Dr Simon Ditchfield

Bank Parade Dental Practice

Inspection Report

58 Bank Parade, Burnley,
Lancashire,
BB11 1TS
Tel:01282 428008
Website:

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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 not providing well-led care in accordance with the relevant regulations.

Background

Bank Parade Dental Practice is situated in close to Burnley town centre, Lancashire. The practice offers mainly NHS dental treatment but also offers private treatments. The practice has three surgeries; one located on the ground floor and two on the first floor. There is a dedicated decontamination area, a reception area, waiting rooms on the ground and first floor and a patient toilet.

There is one dentist, a dental hygienist and three dental nurses who also undertake receptionist duties. The practice is open Monday to Friday 09:00 – 17:00. It is closed for lunch between 13:00 and 14:00.

The practice owner 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.

During the inspection we spoke with four patients who used the service and reviewed 14 completed CQC comment cards. The patients were positive about the care and treatment they received at the practice. Patients commented that staff provided a high quality service in a friendly and professional way.

Our key findings were

- The clinical areas of the practice were visibly clean.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.

Summary of findings

- Patients received clear explanations about their proposed treatment, costs, benefits and risks, and were involved in making decisions about their treatment.
- Patients were treated with dignity and respect.
- The appointment system met patient's needs.
- The practice sought feedback from patients about the service and it gave us a positive picture of a friendly, professional and responsive service.
- There were clearly defined roles within the practice.
- Staff said they worked well together as a team.
- Staff were supported in their continued professional development (CPD).
- An incident management policy and procedure was not in place.
- The COSHH file had not been reviewed or updated.
- There was no recruitment policy and procedure in place.
- There was not a robust system in place for dealing with complaints.
- The governance system was inadequate, including the portfolio of practice policies and audit activity.
- Paper dental records were not stored securely.
- The practice had insufficient risk assessments in place to assess the risks to patients and staff including, fire, environmental risks and sharps.

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

- Ensure the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- 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 the local procedure and contacts for reporting a safeguarding concern is made available to staff.
- Ensure that a system for identifying, receiving, recording, handling and responding to complaints by patients is established.
- Ensure that the practice reviews current policies and procedures to ensure they reflect current guidelines and develops policies that are not in place, including those related to: whistle blowing, incident management and equality and diversity.
- Ensure a risk assessment is carried out of the designated area for the decontamination to determine if the security is sufficient and the area fit for its intended purpose.
- Ensure the COSHH file for hazardous materials is reviewed to ensure it is up-to-date and risk assessments are in place for all hazardous materials used or stored at the premises.

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

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

- Review the practice's infection control procedures and protocols 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.
- Review the practice's protocols for the use of rubber dam advised for use during root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the current legionella risk assessment and implement the required actions including, the monitoring and recording of water temperatures, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance

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 for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. Emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff knew how to report incidents, accidents and the process for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse. They did not know who to report a safeguarding concern to. There was no policy in place to inform the staff of contact numbers external to the practice including, the local authority safeguarding team.

The dentist did not routinely use a rubber dam during endodontic treatments. This is contrary to guidance from the British Endodontic Society.

The COSHH folder was not regularly updated or checked to ensure it still contained all the relevant materials and substances in the practice.

A sharps risk assessment had not been carried out to ensure the safe use of sharps in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

There was no recruitment policy or process in place. Four members of staff had not had a DBS check and the immunisation status was not up-to-date for all staff.

Infection prevention and control procedures followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

We noted that the back-up autoclave was not able to be validated. There was also damage to the dental chair.

A Legionella risk assessment had been carried out but the temperature of the water in the sentinel taps not being routinely tested as required.

There were sufficient numbers of suitably qualified staff working at the practice.

Are services effective?

No action

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

Patient's dental care records included information about patient's current dental needs and past treatment.

Summary of findings

The dentist was aware of the current guidelines relating to best practice when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE).

Staff were supported to complete training and professional development relevant to their roles.

A process for staff induction was not in place. We were not provided with evidence to show that staff appraisals routinely took place.

Staff had not received training in the Mental Capacity Act (2005).

Are services caring?

No action ✓

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

We collected 14 completed CQC patient comment cards and obtained the views four patients on the day of our visit. All of the patients commented that the quality of care was very good. Patients commented on friendliness and helpfulness of the staff, and said the dentist was good at explaining the treatment and options that were proposed.

Are services responsive to people's needs?

No action ✓

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

Patients could access treatment and emergency care when required. Every effort was made to see all emergency patients on the day they contacted the practice.

There was in procedure in place for responding to complaints from patients but we found this had not been followed in an effective way.

The practice provided patients with written information in language they could understand and had access to telephone interpreter services.

The practice had a ground floor treatment room for patients who were unable to use the stairs.

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 manager was responsible for the day to day running of the practice.

There was a defined management structure in place and all staff said they were supported in their role.

There was no evidence available to show when policies or procedures were implemented, that staff had read the policies or when they had last been reviewed and updated. A full range of required policies and procedures were not in place.

Summary of findings

Risks were not appropriately managed. For example, the risk assessments which were available had not been reviewed, updated and some action raised had not been implemented.

The practice did not have a programme of audit in place as part of a system of continuous improvement including, the routine auditing of X-rays and auditing of infection prevention and control.

A process was in place for seeking patient feedback about the service.

Learning from incidents and events, and the sharing of information was informal and not recorded.

Bank Parade 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 registered provider 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 and was led by a CQC Inspector who was supported by a specialist dental advisor.

We informed NHS England area team that we were inspecting the practice and we did not receive any information of concern from them.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the dentist, three dental nurses and the practice manager.

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

Although an incident management policy was not in place for the practice, staff were aware of the need to record incidents and we noted accidents (all sharps injuries) had been recorded in the accident book. The practice had recently been burgled and the police had been involved. CQC should have been notified of this incident and had not. We highlighted this to the dentist at the time of the inspection who said they would submit a notification retrospectively. The dentist had completed a report of the incident, including what needed to happen to minimise such an incident happening again. The practice manager told us learning from incidents was discussed at informal lunchtime meetings. A record was not made of these meetings.

The practice manager was aware of RIDDOR (the reporting of injuries, diseases and dangerous occurrences regulations) and how it applied in practice.

The practice received national and local alerts relating to patient safety and safety of medicines. These were kept in a file in the staff room. The practice manager looked at the alerts and if they were relevant then they were discussed with staff during informal lunchtime meetings.

The dentist told us that patients would be informed if they had been affected by something that went wrong. They would be given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

A child and vulnerable adult safeguarding policy was in place. Staff had a good understanding of what constituted abuse but were unsure of who to contact locally to report a concern. Local safeguarding contacts were not available at the practice for staff. The dentist told us they would ensure these contact details were made available. All staff had undertaken safeguarding training as part of their continuing professional development (CPD). A lead for safeguarding at the practice was not identified.

The practice did not have a whistleblowing policy in place. Staff told us they were confident they could raise concerns within the practice without fear of recriminations because the staff team worked well together.

The dentist advised a rubber dam was not always used when carrying out root canal treatment (endodontic treatment). A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A sharps policy had not been developed for the practice and a sharps risk assessment had not been carried out even though the dentist re-sheathed used needles.

Medical emergencies

Although a policy was not in place for managing medical emergencies, staff had received training in June 2016 to manage such emergencies. In addition, the appropriate equipment was in place. Staff knew where the medical emergency equipment was kept, which included an oxygen cylinder along with other related items, such as manual breathing aids and portable suction as recommended by the Resuscitation Council UK for dental practices. An automated external defibrillator (AED) was in place. This is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The emergency medicines were in date, checked regularly and stored securely in a central location known to all staff.

Staff recruitment

The practice did not have a recruitment policy or procedure in place. Such a policy should include obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and seeking references. The last member of staff joined the practice two years ago and the practice manager said they had been interviewed for the job.

The dentist was the only person to have been checked by the Disclosure and Barring Service (DBS). The dental hygienist and three dental nurses had not been checked.

Are services safe?

The dental hygienist told us they sometimes worked without a nurse present. It is important that clinicians working without the support of a nurse have had a DBS check. The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Recorded evidence of performance in previous employment, such as references was not available for any of the staff.

From the staff information we looked at, it was unclear whether all staff were adequately immunised against Hepatitis B. It is recommended that people who are likely to come into contract with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. Members of staff new to healthcare should receive the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff.

All relevant staff had personal indemnity insurance (this is an insurance which professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure when absences occurred cover was available wherever possible.

Monitoring health & safety and responding to risks

A health and safety policy was in place and it was last reviewed in 2009. Risk assessments had been completed but these were either not up-to-date and/or included insufficient detail to identify and address the risks particular to the practice. The fire risk assessment was completed in 2009 and the environmental risk assessment was last reviewed in 2011. Both risk assessments did not identify the potential environmental and fire risks we found on the day of the inspection. For example, the decontamination room and basement area were accessible to patients.

Fire extinguishers were regularly serviced. The practice manager told us that checks of the fire system were regularly carried out but not recorded. Staff advised us that a fire drill had not been undertaken for two years. These and other measures should be taken to reduce the likelihood of risks of harm to staff and patients. There was no signing in and out system for visitors to the practice, such as contractors as required by The Regulatory Reform (Fire Safety) Order 2005 England and Wales. This is important in the event of a fire so the practice knows who is in the building. We highlighted this to the practice manager and a signing in and out sheet had been put in place by the end of the inspection.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations. A risk assessment had not been completed for all the products used at the practice. There was no evidence that staff had read the COSHH file. In addition, the file had not been reviewed or updated for a number of years.

Infection control

Although there was an infection prevention and control (IPC) policy in place, it was not sufficiently detailed and was last reviewed in 2009. An IPC policy should include environmental cleaning, hand hygiene, safe handling of instruments and decontamination guidance.

One of the dental nurses was identified as the lead for IPC and decontamination. The process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. In relation to the environment, we noted that the sink for scrubbing dirty instruments had an overflow, which is not recommended in the scrubbing sink. The laminate was missing from part of the work surface and the decontamination area was partially carpeted, which could increase a risk of cross-infection. The practice had a 'backup' autoclave (a device for sterilising dental and medical instruments). This had been used on the day of our inspection even though there was not a process in place to check the validity of each sterilising cycle. Validation is important to demonstrate that the steriliser is working properly in terms of temperature, pressure and the length of each cycle, and establishes whether dental instruments are adequately sterilised.

The practice manager had started an Infection Prevention Society (IPS) self- assessment audit relating to the Department of Health's guidance on decontamination in dental services (HTM01-05) and Code of Practice. This should be completed every six months and is designed to

Are services safe?

assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. There was no supporting evidence on the day of the inspection this had been completed.

We inspected the treatment rooms and observed there were adequate dental materials and instruments in place. Although the treatment rooms were clean and storage facilities were clutter free, we noted one of the dental chairs had a tear in the upholstery which had been taped over. This means it is difficult to adequately decontaminate between patients. The practice manager said they were in the process of looking into getting it recovered. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

A Legionella risk assessment had been completed for the practice shortly before our inspection. The practice undertook some processes to reduce the likelihood of Legionella developing which included purging the dental unit water lines in the treatment rooms at the beginning and end of each session and between patients with an appropriate disinfectant. We found the water temperature testing was being carried out but not on sentinel water outlets (nearest and furthest taps from the water storage). This was brought to the attention of the dentist and practice manager. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

The practice stored clinical waste securely. The practice had a contract with a registered contractor who regularly removed clinical waste from the practice. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps was collected on a regular basis.

Equipment and medicines

The service had maintenance contracts and recorded routine checks in place for the equipment used at the practice, including the autoclaves and the compressor. Portable appliance testing (PAT) had been completed and the practice manager told us this was completed annually. PAT testing confirms that electrical appliances which can be moved about are routinely checked to ensure they are safe to use.

Local anaesthetics were monitored and stored appropriately. We found that the practice stored prescription pads securely to prevent loss due to theft. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage.

Radiography (X-rays)

The practice had in place a Radiation Protection Adviser and Radiation Protection Supervisor in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IR(ME)R). A radiation protection file was in place that included local rules along with evidence that equipment had been serviced and checked. The clinical records we looked at showed that a justification for the taking of x-rays was recorded and the quality reviewed. An X-ray audit had not been carried out to monitor the quality of x-rays taken as required by the IRMER regulations.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up-to-date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentist carried out assessments and was aware of guidance from the Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE).

The dentist used NICE guidance to determine a suitable recall interval for individual patients. This guidance takes into account the likelihood of the patient experiencing dental disease based on a range of risk factors.

Health promotion & prevention

Although the dentist and practice manager were not familiar with the 'Delivering Better Oral Health' toolkit (DBOH), we saw evidence from the dental records we looked at that preventative care was discussed with patients on an individual basis. For example, high fluoride toothpastes were prescribed for patients at high risk of dental decay. 'Delivering better oral health' is an evidence based toolkit to support dental teams in improving their patient's oral and general health.

Staffing

Staff told us they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

The most recently member of staff recruited to join the practice was two years ago. Although there was no recorded induction in place, the practice manager described how the member of staff had been made aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures.

There was no evidence to show staff had annual appraisals in order to assess training requirements. The practice manager told us and staff confirmed that informal discussions took place about training needs and CPD. These discussions were not recorded.

Working with other services

The practice manager explained that dentists could refer patients to other health care services if the treatment required was not provided by the practice. This included referral for sedation, oral surgery and orthodontics. The dentist told us they monitored the progress of the referrals they made and would contact the patient for an update if necessary.

Consent to care and treatment

Patient feedback provided evidence that treatment options and costs were discussed with them. This was confirmed by the dental records we looked at.

Although staff had not received training in relation to the Mental Capacity Act (2005), they were aware of the principles of consent and capacity, and how it applied when assessing whether patients had the capacity to consent to their dental treatment. The practice manager provided an example of appropriate action they took when a patient known to the practice presented with fluctuating capacity.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection, we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. Fourteen comment cards were completed and we obtained the views of four patients on the day of our visit. All feedback was positive and patients commented that the quality of care was very good. Patients provided positive feedback about the service. Comments about the service suggested patients were treated with care, respect and dignity.

We observed staff treating patients in a respectful and appropriate way at the reception area. Staff told us that if a patient wished to speak in private then an empty room would be found to speak with them. Longer appointments could be made for patients who needed it, particularly patients who may be anxious about their dental care. Staff confirmed that a nurse always worked alongside the dentist. The dental hygienist told us they sometimes worked on their own if the practice was short staffed.

Paper dental care records were not stored confidentially or securely. Records were stored in a filing cabinet in the ground floor reception. The filing cabinet was not locked and there was not always a member of staff in the reception area. We observed a large number of patient's paper records on the third floor that were visual as they were not stored in a cabinet. This was a non-patient area but could be accessed outside the first floor waiting room via an open staircase. These records could also be destroyed in the event of a fire. Patient's electronic care records were password protected and regularly backed up to secure storage.

Involvement in decisions about care and treatment

The patients who provided feedback about the service said they were involved in planning their treatment. They said treatment options and costs were fully explained to them and they were provided with information to support with making informed choices.

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 in place to respond to patient's needs. The practice manager told us routine appointments could be arranged within two to three weeks. We observed the practice ran smoothly on the day of the inspection and patients were not kept waiting. Feedback from patients suggested they were fully aware of and satisfied with the arrangements for appointments. They indicated it was easy to book a routine appointment when they needed it.

Patients commented they had sufficient time during their appointment and they were not rushed. Patients said the dentist or hygienist took their time to discuss their treatment needs in detail and explained the treatment options in a way they understood.

A file was located in the first floor waiting area that included information for patients about the practice. This ensured that patients had access to appropriate information in relation to the care provided at the practice.

Tackling inequity and promoting equality

The practice did not have equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. There was a step by the front door to access the building and a portable ramp or similar was not available, particularly to support wheelchair users to access the building. The dentist told us that all their patients were able to access the premises even if this meant staff provided support with mobility. A disability and discrimination audit had been completed and the dentist said they were looking at acquiring a portable ramp. A surgery was located on the ground floor that could accommodate patients unable to use the stairs. There was a lowered reception desk to accommodate wheelchair users. The toilet facilities were located on the first floor.

The practice manager told us they had access to translation services for those whose first language was not English and information leaflets could be translated or enlarged if required.

Access to the service

The practice opening hours were displayed in the premises, in the practice information leaflet and on the NHS Choices website.

The practice manager told us that if a patient needed to be seen urgently then they were invited to wait at the practice and were seen when the dentist had time. If the practice was closed the practice answer machine directed patients to the out-of-hour's services.

Concerns & complaints

A complaints procedure was in place for the practice and this was located in a file in the ground floor waiting area. It provided patients with clear guidance about how to make a complaint. The dentist showed us documentation relating to a complaint that had been received within the last 12 months. Although the patient received an acknowledgement when their complaint was received, a concluding letter with a full response had not been sent to complainant outlining the findings in relation to the complaint.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service. The governance arrangements were inadequate. There were a limited number of policies and procedures in use at the practice. The policies that were in place were either undated, insufficiently detailed and did not refer to current guidelines. For example, the safeguarding policy did not have any contacts for the local safeguarding team and the infection control policy referred to outdated guidance. There was no information to show when a policy had been implemented and there was not a system to demonstrate that staff members had read the policies.

Some policies showed they had been reviewed but these reviews dated back to 2009. Other policies had not been developed at all, such as a whistleblowing policy, incident management policy and equality and diversity policy. We determined that this lack of awareness of governance led to problems being highlighted in several areas. These included the gaps in the recruitment process (lack of DBS checks, references or checks of Hepatitis B status), the lack of an effective complaints handling procedure and issues relating to infection prevention and control.

Most of the risk assessments in relation to safe care and treatment of patients and staff were insufficiently detailed and did not reflect the practice inspected. We determined the lack of awareness in relation to undertaking risk assessments had led to some of the deficiencies that we found. These included the Legionella risk assessment (where the monthly temperature checks had not been effectively completed), the lack of a sharps risk assessment, the lack of fire drills and the inadequate COSHH folder.

There was a defined management structure in place to ensure the responsibilities of staff were clear. Staff told us they felt supported and were clear about their roles and responsibilities.

Leadership, openness and transparency

Staff told us there was an open culture within the practice and said they were confident to raise any issues at any time with the practice manager. Staff could discuss issues openly at informal staff meetings over lunch. It was evident the practice worked as a team and dealt with any issue in a professional manner.

Although routine formal meetings were not held with the staff team, the practice manager told us that any issues, such as relevant alerts were discussed over lunch.

Learning and improvement

Quality assurance processes were not routinely used at the practice to encourage continuous improvement. There was no clinical audit programme in place, such as an x-ray audit and infection prevention and control audit as required. Only one infection prevention and control audit had been completed and this should be done every six months. The audit had no action plans or learning outcomes in place. In addition, an audit of dental records had not been undertaken.

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

The practice used the NHS 'Friends and Family' test to seek feedback about the service. We looked at the feedback from both August and September 2016. We could see it had been looked at and a brief analysis conducted.

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 The registered provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity. The registered provider failed to ensure recruitment procedures were established, including ensuring all staff had the necessary checks, including a DBS check, to ensure that persons employed met the conditions as specified in schedule 3 The registered provider failed to ensure that the immunisation status information was available in relation to all staff employed. The registered provider had not reviewed the COSHH file for hazardous materials to ensure they were risk assessments in place for all products used or stored in the building. The registered provider had failed to ensure the practice worked in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The registered provider failed to ensure sufficient polices and protocols were in place and the policies that were in place were current, and in line with recommended guidelines. The registered provider failed to ensure that sufficient risk assessments were undertaken to check that the premises and equipment were clean and safe. The provider failed to ensure that a robust complaints process was in place. The provider failed to ensure the area in which decontamination of dental equipment was carried out was fit for purpose and complied with national guidelines. Regulation 17 (1)