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Littleport Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 25 October 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 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

Littleport Dental Surgery is a well-established dental practice that provides mainly NHS treatment to adults and children. The team consists of five dentists, two hygienists, four dental nurses and a practice manager**.** The practice has three ground floor treatment rooms, a separate room for the decontamination of instruments, a staff room, a reception and two waiting areas.

It is open from 8am to 5pmMonday to Fridays.

One of the principal dentists is registered with the Care Quality Commission (CQC) as an individual. 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.

Before the inspection we sent comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 10 patients who commented positively about the quality of the service, the friendliness of staff and the effectiveness of their treatment.

Our key findings were:

- Patients were treated in a way that they liked and were involved in decisions about their treatment. They could access treatment and emergency care when required.
- There were some arrangements in place for identifying, recording and managing risks and implementing mitigating actions
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was appropriate equipment for staff to undertake their duties, and most equipment was well maintained. However, the practice did not have access to an automated external defibrillator in the event of a medical emergency and we found an out of date oxygen cylinder.
- The practice was visibly clean and well maintained. However, infection control and decontamination procedures did not meet national standards.
- There were sufficient numbers of suitably qualified and competent staff. Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- Patients' care and treatment was planned and delivered in line with evidence-based guidelines, best practice and current legislation. Patient dental care records were detailed and comprehensive.
- The practice listened to its patients and staff and acted upon their feedback.
- Auditing systems within in the practice were not effective enough to ensure a good service was delivered to patients.

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

- Ensure effective systems and processes are established to assess and monitor the service against the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and national guidance relevant to dental practice. This must include ensuring that decontamination procedures meet national guidance, that adequate staff recruitment checks are completed, that the need for an automatic electronic defibrillator is reviewed, and that effective systems of audit are implemented.

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).

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.

There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, assessing potential risks to patients and staff, and conducting radiology. Most equipment was well maintained and serviced regularly. However, some of the practice's decontamination procedures did not meet national guidance and there was no formal system in place to receive safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice's recruitment procedures were not effective.

Are services effective?

No action

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. Dental care records were of good quality and showed that patients were recalled in line with national guidance, and were screened appropriately for gum disease and oral cancer. Patients were referred to other services appropriately.

Are services caring?

No action

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

We collected 10 completed patient comment cards and obtained the views of a further five patients on the day of our visit. These provided a very positive view of the service and the staff. Patients commented on the cleanliness of the practice, and described staff as welcoming, helpful and caring. Staff gave us specific examples where they had gone beyond the call of duty to support patients. Patients told us that they were happy with the treatment they had received from the practice's clinicians and that it was explained well to them.

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 had good facilities and was well equipped to treat patients and meet their needs. Routine dental appointments were available, as were urgent on the day appointment slots and patients told us it was easy to get through on the

Summary of findings

phone to the practice. The practice had made some adjustments to accommodate patients with a disability. Information about how to complain was easily available to patients and their complaints were managed professionally and empathetically by staff.

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).

Staff told us that they felt well supported and enjoyed their work. Staff received regular appraisal of their performance and there were regular practice meetings. Suggestions from staff and patients was used it to improve the service and patients' concerns were managed professionally and empathetically. However, a lack of oversight meant that nationally recommended decontamination procedures were not being followed, staff had not been recruited safely and audit systems were not effective.

Requirements notice 

Littleport Dental Surgery

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.

The inspection was carried out on 25 October 2016 by a CQC inspector who was supported by a specialist dental adviser. During the inspection, we spoke with three dentists, two dental nurses and the practice manager. We reviewed policies, procedures and other documents relating to the management of the service. We received feedback from 15 patients about the quality of the service, which included comment cards and patients we spoke with during our inspection.

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

Staff we spoke with had a satisfactory understanding of their reporting requirements under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) and details of any accidents that occurred were recorded in a specific accident book that we viewed. Staff were less clear about what was meant by significant events and near misses, and therefore these were not recorded routinely. However, we found good evidence that unusual events within the practice were discussed and learning from them shared across the practice. For example, practice meetings minutes we viewed showed that recent events such as autoclave scalds, a patient's sudden illness and how to deal with patients who appeared to have smoked cannabis had been discussed to ensure a consistent approach in how these incidents would be managed should they occur again.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if they had concerns about a patient's welfare. Records showed that all staff had received appropriate safeguarding training for both vulnerable adults and children.

Staff we spoke with demonstrated they understood the importance of safeguarding issues and a child protection policy statement was on display in the waiting area, making it visible to patients. We noted that the practice's children's safeguarding protocol had been discussed at the practice meeting of 18 October 2016 to ensure all staff were aware of it.

Staff spoke knowledgeably about action they would take following a sharps' injury and a sharps' risk assessment had been completed for the practice. A sharps' protocol was on display in the treatment rooms and the decontamination room to guide staff about what to do if injured. Only the dentists handled sharps and they used a used a safe system whereby needles were not manually resheathed. Sharps' boxes were sited safely and their labels had been completed. However we noted that the door to the room where used sharps' boxes were stored was not locked and easily accessible by the public.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. Dentists confirmed that they always used rubber dams to ensure patient safety.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies found in dental practice and emergency equipment and oxygen were stored in central locations known to all staff. Staff had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. However, we found that one of the practice's oxygen cylinders was out of date and there was no 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. There was no risk assessment for the lack of an AED, or formal arrangements in place with a nearby location who had an AED which could be used.

The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. However, staff did not regularly rehearse emergency medical simulations so that they could keep their skills up to date.

The practice held emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. We found a supply of glucagon (used to raise blood sugar levels) was not kept in the fridge and its expiry date had not been reduced as a result to maintain its effectiveness.

Staff recruitment

We reviewed recruitment records for the most recently employed staff member and found that some checks had been undertaken prior to their employment. For example,

Are services safe?

proof of their identification, qualifications, Hepatitis status and a record of their interview. However, no references had been sought on their behalf, despite the practice's recruitment policy stating that two references must be obtained. In addition to this, the practice had only received a Disclosure and Barring check for that staff member a year after they had been employed. This put patients at unnecessary risk of receiving treatment from unsuitable staff.

Monitoring health & safety and responding to risks

There were procedures in place for monitoring and managing risks to patient and staff safety.

We viewed a comprehensive practice risk assessment dated January 2016 which covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks. Additional risk assessments had been completed for a pregnant member of staff, and for the external cleaner who had been employed by the practice.

A legionella risk assessment had been carried just prior to our inspection and the provider was in the process of implementing its four priority recommendations. Regular flushing of the dental unit water lines was carried out in accordance with current guidelines to reduce the risk of legionella bacteria forming.

A fire risk assessment had been completed in April 2016 and firefighting equipment such as extinguishers were regularly tested, evidence of which we viewed**.** However regular evacuation drills were not completed with patients to ensure staff knew what to do in the event of a fire.

There was a health and safety policy available with a poster in the staff room that identified local health and safety representatives. We also viewed a helpful poster in the reception area displaying the location of essential items such as the bodily fluid spillage kit, emergency drugs and the water stop tap.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for all products used within the practice. However, we noted there were no safety data sheets available for a number of products regularly used within the practice such as floor and window cleaner.

The practice had a business continuity plan in place for major incidents such as the loss of utilities.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice.

There was plenty personal protective equipment available for both staff and patients. A range of infection prevention and control guidance was displayed for staff guidance, including reminders about correct hand washing techniques and the management of needle-stick injuries. We noted that staff uniforms were clean, long hair was tied back and staff members' arms were bare below the elbows to reduce the risk of cross infection. All dental staff had been immunised against Hepatitis B.

We observed that all areas of the practice were visibly clean and hygienic, including treatment rooms, waiting areas and corridors. The toilet had liquid soap and paper towels to help maintain good hand hygiene. We checked the treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt, although we noted a cloth-covered chair in one room that could not be cleaned easily. We found loose local anaesthetics in treatment room drawers and a box of stock items frequently accessed on the work surface. These were within the splatter zone and so there was a risk of them becoming contaminated in the long term. Cleaning equipment was colour coded and stored according to guidance. The practice undertook regular infection control audits, but the last one had been completed in March 2015: national guidance states that these audits should be completed every six months.

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01-05), decontamination in primary care dental practices. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. The practice used a system of manual scrubbing, then ultrasonic bath for the initial cleaning process. Following inspection with an illuminated magnifier, the instruments were then placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilized, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclaves used in the decontamination process

were working effectively. Data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date. However, we noted a number of shortfalls in the practice's decontamination procedures which did not follow national guidance and compromised good infection control:

- Staff did not wear an apron or any eye protection when decontaminating instruments.
- Staff did not test the temperature of the water before manually cleaning instruments to ensure it was less than 45 degrees Celsius.
- Heavy-duty rubber gloves were used when manually cleaning instruments, but without inner latex gloves to ensure good hand hygiene.
- The ultrasonic bath was over filled with instruments and the bath water temperature was hot. The bath had not been validated annually and no foil tests had been completed to ensure it was operating effectively.
- Staff scrubbed a handful of instruments at a time above the water line, rather than individually, below it.
- Staff checked instruments for any remaining debris under a magnifying glass in a handful, rather than individually.
- Staff did not always change out their uniforms when leaving the building.

During our inspection, one of the principal dentists immediately decommissioned the sonic bath so it could not be used, and agreed to reprocess all instruments and matrix bands currently in use at the practice to reduce any risk to patients. Staff agreed to use the correct decontamination procedures forthwith.

The practice used an appropriate contractor to remove clinical waste from the practice and waste consignment notices were available for inspection. Clinical waste was stored externally in a bin to the rear of the property, although this was not locked or secured away from the public.

Equipment and medicines

Staff told us they had enough equipment for their job, and the practice had recently purchased a new computer clinical software programme to better meet patients' needs and improve record keeping. Patients also had access to an orthopantomogram machine (which takes panoramic dental X-rays of the upper and lower jaw) at a sister practice. Appropriate equipment was available to deal safely with bodily fluid and mercury spills.

Most of the practice's equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this. For example, portable appliance testing had been completed in 2016, fire extinguishers serviced in 2016 and the oxygen cylinder in 2016. However, there was no updated service for the practice's compressor unit and no annual electrical and mechanical testing in place for the practice's x-ray units.

Stock control was good and medical consumables we checked in the stock room were within date for safe use. We noted that the temperature of the fridge used to store temperature sensitive consumables was not monitored to ensure it was at the correct level.

Our review of dental care records showed that the batch numbers and expiry dates for local anaesthetics to patients were always recorded. Prescriptions were held securely and their numbers were logged to ensure an audit trail of their use.

There was a no formal system in place to ensure that relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Authority were received and actioned. Staff were unaware of recent safety alerts affecting dental practice.

Radiography (X-rays)

The practice had a radiation protection file and a record of the X-ray equipment including service and maintenance history (although not mechanical and electrical servicing). A Radiation Protection Advisor and Radiation Protection Supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Local rules were available and records showed that the dentists had received training for core radiological knowledge under IR (ME) R 2000 Regulations. Dental care records demonstrated that all dental X-rays had been justified, reported on and quality assured.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with five patients during our inspection and received 10 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment and the staff who provided it.

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Our discussion with the dentists and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. These assessments included an examination covering the condition of the patient's teeth, gums and soft tissues. Dental decay risk assessments had also been completed for patients. Antibiotic prescribing, wisdom tooth extraction and patients' recall frequencies also met national guidance. Where relevant, preventative dental information was given in order to improve the outcome for the patient.

We saw some audits that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping and the quality of dental radiographs. However, the scope of these was limited as neither was done for each individual dentist in the practice, to ensure they were meeting national guidance recommendations.

Health promotion & prevention

The practice was very focussed on the prevention of dental disease and the maintenance of good oral health. A number of oral health care products were for sale to patients including interdental brushes, mouthwash and floss. Free samples of toothpaste were also available to patients. Dental care records we reviewed demonstrated that dentists had given oral health advice to patients, and made referrals to other dental health professionals when necessary. Two hygienists were available at the practice to support patients with treating and preventing gum disease.

Patients were asked about their smoking and alcohol intake as part of their medical history and staff were aware of local smoking cessation services and actively promoted them.

One of the dentists told us she had visited a local school and community Beaver group to give talks to students about oral hygiene.

Staffing

There was a stable and established staff team at the practice, some of whom had worked there for many years. They told us there were enough of them for the smooth running of the service and a dental nurse always worked with the dentists and the hygienists. In addition to this, was a nurse who worked on reception and the practice manager. Staff cover could be provided from a sister practice if needed. Both staff and patients told us they did not feel rushed during appointments. We viewed the appointments' schedule that showed the practice was not overbooked and the dentists saw about 35 patients per day.

Files we viewed demonstrated that staff were appropriately qualified and had current professional validation and professional indemnity insurance. The practice had appropriate Employer's Liability insurance in place. Training records we viewed showed that staff had undertaken a range of essential training such as information governance, complaints handling, and safeguarding patients

All staff received an annual appraisal of their performance which they described as useful. Appraisal documentation we saw demonstrated a meaningful and comprehensive appraisal process was in place.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves such as conscious sedation or oral surgery. Staff were aware of appropriate referral pathways and any referrals for suspected malignancy were sent via registered delivery to ensure they were received. Staff had recently introduced a log so that referrals could be tracked and monitored closely, although patients were not offered a copy of the referral for their information.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

Patients told us that they were provided with good information during their consultation and the dentists explained treatments to them in a way that they understood. Evidence of patients' consent to treatment had been recorded in the dental care records we were shown. The practice used additional written consent forms for procedures such as extractions and endodontics to ensure patients actively agreed to the treatment.

Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). One dentist had a particularly good understanding of Gillick competence and how its principles applied when gaining consent from younger patients.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection, we sent comment cards so patients could tell us about their experience of the practice. We collected 10 completed cards and obtained the views of a further five patients on the day of our visit. Patients commented that staff were attentive, caring and explained treatments well.

We observed the receptionists interact with about 10 patients both on the phone and face to face and noted they were consistently polite and helpful towards them, creating a welcoming and friendly atmosphere. We noted that one receptionist skilfully kept three children entertained whilst their parent underwent an x-ray. The practice manager had worked at the practice for many years and had built up good relations with many of the patients who visited. We met one patient who had bought flowers for the practice manager, as he was so pleased that she had arranged an emergency appointment for his wife.

Staff gave us examples where they had gone out their way to assist patients. For example, dentists regularly called patients after complex treatment to check on their welfare. The practice manager had delivered a repaired denture to an older patient with mobility problems to save them coming to the practice. She had also been involved in finding and returning a lost bankcard for a patient, following a Facebook posting from the person who had found it.

Staff were aware of the importance of providing patients with privacy and maintaining their confidentiality. All consultations were carried out in the privacy of the treatment rooms and we noted that doors were closed during procedures to protect patients' privacy. A TV was also on in the waiting room to distract patients from the reception desk and a treatment room. Patients' paper notes were kept in lockable cabinets and the computer screen at reception was not overlooked.

Involvement in decisions about care and treatment

Patients told us they felt involved in decision making and that advice was given clearly and treatments explained well. The practice had undertaken its own patients' survey and one question asked if; 'the dentist explained treatment choices clearly and thorough in terms you understood'. We viewed a sample of about 30 responses, and noted that all patients stated that he had.

A plan outlining the proposed treatment was given to each patient so they were fully aware of what it entailed, and its cost.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was located in the centre of Littleport and there was ample free car parking nearby. A helpful website and information leaflet gave details about the dental clinicians, their qualifications, the range of treatments available, and charges. In addition to general dentistry, the practice offered a number of cosmetic treatments, including dental implants, cosmetic restorations and teeth whitening. Two hygienists worked at the practice to support patients with treating and preventing gum disease, one of whom worked two Saturdays a month to meet patient demand.

The practice had been recently refurbished to improve the reception area and access for patients with limited mobility.

The practice was open Monday to Friday from 8am to 5pm. Patients told us they were satisfied with the appointments system and that getting through on the phone was easy. Patients were able to make an appointment by phone, email or in person and could sign up for text or email reminders. One patient told us she was always able to book an appointment for herself and her three children at the same time, which she greatly appreciated.

All dentists held 30 minutes aside each day for urgent appointments for patients experiencing dental pain. Staff told us they always prioritised trauma appointments for any patients, even if they were not registered with the practice. One dentist told us they had recently seen a patient referred to them urgently by a GP, just 10 minutes before the practice was about to close.

The practice's answering machine gave details of out of hours emergency services for both NHS and private patients, and details were also outside the practice should a patient come when it was closed.

Tackling inequity and promoting equality

The practice had taken some measures to meet the needs of patients with disabilities. There was step free access to the premises and all treatment rooms were on the ground floor. The toilet had been fully enabled for those with limited mobility and the reception desk had been lowered in places to make it easier for staff to communicate with wheelchair users. However, there was no portable hearing loop available despite a number of hearing impaired patients, or easy riser chairs in the waiting area to accommodate patients with mobility needs. The practice did not have any information in other formats such as large print, audio or braille. Staff were not aware of local translation services to assist those patients who did not speak English.

Concerns & complaints

The practice's complaints procedure was clearly on display in the patients' waiting area and included the timescales within which complaints would be dealt with and other agencies that patients could contact such as the NHS area team and the General Dental Council.

We viewed the paperwork in relation to two recent complaints received by the practice and found they had been dealt with professionally and empathetically. Complaints were discussed at practice meetings so that learning was shared across the practice. For example, minutes of the meeting held on 18 October 2016 showed that a complaint in relation to an alleged missed diagnosis had been discussed in detail, along with measures to prevent it re-occurring.

Are services well-led?

Our findings

Governance arrangements

The practice manager took responsibility for the day-to-day running of the practice, supported by the two principal dentists. There was a clear staffing structure in place, with staff in lead roles for safeguarding patients and infection control. The practice manager told us there was a rota system in place to ensure that each nurse was given the opportunity to work with the different dentists and undertake reception duties.

There was a full range of policies and procedures in use to support the management of the service and guide staff, although some of these had been not reviewed to ensure they were up to date and relevant.

Communication across the practice was structured around regular practice meetings, which were attended by all staff. Detailed minutes were kept of these meetings, and staff told us they were a useful forum to discuss practice issues. Staff had personal development plans in place and received regular appraisal of their performance, which covered the areas of work they enjoyed, their strengths and what support they needed for the future.

Staff had undertaken training in information governance and each year the practice completed an information governance toolkit to ensure it handled patients' information in line with legal requirements. The practice had achieved level three on its most recent assessment, indicating it to managed information in a satisfactory way.

However, we found a number of shortfalls which indicted that oversight at the practice was lacking. For example, staff's decontamination procedures did not follow nationally recommended guidelines, staff recruitment processes were not robust and some equipment had not been maintained appropriately. We were concerned that the practice's decontamination procedures compromised patient safety but were assured by the action taken both during our inspection, and immediately following, that patients were no longer at significant risk.

Learning and improvement

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. The practice was also an approved foundation training practice and regularly offered placements to newly qualified dentists.

Regular audits were undertaken to assess standards in radiography, infection control and the quality of clinical notes. However, these were limited in their scope. The infection control audit had last been undertaken in March 2015 and no learning or action points had been recorded. The dental care records and x-ray audits were not particularly comprehensive, and had not been undertaken for each dentist within the practice.

Leadership, openness and transparency

Staff told us they enjoyed their work citing access to training, team work, good communication and support as the key reasons. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so. It was clear that the management approach of the principal dentists created an open, positive and inclusive atmosphere for both staff and patients. One staff member told us she liked the family feel of the practice. The principal dentists paid for two staff outings each year, and the practice had entered a team into a local dragon boat racing competition, raising £600 for charity.

We found staff to be open and honest about known shortfalls within the practice, and were clearly keen to address the issues we found during our inspection. However, not all staff were aware of their responsibilities under duty of candour requirements and the practice did not have specific policies in place in relation to this.

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

The practice encouraged and valued feedback from its patients and staff. A patient satisfaction survey had been completed in the last year, which asked patients to score the quality of the dentists' treatment explanations, their communication skills, and the overall quality of their consultation. We viewed about 28 completed forms and noted high patient satisfaction levels for all areas, with most rating the practice as 'good' or 'outstanding'.

The practice had introduced the NHS Friends and Family Test (FFT) as a way for patients to let them know how well

Are services well-led?

they were doing. We viewed 27 completed FFT forms for September 2016, and found that all respondents would be likely to recommend the practice. In response to patient feedback, the practice had reduced the time it allowed patients to cancel without penalty from 48 hours to 24 hours. They now also informed patients if the dentist was running over time.

The practice regularly monitored patients feedback left on the NHS Choice website and we noted the practice had scored 4.5 out of five stars based on 13 reviews in the last year.

The practice also gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with the dentist. We were given examples where staff's suggestions had been listened. For example, staff's request for additional uniforms, and for a charity box to be put on the reception desk had been implemented. One of the principal dentists told us the practice now paid for staff lunches on the day there was a practice meeting, following a suggestion by staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HCSA 2008 Regulations 2014 Good Governance** How the regulation was not being met: The provider did not operate effective systems and processes to assess, monitor and mitigate risks to the health and welfare of people who used the service. This included implementing effective decontamination procedures, ensuring the safe recruitment of staff, reviewing the need for an automated external defibrillator, responding to national safety alerts and undertaking effective audits of the service provided. **Regulation 17 (1)**