

Mr. Richard Hurst

Mr Richard Hurst - Cramlington

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 14 March 2017 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

Richard Hurst's dental practice is situated in the centre of Cramlington and provides private dental treatment to adults and NHS dental treatment to children. The practice is housed in a listed building and comprises three treatment rooms, a decontamination area for sterilising dental instruments within one of the treatment rooms, a combined reception and waiting room (with a dedicated childrens' area), an X-ray room, staff kitchen and general office. Car parking is available at the front of the practice and also in a car park nearby. Access for wheelchair users or pushchairs is possible via the step-free ground floor entrance.

The practice is open

Monday and Thursday 0830 - 1800

Tuesday and Friday 0830 - 1700

and Wednesday 0830-1230.

The dental team is comprised of a principal dentist, two associate dentists, three dental nurses and a receptionist. One of the dental nurses also provides management support.

Summary of findings

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We reviewed seven CQC comment cards on the day of our visit; patients were very positive about the staff and standard of care provided by the practice. Patients commented they felt involved in all aspects of their care and found the staff to be helpful, respectful, friendly and were treated in a clean and tidy environment.

Our key findings were:

- Staff were very friendly, caring and enthusiastic.
- The practice was visibly clean and free from clutter.
- The practice had systems for recording incidents and accidents.
- Staff underwent annual medical emergency training and had sufficient emergency drugs and equipment to deal with medical emergencies.
- Dental professionals provided treatment in accordance with current professional guidelines.
- Patients could access urgent care when required.
- Complaints were dealt with in an efficient and positive manner.
- Dental professionals were maintaining their continued professional development (CPD) in accordance with their professional registration.
- Practice meetings were used for shared learning.
- Patient feedback was regularly sought and reflected upon.
- Staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
- The principal dentist received safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and distributed these amongst all staff within the practice.
- The practice was involved in a national oral health research programme which looks at clinical and cost effectiveness of filling decay in children's primary (baby) teeth.
- We saw sterilisation procedures did not follow recommended guidance.
- The principal dentist had not regularly reviewed the practice's protocols or policies.
- Recruitment procedures were not consistent.
- The principal dentist had not arranged for, or undertaken, a fire risk assessment of the premises.
- X-ray waste was not being disposed of in line with current guidance.
- Auditing of various aspects of the service was not consistent.

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

- Ensure they are meeting their legal obligations under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Ensure they are meeting their legal obligations under the Regulatory Reform (Fire Safety) Order 2005.
- Ensure they are meeting their legal obligations under the Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.
- Ensure they are meeting their legal obligations under the Hazardous Waste (England and Wales) Regulations 2005 giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).

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 policies to ensure they contain appropriate details, are dated and reviewed at regular intervals.
- Review the practice procedures for carrying out audits of all aspects of the service at regular intervals, documenting learning points and improvements and sharing these amongst all relevant staff.
- Review the practice's procedure for sterilisation and infection control taking into account 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.
- Review the practice's procedures for monitoring and /or risk assessing non-responders to Hepatitis B vaccinations.
- Review the practice's procedures for storage and monitoring of their medical emergency drugs and

Summary of findings

equipment taking into account the guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

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 providing safe care in accordance with the relevant regulations.

Infection prevention and control procedures did not follow recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices and HTM 07-01 Management and disposal of healthcare waste.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer's instructions. Recommendations from the X-ray maintenance tests (such as reviewing beam direction, position of emergency isolation switch and warning signs) had not been implemented.

Medicines were available, both for medical emergencies and for regular use. These were not monitored weekly in line with Resuscitation Council UK guidelines. We found the Glucagon injection was not stored as per manufacturer's guidance.

Staff we spoke with were knowledgeable about safeguarding systems for adults and children.

The practice had processes for recording and reporting any accidents and incidents.

The principal dentist received safety alerts and these were distributed amongst all staff within the practice.

The practice had a health and safety risk assessment which was not specific to the practice. A fire risk assessment specific to the premises had not been undertaken. A legionella risk assessment was in place for the practice.

No action



Are services effective?

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

Dental professionals referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff treated patients with care, provided options for informed consent and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD).

No action



Summary of findings

Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were seven responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

No action



Are services responsive to people's needs?

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

The practice had dedicated slots each day for urgent dental care and every effort was made to see all emergency patients on the day they contacted the practice.

The practice had reviewed the requirements of the Equality Act 2010 and fully assessed the barriers which may prevent some people from using their services by undertaking a disability access audit for the premises. Patients had access to telephone interpreter services when required and the practice could accommodate wheelchair users or people with push chairs in their ground floor surgery. An induction loop was installed at reception to aid those with reduced hearing.

No action



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 principal dentist was in charge of the management of the practice with a dental nurse supporting them in this role.

There were various policies for staff to refer to. We saw some policies were lacking in detail and there was no evidence to confirm staff had read these policies. We found policies were not reviewed consistently at regular intervals.

We found recruitment documents were absent from staff files including evidence of induction processes, documentation of references, staff ID and qualifications.

Risk assessments (a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) were in place for the practice. The practice had a basic and generic overall risk assessment which was not specific to the practice. The practice had never

Requirements notice



Summary of findings

undertaken a fire risk assessment in accordance with the Regulatory Reform (Fire Safety) Order 2005. One member of staff had not responded to their hepatitis B vaccination and the principal dentist had not carried out a risk assessment whilst awaiting further vaccinations and test results.

Radiography audits were carried out but not at recommended intervals. The practice did not have a structured approach to record the quality assurance of all their X-rays. Audit results were not shared amongst all relevant staff.

X-ray waste was not disposed of in accordance with the Hazardous Waste (England and Wales) Regulations 2005 and HTM 07-01.

Staff were encouraged to provide feedback on a regular basis through staff meetings, satisfaction surveys and informal discussions.

Patient feedback was also encouraged verbally and online. The results of any feedback were discussed in meetings for staff learning and improvement.

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Detailed findings

Background to this inspection

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

The inspection took place on 14 March 2017. It was led by a CQC inspector and supported by a dental specialist advisor.

During the inspection, we spoke with the principal dentist, an associate dentist, two dental nurses (one being the management support) and the receptionist.

We reviewed policies, protocols, certificates and other documents to consolidate our findings.

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 told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

The practice had systems in place for recording accidents and incidents. Staff were clear on what needed to be reported, when and to whom as per the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). The principal dentist told us no accidents or incidents occurred within the last 12 months.

The principal dentist told us the practice received, and distributed amongst staff, alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and Central Alerting System (CAS). The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. We saw evidence of these alerts being reviewed on the inspection day.

Reliable safety systems and processes (including safeguarding)

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a sharps risk assessment as part of the overall generic practice risk assessment. Traditional needles and syringes, together with protective guards, were implemented for use in each surgery.

Staff were aware of their local policy on occupational health assistance and a practice sharps policy was available for staff to refer to.

The dentists told us they used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. 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 should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We reviewed the practice's policy for adult and child safeguarding; contact details of the child and vulnerable adult safeguarding teams were clearly detailed in the policy and flowcharts were available for reference. Staff told us their practice protocol and were confident to respond to issues should they arise. The principal dentist was the safeguarding lead and training records showed staff had undergone training as appropriate.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date.

Medical emergencies

Staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). Medical emergency scenarios were also carried out regularly.

The practice kept medicines and equipment for use in a medical emergency; these were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. The Glucagon was not stored as per manufacturer's instructions. We brought these to the attention of the principal dentist immediately and we saw evidence of a Glucagon injection being ordered on the inspection day.

We saw the practice did not keep logs which indicated the emergency equipment, emergency medical oxygen cylinder and emergency drugs were checked weekly. These checks are recommended by the Resuscitation Council (UK) to ensure the equipment is fit for use and the medication is within the manufacturer's expiry dates.

Staff recruitment

Are services safe?

We reviewed the staff recruitment files for five members of staff to check that appropriate recruitment procedures were in place. We found all staff files held their GDC registration certificates and indemnity proof documents. We saw other recruitment documents were absent including qualifications, evidence of induction processes and references. One member of staff did not have sufficient immunity following their Hepatitis B vaccination and a risk assessment had not been undertaken to assess the risk to the employee and public.

Monitoring health & safety and responding to risks

We reviewed various risk assessments (a risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) within the practice.

We looked at the Control of Substances Hazardous to Health (COSHH) file. COSHH files are kept to ensure providers contain information on the risks from hazardous substances in the dental practice. We found the practice kept all the products' safety data sheets (these provide information on the general hazards of substances and give information on handling, storage and emergency measures in case of accident) and risk assessments of each material as required by the Health and Safety Executive.

We saw a fire log book containing annual drills and fire information; this was provided by a fire authority following a site visit however there was no risk assessment specific to or of the premises. There was a brief fire risk assessment as part of the practice's overall risk assessment; this was not detailed in accordance with relevant guidance and was not specific to the practice. We advised staff of the importance of a fire risk assessment as per the Regulatory Reform (Fire Safety) Order 2005; they assured us they would undertake or request a fire risk assessment to be carried out immediately.

We were told there were regular visual checks of the fire alarms and lighting; these were not documented.

The practice had measures in place such as visible signs and emergency lighting to show where evacuation points were.

We saw annual maintenance certificates of fire fighting equipment including the current certificate from September 2016. Annual fire drills were carried out to ensure staff were rehearsed in evacuation procedures.

Infection control

We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures. These were not in accordance with the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health which details the recommended procedures for sterilising and packaging instruments.

We spoke with two dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifier, sterilising and storage was clearly described and they were demonstrated.

Each treatment room had facilities for manual (hand) scrubbing of instruments and an autoclave (a machine which sterilises dental instruments) was sited in one of the treatment rooms. The decontamination area was clearly marked and segregated from other areas within that room. We were told contaminated instruments were transported in a secure container between treatment rooms. This container was wiped and used again to transport clean instruments back to their original room. HTM01-05 guidance specifies separate containers should be used and these should not be interchangeable.

We saw instruments were sterilised in a vacuum autoclave; the process was not in accordance with HTM01-05 as they were not wrapped prior to sterilisation.

We brought this to the attention of the principal dentist and they assured us they would review their sterilisation procedures.

We inspected the treatment rooms; these were clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Staff described the method used and this was in line with current HTM

Are services safe?

01-05 guidelines. A Legionella risk assessment had been carried out in January 2013. We saw measures such as temperature recording were implemented and documented.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that clinical waste including sharps was collected on a regular basis. The practice did not have measures in place for segregating and/or disposing of their X-ray fluid in accordance with HTM07-01 guidance. The principal dentist showed us their X-ray machine was connected to an external drain pipe into their main sewage system. We discussed the hazardous effect of disposing this into the main drainage and the importance of this being disposed of safely. We referred the principal dentist to the guidance in HTM 07-01 and they confirmed X-ray waste collection would be added to their waste contract.

The practice staff carried out daily environmental cleaning. We observed the practice used different coloured cleaning equipment to follow HTM0105 guidance.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of servicing certificates for the sterilisation equipment, X-ray machines and compressor and Portable Appliance Testing (PAT). (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

Radiography (X-rays)

The principal dentist was not undertaking regular analysis of their X-rays through an annual audit cycle in line with the National Radiological Protection Board (NRPB) guidance. We saw audits were carried out every three years. The principal dentist had not recorded the quality of all X-rays taken and a report was not documented in the clinical records we viewed with the dentist.

Recommendations from the X-ray maintenance tests (such as beam direction, isolation switch location and radiation warning signs) were not implemented.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found the dental professionals were following guidance and best practice procedures for delivering dental care.

A comprehensive medical history form was filled in by patients and this was checked verbally at every visit. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patients' gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are.

Patients were advised of the findings and any possible treatment required.

The dentist advised us they were familiar with current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon the patients' risk of dental diseases.

The dentist we spoke with used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required.

Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention. Staff told us they applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients.

Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable.

The practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion. The practice was involved in a national oral health research programme which compared different options for decayed teeth in children.

Staffing

The principal dentist was the lead for infection prevention and control, safeguarding adults and children and complaints.

Prior to our visit we checked the registrations of all dental professionals with the General Dental Council (GDC); this was confirmed on the day of the inspection. The GDC is the statutory body responsible for regulating dental professionals.

Staff told us they were supported to maintain their continuous professional development (CPD) and we saw evidence of this in staff files.

Working with other services

The dentist we spoke with confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. They stated referral letters would contain all the relevant information including patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

Consent to care and treatment

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. The patient would sign this and take the original document.

The dentist we spoke with was clear on the principles of the Mental Capacity Act 2005 (MCA) and the concept of Gillick competence. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Gillick competence is a term used to decide whether a child (16 years or younger)

Are services effective?

(for example, treatment is effective)

is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were seven responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. The computer screen were not overlooked in reception and treatment rooms which ensured patients' confidential information could not be viewed by others. If further privacy was requested, patients were taken to a spare room to talk with a staff member.

We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Dental care records were stored electronically and in paper form. Paper record cards were kept in securely in locked

cabinets inside the office. Computers were password protected, backed up and passwords changed regularly in accordance with the Data Protection Act. Staff were confident in data protection and confidentiality principles.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing private treatment costs were displayed in the waiting area. We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits.

We used guidance from the Faculty of General Dental Practice (FGDP) to help us make our decisions about whether the practice records and record keeping were meeting current practice guidelines.

A record of the quality and a report of the X-ray taken was not documented in the patient dental care records we viewed. We spoke with the dentist about the need for reporting and recording of quality assurance as per good practice guidance and (IR(ME)R) 2000 regulations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including practice leaflets, the practice opening hours, emergency 'out of hours' contact details and treatment costs. Information leaflets on oral health were also available.

The practice had dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice. Reception staff had clear guidance to enable them to assess how urgently the patient required an appointment.

We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. The policy was updated annually and staff also had undergone recent training.

The practice had made reasonable adjustments to prevent inequity for disadvantaged groups. The step-free entrance

and ground floor treatment room allowed wheelchairs and people with pushchairs to access treatment. Staff were aware of translation services (if required) and an induction loop was installed in reception for those with reduced hearing. The patient toilet was on the ground floor and was equipped with a pull safety cord.

Access to the service

The practice's opening hours were displayed in their premises and in the practice information leaflet. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was not detailed sufficiently nor displayed as recommended by the GDC.

Staff told us they raised any patient comments or concerns with the principal dentist to ensure responses were made in a timely manner.

The practice received no complaints in the last twelve months.

Are services well-led?

Our findings

Governance arrangements

The principal dentist demonstrated their system of policies, procedures and certificates. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing, recruitment and maintenance.

We noted policies and procedures were not kept under regular review to support the safe running of the service.

We reviewed the practice risk assessment, health and safety risk assessment, sharps and fire risk assessment. These were all contained in one generic document which was not specific to the practice.

We found staff recruitment files were lacking essential documents including evidence of induction, references and qualification certificates. We also saw one member of staff's Hepatitis B level was not sufficient to provide protection and the practice had not undertaken a risk assessment as appropriate.

Leadership, openness and transparency

The overall leadership was provided by the principal dentist. A dental nurse was supporting them in this role.

There were dedicated leads in infection prevention and control, complaints and safeguarding within the practice.

Staff told us they were aware of the Duty of Candour and the need to be open with patients, to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.

Learning and improvement

We saw the principal dentist undertook audits of various aspects of the dental practice. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations.

The principal dentist told us radiography audits were carried out at a three-yearly interval. The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000 require dental professionals to carry out regular quality assurance processes in radiography and an audit cycle will enable these processes to be completed.

Infection prevention and control audits had been carried out every six months as recommended by HTM0105.

We saw the practice had undertaken a record keeping audit in 2016 which identified X-rays were not being reviewed for quality and reported on. The review date for this audit was 2018 and in the records we viewed with the dentist, there was no subsequent improvement in this.

The dentist we spoke with was not aware of audits being carried out within the practice.

Improvement in staff performance was monitored by annual appraisals. Informal discussions were in place to ensure all staff were reviewed regularly.

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 staff members and people using the service.

Staff and patients were encouraged to provide feedback on a regular basis either verbally, online or through surveys. Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided.

Staff told us their views were sought and listened to and that they were confident to raise concerns or make suggestions to the principal dentist.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Mr. Richard Hurst's practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>The registered provider failed to ensure they were meeting their legal obligations under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered provider failed to ensure they were meeting their legal obligations under the Regulatory Reform (Fire Safety) Order 2005.</p> <p>The registered provider failed to ensure they were meeting their legal obligations under the Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.</p> <p>The registered provider failed to ensure they were meeting their legal obligations under the Hazardous Waste (England and Wales) Regulations 2005 giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).</p>