

BM Dental

# Barking Dental Practice

## Inspection Report

25-27 London Road  
Barking  
Essex  
IG11 8AA

Tel: 020 8594 2573

Website: [www.barkingdental.co.uk](http://www.barkingdental.co.uk)

Date of inspection visit: 21 January 2016

Date of publication: 10/03/2016

### Overall summary

We carried out an announced comprehensive inspection on 21 January 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

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

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

#### **Background**

Barking Dental Practice provides NHS and private dental treatment to patients of all ages. The services provided include preventative advice and treatment and routine restorative dental care. The practice staffing consists of a practice manager, two dentists, two dental nurses, hygienist and receptionist.

One of the owners 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.

The practice consists of two treatment rooms, a waiting area for patients and reception area, a staff room, X-ray/Decontamination room and a large room that is used for storage and houses the autoclaves.

The practice opening hours are 9.30am to 6.30pm Monday to Friday.

Twenty-four patients provided feedback about the service. Patients we spoke with and those who completed comment cards were very positive about the care they received and about the service. Patients told us that they were happy with the dental treatment and advice they had received.

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

# Summary of findings

- 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).
- The practice had whistleblowing policies and procedure and staff were aware of these and their responsibilities to report any concerns. However, staff had not received safeguarding children and vulnerable adults training and were unaware of the processes to follow to raise any safeguarding concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice had a procedure for handling and responding to complaints, which were displayed and available to patients.
- There were systems in place to ensure that all equipment had been serviced regularly, including the suction apparatus, compressor unit, autoclave and fire extinguishers.
- The practice had systems in place to investigate significant and safety events; however staff had very little understanding of what a significant event was.
- The practice had not ensured that all the specified information relating to persons employed at the practice was obtained and appropriately recorded.
- Staff training was not up to date and was not being monitored.
- The practice had not ensured that appropriate equipment, medical oxygen and all the necessary recommended medicines in line with British National Formulary and Resuscitation Council (UK) guidance were available to respond to a medical emergency.
- Infection control protocols were not being followed in line with recommended national guidance.
- Not all parts of the premises, especially the staffs' and the patients' toilet were fit for purpose.
- Governance systems were not effective. There were a range of policies and procedures in place; however there was little adaptation of the policies to the practice and staff did not have enough understanding of the key policies..

- The provider did not have effective systems to monitor and improve quality, as was evident from lack of routine audits in key areas, such as radiography. Audits that had been undertaken lacked information and actions identified were not always carried out.

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

- Ensure all parts of the premises used by the service provider were suitable for the purpose for which they were being used.
- Ensure that all of the staff had undergone relevant training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- Ensure the practice's infection control procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Ensure audits of various aspects of the service, such as radiography, are undertaken at regular intervals to help improve the quality of service. The practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.

You can see full details of the regulations not being met at the end of this report.

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

- Review the practice's protocols for completion of dental care records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

# Summary of findings

- 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.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

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

The practice had undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) regulations. Staff were aware of how to utilise external information such as through the use of Medicines and Healthcare products Regulatory Agency (MHRA) alerts.

Staff members had not received safeguarding children and vulnerable adults training and were unaware of the processes to follow to raise any concerns.

Infection control protocols were not being followed in line with 'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' guidelines. ( HTM-105).

Not all areas of the premises were fit for use; The patients' toilet had no heating and staff toilet was not fit for purpose as there was no floor tiling and the concrete floor was damp.. The practice had carried out a practice-wide environmental risk assessment on 6 January 2016 and these issues, which we were told were long standing, had not been identified.

Medical oxygen was available however maintenance on the oxygen cylinder had not been carried out in line with manufacturer's guidance and the cylinder was past its use by date.

### **Are services effective?**

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

Consultations were carried out in line with current guidelines such as those from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including a review of their medical history. Dental care records were detailed and included details of risks of conditions such as oral cancers and advice. Patients were given about risks associated with alcohol and tobacco consumption.

Health education for patients was provided by the dentist and information leaflets were available within the practice waiting area. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

The practice ensured that patients were given sufficient information about their proposed treatment to enable them to give an informed consent.

### **Are services caring?**

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

Patients were complimentary about the practice and how the staff treated them. Patients commented positively on how caring and helpful staff were, describing them as friendly, compassionate and professional.

Patients felt listened to by all staff and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each treatment option.

# Summary of findings

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

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 on the same day or 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. The dentists told us that there had been one complaint made in the last year.

## **Are services well-led?**

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

The provider did not have effective governance arrangements at the practice. Policies and procedures were not effective to ensure the smooth running of the practice; staff could not demonstrate sufficient understanding of the policies and procedures.

There were limited arrangements for identifying, recording and managing risks through the use of risk assessments, audits, and monitoring tools. Audits in key areas had not been conducted. Audits that had been undertaken lacked information and actions identified were not always carried out.

Practice meetings were held but there were no mechanisms to update staff regularly.

# Barking Dental Practice

## Detailed findings

### Background to this inspection

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

This announced inspection was carried out on 21 January 2016 by an inspector from the Care Quality Commission (CQC) and a dental specialist advisor.

During the inspection we viewed the premises, spoke with the dentist, dental nurse, receptionist and 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 also reviewed information we had asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and objectives.

We received feedback from twenty four 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.

Prior to the inspection we reviewed information we held about the provider.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had a system for reporting significant events; we were informed that there had never been any significant events or incidents since registering with the Care Quality Commission (CQC).

Records we viewed reflected that the practice had undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment and safe storage.

The practice had systems in place to receive and disseminate information and alerts received from external organisations such as the Medicines and Healthcare products Regulatory Agency; however staff could not demonstrate an understanding of their responsibilities in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

### 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. 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. Staff however, had not undertaken safeguarding children and vulnerable adults training and those we spoke with were not aware of the requirements and their responsibilities.

Following the inspection on 21 January 2016 the practice provided records to confirm all staff member had completed an on line course in safeguarding children and vulnerable adults and a full day's training for staff had been booked for a later date.

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

The practice had carried out risk assessments to cover topics such as, safe use of pressure vessels (the autoclave and compressor), the safe use of X-ray equipment, clinical waste and the safe use of sharps.

We noted that rubber dams were being routinely used in root canal treatment in line with national 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).

### Medical emergencies

The practice had policies and procedures on how to deal with medical emergencies. Staff had undertaken basic life support training and could describe how they would act in the event of patients experiencing anaphylaxis (severe allergic reaction) or other medical emergency.

A range of emergency medicines were available to support staff in a medical emergency. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency medicines and equipment were stored securely with easy access for staff working in any of the treatment rooms. Records showed monthly checks were carried out to ensure the equipment and emergency medicines were safe to use, however this was not seen to be effective. For example one of the medicines – Glucogel was past its expiry date. (Glucogel is used to treat episodes of hypoglycaemia; the latter being defined as having low blood glucose levels that requires assistance from another person to treat.) Another one of the recommended medicine – buccal midazolam was not available (Buccal (oromucosal) midazolam is a medicine used to stop seizures and is given into the buccal cavity (the side of the mouth between the cheek and the gum).

Medical oxygen was available however maintenance on the cylinder had not been carried out in line with manufacturer's guideline and the cylinder had passed its use by date on 15 March 2015.

An automated external defibrillator was available (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [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].

# Are services safe?

Following the inspection on the 21 January 2016 the practice provided records to show glucagon, buccal midazolam and a new oxygen cylinder had been purchased and a more robust system had been put in place to monitor the emergency medicines and equipment.

## **Staff recruitment**

The practice had a recruitment policy that described the process when employing new staff. We saw that checks including, criminal record checks through the Disclosure and Barring Service, detailed job descriptions, which described their roles and responsibilities proof of ID and employment references had been obtained. Staff had been interviewed to further assess their suitability to work at the practice.

However, we noted that, not all staff recruitment records were up to date as they did not have copies of current professional registration certificates and personal indemnity insurance.

Following the inspection on 21 January 2016 the practice provided records to demonstrate that relevant documents such as personal indemnity insurance and registration certificate were now held in the staff recruitment records.

## **Monitoring health & safety and responding to risks**

A health and safety policy was available and a practice wide risk assessment had been conducted to ensure the environment was safe for both patients and staff. However, we could not be assured that systems and processes were implemented to monitor and manage the risks to patients, staff or visitors. For example, staff toilets were not fit for purpose. There was no floor tiling, the exposed concrete floor was damp and water was trickling down the back wall where the toilet was housed. The patients' toilet had no heating and the room was cold. The registered manager told us this had been an on-going problem as the flat upstairs had a leak that was causing problems in these two areas.

Following the inspection on the 21 January 2016 inspection the practice sent us evidence to show that urgent remedial actions had been carried out. The staff toilet, we were told was no longer in use and the patient toilet had been fitted with appropriate heating.

## **Infection control**

The practice had suitable policies and procedures to reduce the risk and spread of infection. Staff had undertaken training in infection prevention and control. However staff we spoke with were unable to demonstrate that reusable dental instruments were always cleaned and sterilised in line with guidance from the Department of Health - 'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

One of the dental nurses demonstrated to us how they processed the dirty instruments through to clean and ready for use again. Decontamination of dental instruments was carried out in two separate rooms. The process of cleaning, disinfection and inspection of efficacy of the cleaning process was carried out in the X-ray/decontamination room and then instruments were transported in a sealed container to another room where the autoclaves were housed: they were then placed into the autoclave for sterilisation. Once the cycle had finished the clean instruments were placed on top of the autoclave where they were pouched, sealed and date stamped.

We found that single use items such as matrix band and rose head burs were being re-used: this was not in line with the recommended guidance.

There was lack of a well-defined system of zoning from dirty to clean in place. We observed that dirty areas could contaminate clean processed instruments as the clean instruments were placed on top of the autoclave which was part of the dirty area.

We looked at the sealed instruments in the surgeries and found that they all had an expiry date in line with the current recommendations.

The equipment used for sterilising dental instruments was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident that the equipment was in good working order and being effectively maintained.

Clinical and the reception areas of the practice were visibly clean and tidy and there were suitable arrangements in line with the Department of Health guidelines for the segregation and disposal of dental waste. The practice used an appropriate contractor to remove dental waste from the practice and waste consignment notices were available for us to view.



# Are services safe?

Patients we spoke with and those who completed comment cards told us that they had always found the practice to be clean.

There were cleaning schedules in place for cleaning the premises and cleaning records were maintained. However equipment that was used for cleaning the premises was not stored suitably in line with current guidelines.

Staff were provided with personal protective equipment such as gloves, face masks and eye protection in line with practice policy.

There was a procedure in place for managing needle stick injuries. Records showed that all clinical staff underwent screening for Hepatitis B, were vaccinated and had proof of immunity. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.)

There was a sharps risk assessment in place; we observed that sharps containers were correctly stored.

We observed that staff wore clean uniforms and that they were aware of the proper laundering procedures to follow to minimise the risks of infections.

A Legionella risk assessment had been carried out; however, the dental water lines were not being maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

Following the inspection on the 21 January 2016 we were sent evidence that the infection prevention and control policy had been rewritten and implemented at the practice immediately. The various issues raised by us had also been rectified immediately along with additional training needs identified and plans put in place to provide staff with this training.

## Equipment and medicines

The practice had procedures in place for the safe management of medicines and equipment. Regular visual checks were carried out and recorded to help identify any issues and to ensure that all equipment was in working order. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner.

The practice had an effective system in place regarding the management and stock control of the materials used in clinical practice. The dentists used the British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics, where used, were recorded in patients' dental care records.

## Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Visual checks were routinely carried out and recorded in line with the practice policy. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available within the radiation protection folder for staff to reference if needed. Improvements could however be made to include details of staff that were trained and responsible for radiography within the practice.

X-rays were manual film-based, and images that were processed were stored within the patients' dental care record.

X-ray audits, to assess the quality of the X-ray and to also check that they had been justified and reported on, were not routinely being carried out.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Dental assessments were carried out in line with recognised guidance from the Faculty of General Dental Practice UK (FGDP) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. An assessment of the periodontal tissues was taken and recorded 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 dentist used NICE guidance to determine a suitable recall interval for the patients. This took into account the likelihood of the patient experiencing dental disease. This was documented and also discussed with the patient.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. The dental care records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth and gums. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. We however noted that medical history checks were not always updated when a patient attended for an appointment.

Records showed a diagnosis was discussed with the patient and treatment options explained.

Patients were given a copy of their treatment plan, including any 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 in the CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

### Health promotion & prevention

The dentist provided patients with advice to improve and maintain good oral health. Dental care records we checked demonstrated that patients were provided with advice about maintaining good oral and dental 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 paste and the ill-effects of smoking on oral health. The principal dentist we spoke with was aware of and was using the Department of Health publication - 'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patient's oral and general health.

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

### Staffing

The practice had a system for appraising staff performance. The records showed that appraisals had taken place.

The provider did not have effective systems in place to be assured of the continuing professional development (CPD) their staff had completed and what training needs were required by staff. For example, staff had not undertaken any safeguarding training. No training sessions or on-line training was available to staff according to their roles and responsibilities. (All professionals registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their registration.)

### Working with other services

The practice had systems in place 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. However Monitoring of the referral regarding sending, receiving or follow-ups of referrals were not being carried out.

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 and procedures in place for obtaining patients' consent to treatment and staff were

# Are services effective?

(for example, treatment is effective)

aware of and followed these. Staff told us that they ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent. Staff told us how they discussed treatment options with their patients including the risks and intended benefits of each option.

Patients told us the dentists were good at explaining their treatment and answering questions and that they felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment. We checked dental care records to confirm the findings and saw discussions about treatment and

patients' consent were generally though not consistently recorded. The dentist assured us that notes in the dental care records would be improved to reflect these discussions, and the recording of treatment options and patient consent.

Staff we spoke with on the day of the inspection did not have an understanding of the requirements of the Mental Capacity Act 2005 (MCA) and records 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 twenty four 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.

A data protection and confidentiality policy was in place of which staff were aware. This covered 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 discussed with patients. Patients we spoke with and those who completed comment cards confirmed 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 an emergency they were asked to come, and would be seen as soon as possible or within 24 hours.

Patients we spoke with told us (and comments cards confirmed) 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 required extra time or support, such as 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. The practice 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.

We asked staff to explain how they communicated with people who had different communication needs. Staff told

us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. The practice had access to an interpreter service which would allow the staff to translate if required.

### Access to the service

Appointments were available between 9.30am – 6.30pm Monday to Friday. 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 and were displayed in the waiting room.

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 practice patient survey and 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.

### 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 and we noted that this had been responded to appropriately within the recommended timescales.

# Are services well-led?

## Our findings

### **Governance arrangements**

The provider did not have effective governance arrangements at the practice. We reviewed the practice policies and saw that many of these were generic policies with little adaptation to the practice and had not been reviewed.

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 infection prevention control audit was being undertaken at six months' intervals in line with recommendation guidance; however, we found that though in the audit staff had marked that single used instruments were never reused, we saw evidence on the day that single used instruments like burs and matrix bands were being reused in both treatment rooms.

There had also not been an audit of X-rays completed since 2014.

Staff meetings occurred monthly; however these were without a clear agenda and in some instances relevance or direction.

### **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. The dental nurse who we spoke with told us they had good support to carry out their individual roles within the practice, any concerns would be discussed in staff meeting,

### **Learning and improvement**

The practice did not have a formalised system of learning and improvement. Limited audit were being undertaken. Staff meetings occurred monthly; however had no formal mechanisms to share learning. There was no oversight of staff training and continued professional development

### **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. The practice gave patients the opportunity to complete the NHS Friends and Family Test, to allow patients to provide feedback on the services provided.

## 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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p><b>The provider did not have systems to enable them to</b></p> <ul style="list-style-type: none"><li>• Ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way.</li><li>• <b>Assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated.</b></li></ul> <p>Regulation 12 (1) (2) (d)(h)</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>How the regulation was not being met:</b></p> <p><b>The provider did not have systems to enable them to</b></p> <ul style="list-style-type: none"><li>• Make sure the service users were protected from abuse and improper treatment in accordance with this regulation.</li><li>• Have systems and processes established and operated effectively to prevent abuse of service users.</li></ul> <p>Regulation 13 (1)(2)</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p>

This section is primarily information for the provider

## Requirement notices

- assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.
- assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.
- ensure that their audit and governance systems were effective.

Regulation 17 (1) (2) (a) (b) ( f)