Oracle Dental Limited

Oracle Dental Clinics Shrewsbury

Inspection Report

10 Longbow Close
Shrewsbury
SY1 3GZ
Tel: 01743 466 796
Website: www.oracledental.co.uk

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Overall summary

In response to concerns raised to the CQC we carried out this unannounced inspection on 26 June 2017 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

Oracle Dental Clinic is in Shrewsbury and provides private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including those for patients with disabled badges, are available near the practice.

The dental team includes five dentists, one orthodontist, three dental nurses, one dental hygienist, the practice

Summary of findings

manager and one receptionist. A consultant anaesthetist who also works at the local hospital works on an as needed basis at the practice to provide sedation to patients. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Oracle Dental Clinic Shrewsbury is the practice manager who started working at this practice in October 2016.

On the day of inspection we did not collect any CQC comment cards filled in by patients as this inspection was unannounced. We spoke with one patient during the inspection. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, one dental nurse, the receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: 9am to 5pm Monday, Wednesday, Thursday and Friday and 8.30am to 7pm on Tuesday. The practice is closed for lunch for one hour each day between 1pm and 2pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Not all staff had received up to date training on how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available, although one medicine and one piece of equipment was out of date. These were disposed of and new ones ordered immediately following this inspection.
- The practice had some systems to help them manage risk and improvements were being made to risk assessment processes.
- The practice manager had provided safeguarding training to staff and staff knew their responsibilities for safeguarding adults and children.
- It was difficult to identify if the practice had thorough staff recruitment procedures as information was not available on the day of inspection, nor provided immediately following the inspection. We asked for but were not provided with evidence to demonstrate that a DBS check had been completed on all clinical staff.
- Not all patient dental care records we were shown evidenced that patients had been given a treatment plan, had signed consent documentation or that details of risks and benefits of treatment had been discussed with them.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- We identified some dental materials in treatment rooms which were out of date. Staff had been completing check sheets but had failed to identify these out of date materials in two treatment rooms checked.
- The appointment system met patients' needs.
- The practice manager started working at the practice in October 2016 and had identified issues that required acting upon. Staff told us that there had been improvements recently at the practice and they felt involved and supported.
- The practice asked patients for feedback about the services they provided.
- The practice was in the process of implementing complaint recording and handling systems. We were shown details of one recent complaint which had been dealt with efficiently.

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

- Ensure effective systems are in place in order that the regulated activities at Oracle Dental Clinics Shrewsbury are complaint with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Particular reference is made to staff recruitment and ongoing training audit processes, patient care records, systems for monitoring and mitigating risk and maintenance of equipment.

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 some systems and processes to provide safe care and treatment. The practice manager was in the process of improving systems with the introduction of event and complaint logs. We saw evidence that events were discussed with staff during practice meetings to provide learning and to help the service improve.

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

We asked for, but were not provided, with evidence to demonstrate that staff had received sufficient training to meet continuous professional development requirements. Recruitment files did not demonstrate that the practice completed essential recruitment checks. We were not shown evidence to demonstrate that DBS checks had been undertaken for all staff. Following this inspection we were forwarded further information but this did not demonstrate that all staff had a DBS check completed.

Premises and equipment were clean and the majority of equipment was properly maintained. The practice used a laser but we were not shown evidence that this equipment was serviced and maintained on a regular basis. Following the inspection we were sent evidence that the laser was tested in 2007 and 2008 in a laboratory in Korea. A service of the laser was completed by a dentist who worked at the practice but this was not dated.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had some arrangements for dealing with medical and other emergencies. Staff were completing monthly checks to ensure that medicines were within their expiry date. The guidance provided by the Resuscitation Council UK suggests that weekly or more frequent checks should be completed. We identified that glucagon and AED pads had passed their expiry date. Staff told us that they had completed training regarding medical emergencies and basic life support. We asked for but were not shown documentary evidence to demonstrate that all staff had completed this training within the last 12 months.

Are services effective?

No action

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

One dentist we spoke with told us that they discussed treatment with patients so they could give informed consent and recorded this in their records. The patient

Summary of findings

care records we looked at for this dentist demonstrated this. However other records we were shown did not demonstrate that risks and benefits of treatment had been discussed, treatment plans were not always in place and there was no written evidence that patients' consent had been obtained.

We were not shown evidence to demonstrate that the practice supported staff to complete training relevant to their roles and there were no systems in place to help them monitor this. We were not shown any completed appraisal records apart from an appraisal of the practice manager.

Are services caring?

No action

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

We received feedback about the practice from one person. Positive feedback was received. We saw that staff appeared to have a good relationship with patients and were friendly and kind.

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?

No action

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. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services. It was identified that the practice had not considered the needs of those patients with hearing difficulties. However following this inspection we were provided evidence that a portable hearing loop had been purchased. The practice had also purchased a magnifying glass for those patients with sight difficulties.

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

Are services well-led?

Requirements notice

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

The practice had some arrangements to ensure the smooth running of the service and improvements had been identified by the practice manager and were being implemented. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. Staff told us that there had been a lot of changes at the practice recently and the new practice manager had made improvements and provided support and guidance.

Summary of findings

Not all of the practice team kept complete patient dental care records which were clearly written or typed and contained sufficient detail. The practice manager was unable to provide evidence that record keeping audits had been completed recently. Following this inspection we were sent a record keeping audit for one of the dentists that worked at the practice, this was not dated so we were unable to identify when this was completed. We asked for but were not given copies of record keeping audits for the other dentists at the practice.

We identified that not all action had been taken to address issues identified during audit. For example the infection prevention and control audit identified that the ultrasonic cleaner required annual inspection. The legionella risk assessment identified that water temperature monitoring should be completed. We were not shown evidence to demonstrate that these issues had been addressed

Governance systems were in the process of being set up by the practice manager but these had not been implemented on the day of inspection. Risk assessments, policies and procedures required review and amending as some information recorded was incorrect or out of date.

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice's Health and Safety policy included information for staff regarding reporting accidents, including those reportable under RIDDOR regulations.

We were told that there had been no accidents at the practice. We saw that accident reporting forms were available for staff to complete as required.

Staff said that they verbally reported incidents/events to the practice manager who was including these as items for discussion during practice meetings. The practice meetings of December 2016 and February 2017 demonstrated that events were responded to and discussed to reduce risk and support future learning. The practice manager had developed a significant event reporting form and significant event register and was in the process of implementing a more robust system for reporting, recording and responding to significant events. Following this inspection we were sent evidence to demonstrate that an event log had been implemented at the practice.

The practice had not registered to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), although they were receiving some information via another agency. The practice manager confirmed that they would register to receive these alerts immediately. We were told that in future relevant alerts would be discussed with staff, acted on and stored for future reference. Following this inspection we received evidence to demonstrate that the practice had registered with the MHRA to receive these alerts.

Reliable safety systems and processes (including safeguarding)

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. These were being reviewed by the practice manager. We saw evidence that staff received safeguarding training during a practice meeting in April 2017. This training was provided by the practice manager who had a level three safeguarding children qualification. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments. The risk assessments seen had not been reviewed for a number of years. The practice manager showed us a template for a new health and safety risk assessment which was to be introduced. Following this inspection we were forwarded a copy of the completed document which staff had had input in creating. Issues for action were identified on this risk assessment. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. This had not been reviewed or updated recently. The practice manager was aware that this information required review and confirmed that this would be completed as part of new governance arrangements being introduced. Following this inspection we were forwarded a copy of the new emergency contact list and disaster planning and emergency procedures.

Medical emergencies

Staff knew what to do in a medical emergency and some had completed training in emergency resuscitation and basic life support in April 2017. We were given the names of the staff who attended the last training session. We noted that two staff at the practice had not completed this training and there was no evidence to demonstrate that they had completed any medical emergency training within the last 12 months. We were told that copies of training certificates were held at head office and that these staff were to be booked on to the next available course. Following this inspection we were forwarded copies of training certificates for some staff. We were still not able to evidence that all staff had completed this training.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Monthly checks were completed on emergency medicines. The resuscitation

council guidelines suggests at least weekly checks should be made. The practice were keeping their supply of Glucagon with the emergency medicines but had not adjusted the expiry date accordingly. The practice did not have any means to ensure that this medicine had not passed its expiry date. We were told that a new supply of Glucagon would be purchased immediately. We also noted that the defibrillator pads passed their expiry date in April 2017. We were told that new pads would be ordered immediately. Following this inspection we received evidence that these items had been purchased.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. The practice manager had identified items missing from the recruitment files held at the practice and had discussed these during at practice meeting. Staff had been requested to ensure the information was made available at the practice.

We looked at seven staff recruitment files. We were told that staff recruitment information was held at the company's head office. However the practice manager was in the process of developing recruitment information which was to be kept at the practice. We saw that some of the recruitment files contained proof of staff's identity and criminal records bureau checks. The practice manager confirmed that they would obtain evidence from the recruitment files held at head office to demonstrate that the practice had followed their recruitment procedure for newly employed staff and forward this information within 48 hours of this inspection. The practice manager forwarded evidence that DBS checks had been completed on some staff employed at the practice. We were not shown evidence to demonstrate that all staff at the practice had a DBS check undertaken.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments had not been reviewed recently. The practice manager was aware of this and confirmed that policies were to be reviewed and amended. We were shown templates of risk assessments to be introduced to help manage potential hazards. Following this inspection we were forwarded a copy of the fire and health and safety risk assessments that had been completed at the practice. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

The practice manager confirmed that fire drills were completed on a six monthly basis but there was no documentary evidence to confirm this. We were told that in future these would be held as part of a practice meeting and records would be kept. Staff were also being nominated to complete fire marshal training.

A dental nurse worked with the dentists when they treated patients. We were told that the dental hygienist did not work with chairside support unless they were completing quadrant scaling or six point charting. On the days that the hygienist worked at the practice there was a 'float' dental nurse who was available to provide assistance if required. However, the float dental nurse could be requested to cover annual leave or sick leave at another practice if necessary. We were told that systems were in place to ensure the hygienist received support if required. The hygienists had longer appointment times allocated to enable them to complete any record keeping requirements.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. These had recently been reviewed and amended by the head nurse. 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 had recently completed infection prevention and control training.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year.

We reviewed the information held by the practice regarding the immune status of staff for Hepatitis B. We found that in some cases, although there was evidence of vaccinations to the members of staff there was no evidence on record

that the staff members were immune to Hepatitis B and the risk to staff had not been assessed and adequately mitigated. Following this inspection we were sent further information regarding staff vaccination status. Information for three staff who work at the practice was not available.

A legionella risk assessment was conducted at the practice in November 2016. The risk assessment recommended that the practice monitor and record water temperatures on a regular basis. The practice manager had created log sheets for this and confirmed that this had recently been discussed with staff as part of their infection control training. We were told that water temperature monitoring would now be completed on a regular basis.

An external company completed cleaning at the practice. The practice was clean when we inspected and patients confirmed this was usual. We saw that clinical waste was securely stored prior to collection.

Equipment and medicines

We saw servicing documentation for some of the equipment used and staff carried out checks in line with the manufacturers' recommendations. However, the practice's infection control audit identified that the ultrasonic cleaner required an annual inspection. There was no evidence that this had been completed.

The practice used a laser to provide periodontal services. We were not shown any servicing records for this piece of equipment. The practice did not have a set of local rules regarding use of this laser. We were not provided with any evidence of staff training regarding laser usage. We were told that the only person trained to use this laser no longer worked at the dental practice. However, following this inspection we were forwarded a copy of the local rules, internal training provided by another dentist at the practice and tests on the laser undertaken by a company in Korea.

We were told that systems were in place to ensure out of date stock was removed. However upon checking a number of dental materials in two treatment rooms were out of date. We were told that these would be destroyed.

Radiography (X-rays)

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 X-rays they took. The practice carried out X-ray audits every six months following current guidance and legislation. We asked for but were not shown any report or action plan following the radiography audit.

Clinical staff completed continuous professional development in respect of dental radiography.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We looked at a sample of dental care records. We noted that not all of the clinicians kept detailed dental care records. For example records seen did not all contain treatment plans or details of patients 'consent to their treatment. Practice meeting minutes that we were shown in February 2017 recorded a request by the practice manager to staff to ensure that treatment plans and medical histories were always completed and signed. We discussed this with the practice manager who confirmed that they would have further discussions with staff regarding this.

We saw that not all of the dentists who worked at the practice had completed an audit of patients' dental care records to check that they recorded the necessary information. Following the inspection we were sent one patient dental recording keeping audit. This was not dated so we were unable to identify when this was completed. We were not sent audits for all dentists who worked at the practice.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management and sedation equipment checks. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

A consultant anaesthetist from a local hospital supported dentists treating patients under sedation. However it was noted that none of the dentists or dental nurses had completed any sedation training. Following this inspection we were told that dental nurses would be booked on to the next sedation training course in November 2017. All future sedation at the practice would be completed in the presence of a dental nurse who was not employed at this practice but who had completed sedation training in 2008. We were not shown evidence to demonstrate that this nurse had completed any continuous professional development regarding sedation.

Health promotion & prevention

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

The dentists told us they discussed smoking, alcohol consumption and diet with patients as necessary during appointments. A hygienist worked at the practice one day per week and part of the service provided included providing advice to patients about oral hygiene and maintenance of healthy gums. The practice had a selection of dental products for sale and provided information leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. Induction records that we saw had not been fully completed. However staff we spoke with confirmed that they had received a comprehensive induction. The practice manager had induction proformas which were to be introduced for new staff to the practice.

We were told that clinical staff completed the continuous professional development required for their registration with the General Dental Council. However there was limited information regarding staff training available at the practice. We were told that staff continuous professional development logs were kept at head office. Staff told us that they received regular training and were able to discuss training needs with the practice manager. Following this inspection we were sent copies of training certificates for some staff. We did not receive sufficient information regarding all clinical staff employed at the practice to demonstrate that they had completed continuous professional development to meet GDC registration requirements. We saw that not all staff had completed training regarding medical emergencies and basic life support.

We were told that staff received annual appraisals although there was no appraisal documentation at the practice to confirm this. We saw letters in some recruitment files informing staff of the date of their next appraisal to be during 2016. We were told that appraisal documentation was held at head office.

Working with other services

No action

Are services effective?

(for example, treatment is effective)

Oracle Dental Shrewsbury is a referral practice and treats patients referred from other dental practices or patients who self-refer to the practice. The practice accepts referrals for implants, endodontics, periodontics, adult orthodontics and restorative work.

Consent to care and treatment

Some of the practice team understood the importance of obtaining and recording patients' consent to treatment. One dentist we spoke with told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients dental care records that we saw for this dentist confirmed this.

We were unable to find any consent information on those records that we reviewed for patients who had dental implants. The practice manager confirmed that consent was always obtained and was able to show blank consent forms which would be used. Patient records that we saw detailed a treatment breakdown including the cost of treatment. There was no detailed written treatment plan including details of risks, benefits or consent to 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 might not be able to make informed decisions.

No action

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were professional and friendly. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

Staff were aware of the importance of patients' 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 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.

There were magazines and a television in the waiting room. The practice provided drinking water, tea and coffee in the waiting room and patients were able to make themselves a drink as required.

Involvement in decisions about care and treatment

We were told that the practice gave patients clear information to help them make informed choices. However, not all patient care records that we were shown demonstrated this. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. We saw that staff were kind and caring and tried to put patients at ease when they said that they were nervous.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as oral surgery, orthodontics and dental implants.

No action

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an efficient appointment system to respond to patients' needs. 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.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

Staff told us that they sent text or telephoned patients to remind them of their appointment.

Promoting equality

The practice had made some reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails. However it was noted that there was no hearing loop or magnifying glass and the patient toilet did not have an emergency call bell. Following this inspection we were provided with evidence to demonstrate that a portable hearing loop and magnifying glass had been purchased. An electrician had been requested to install an emergency pull cord in the patient toilet.

Staff said they could provide information in different formats and languages to meet individual patients' needs. We were told that staff at the practice were able to speak Spanish, Russian and Lithuanian. Patients also had access to translation services if required.

Access to the service

We confirmed the practice kept waiting times and cancellations to a minimum. They took part in an emergency on-call arrangement with some other local practices. The website did not record details of the practice's opening hours or the numbers for patients needing emergency dental treatment during the working day and when the practice was not open. The telephone answer machine invited patients to leave a message during lunch time when the practice was closed. Staff would then call the patient. A separate out of hour's message gave details of the on call practice that provided cover during the evenings and weekends when the practice was closed.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. We were told that patients were encouraged to put any concerns in writing. The practice's complaints procedure was on display in the waiting room but was partially hidden behind a large advertising banner. Following this inspection we were told that the complaint procedure had been moved to a more accessible location.

The practice manager 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 since October 2016. The practice manager had started to keep a complaint log which recorded the name of the complainant and the date the complaint was received and resolved. Information regarding complaints was kept individually on patient care records.

Requirements notice

Are services well-led?

Our findings

Governance arrangements

The registered manager who was also the practice manager had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. The practice manager was in the process of setting up systems, reviewing and amending policies and procedures to ensure compliance with regulations but confirmed that this was a work in progress. We were told that policies would be discussed during practice meetings and staff would sign documentation to confirm that they had read and would work in accordance with these policies.

The practice manager had completed a review and developed a plan which recorded actions to be taken at the practice to comply with regulations and good practice issues. For example the practice manager had identified that the practice needed to register to receive patient safety alerts from the MHRA.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us that the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of X-rays, prescriptions and infection prevention and control. The prescription audit and infection prevention and control audit had clear records of the results and the resulting action plans. However we noted that not all actions identified had been addressed in the infection prevention and control audit. We were not shown any report or action plan following the radiography audit and the practice had not completed a recent audit of dental care records. The practice manager, who commenced her employment at the practice in October 2016, was not aware when the last audit was completed. Following this inspection we were forwarded a copy of one dental care record keeping audit for one dentist. This was not dated so we were unable to identify when this audit was completed. We were not forwarded record keeping audits for any other dentists employed at the practice.

The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. We were told that the whole staff team had annual appraisals but documentation was not on the premises to demonstrate this.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. However the practice manager was unable to provide evidence that all staff had completed this training. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We were told that a staff survey was being developed and would be introduced on an annual basis. We were told that patient surveys were given out on an ongoing basis. The practice manager had analysed results and completed a spread sheet. We were told that the results of the surveys were fed back to staff.

We were shown two testimonials completed by patients and four patient surveys completed during 2016. All information recorded was positive.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of Regulations 4 to 20A Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: The provider was unable to provide evidence that they had completed recent audits regarding conscious sedation or record keeping. Not all action had been taken to address issues identified in the infection prevention and control audit. Systems for monitoring stock were not effective as some medicines found during the inspection had passed their expiry date. There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: There was no evidence that staff had completed fire drills. Not all staff had completed training regarding medical emergencies. Not all action had been taken to address issues identified during the legionella risk assessment. There were no systems or processes that enabled the registered person to ensure that accurate complete and contemporaneous records were being maintained securely in respect of each patient. In particular:

This section is primarily information for the provider

Requirement notices

Not all patient care records that we were shown contained evidence of written consent or treatment plans.

There were no systems or processes that ensured the registered person maintained securely records that are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities and the management of the regulated activity or activities. In particular:

Not all staff recruitment files that we were shown and evidence provided following this inspection did not demonstrate that the vaccination status, proof of identity had been obtained or that DBS checks had been completed for all staff.

We asked for, but were not provided with evidence to demonstrate that staff had completed sedation training or continuous professional development training regarding sedation or radiography.