not been reviewed, did not contain current information and had not been customised with practice specific information.

There were limited arrangements for identifying, recording and managing risks through the use of risk assessments, audits, and monitoring tools. For example, we noted that the infection prevention control audit was not being undertaken at six months' intervals in line with recommended guidance; and we found that when carrying out this audit staff had ticked yes to the regular validation of the autoclave although this had not been carried out since September 2014. They had also ticked yes to an up to date infection control policy being available however this had last been reviewed in 2009 and was very basic. Staff had ticked yes to the validation and maintenance of a washer disinfector which they did not have.

The infection prevention audit therefore did not serve its purpose to identify gaps and to action improvements. We were sent an updated and correct audit carried out immediately following our inspection that reflected processes for infection control at the practice.

The practice had not undertaken audits in respect of the quality of patients records and X-rays and therefore could not demonstrate the standard of services they were providing in these areas. We received completed audits for both radiographic quality assurance and record card entries following our inspection.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff told us there was an open culture at the practice and they felt valued and well supported. They reported the dentists were very approachable and available for advice where needed. Staff who we spoke with told us they had good support to carry out their individual roles within the practice and any concerns would be addressed at any time.

Learning and improvement

The practice did not have a formalised system of learning and improvement. Staff told us meetings occurred monthly; however the practice had no formal mechanisms to share learning. There was no monitoring of staff training and continued professional development. There were no yearly appraisals for staff members to identify learning needs and staff did not hold a personal development plan

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

The practice had systems in place to seek and act upon feedback from patients using the service and staff, including carrying out annual surveys, although there had not been a survey carried out recently. The practice gave patients the opportunity to complete the NHS Friends and Family Test, to allow patients to provide feedback on the services provided. Patients also gave feedback through thank you cards and in person.