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Elm Street Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on 24 February 2020 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Elm Street Dental Surgery is in Ipswich, Suffolk and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available in public car parks near the practice.

The dental team includes one dentist, two dental nurses, one trainee dental nurse and the practice manager. The practice has two treatment rooms, we were told only one room is in use.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 48 CQC comment cards filled in by patients.

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

The practice is open: Monday to Friday from 9am to 5.30pm.

Our key findings were:

- We received positive comments from patients about the dental care they received and the staff who delivered it.
- The practice appeared to be visibly clean.
- Not all staff knew their responsibilities for safeguarding vulnerable adults and children.
- Infection control procedures did not reflect published guidance and were not regularly reviewed.
- Systems to ensure all equipment used to decontaminate dental instrument were regularly serviced were not in place. Daily tests to ensure this equipment was validated were not in place.
- The risk assessment for handling sharp instruments did not include a list of specific sharp items and was not in line with the processes in place at the practice.
- The practice decompressor had not been serviced since 2012.
- Five year fixed wire testing was three years overdue.
- There were limited systems in place to mitigate the risks of legionella and no legionella risk assessment had been undertaken.
- Staff had not received recent emergency resuscitation and basic life support training; we were not assured they all knew how to deal with emergencies.
- Essential medical emergency equipment such as an oropharyngeal airway and clear face masks were out of date. There was no paediatric self-inflating bag. Emergency medicines to manage a severe allergic reaction and medicines to manage a seizure were out of date. The practice did not have the appropriate medicines to relieve the symptoms of asthma or COPD. Glucagon was stored in a fridge, but there was no process in place to monitor the temperatures of the fridge. Following the inspection, the practice sent confirmation that some of these had been replaced.
- The practice did not have an automated external defibrillator (AED). There was no risk assessment in place to mitigate the risk of not having an AED on the premises.
- The provider had limited systems to help them manage risks to patients and staff.
- Audits to assess the quality of service were limited.
- There was not a culture of continuous improvement.
- We were not assured the dentist was aware of current guidance with regards to prescribing medicines. Antimicrobial prescribing audits were not undertaken.
- We were not assured staff had knowledge of the recognition, diagnosis and early management of sepsis. The dentist was not aware of the Local Safety Standards for Invasive Procedures' (LocSSIPs) for wrong site extraction in dentistry.
- Staff recruitment procedures did not reflect current legislation. There were no details of Disclosure and Barring Service checks recorded in two staff records, no evidence of photographic identification in any staff records and no evidence of Hepatitis B immunity in two clinical staff records. References had not been obtained for the newest member of staff.
- The practice had some arrangements to ensure the safety of the X-ray equipment. There was no evidence of Health and Safety Executive (HSE) notification, Radiation Protection Adviser (RPA) or critical examination checks of the X-ray equipment. Following the inspection the practice sent information of HSE notification and a critical examination check. Radiography audits had not been completed in line with current guidance and legislation.
- There was no evidence that the clinical staff completed continuing professional development in respect of dental radiography.
- The dentist used rotary root canal instruments when providing root canal treatment. These were not in line with guidance from the British Endodontic Society. The dentist did not use dental dam. Where dental dam had not been used, there was no risk assessment in place to assess and mitigate the risks.
- Patients commented that staff treated them with dignity and respect and took care to protect their privacy and personal information.

Summary of findings

- The appointment system took account of patients' needs.

We identified regulations the provider was not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations the provider is not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Improve staff awareness of their responsibilities in relation to the Duty of Candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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?	**Requirements notice**
Are services effective?	**No action**
Are services caring?	**No action**
Are services responsive to people's needs?	**No action**
Are services well-led?	**Enforcement action**

Are services safe?

Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices/ Enforcement Actions section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had limited systems to keep patients safe. We identified some necessary improvements.

Not all staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had a safeguarding policy to provide staff with information about identifying, reporting and dealing with suspected abuse. The last date of review for this policy was 20 July 2015; we were not assured the policy was accessible to staff. The provider was unable to confirm if the contact information on the policy was up to date. We were told staff could use a computer search engine to find the correct contact numbers when reporting concerns. Through our discussions with staff we were not assured that all staff would know where to look for these. Staff could not confirm when they had received safeguarding training. Following the inspection we received evidence that one nurse had undertaken safeguarding training in 2019. No confirmation of training for the other nurse was received. Not all the staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had an infection prevention and control policy. This had not been reviewed since 15 April 2014. Staff mostly followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. However, staff were not able to confirm if they had completed recent infection prevention and control training or received updates as required. Dental nurses' arms were bare from the elbow down; we noted both nurses had long fingernails and were wearing nail polish. Following the inspection the provider told us that the infection control policy and training for staff had been updated. No evidence of this was provided.

We saw the practice autoclave in the decontamination room had been serviced, there was no evidence that validation testing had been undertaken by staff prior to daily use. Following the inspection the provider told us this had now been addressed. No evidence was provided. There was a second autoclave in the staff room which we were told was not used by staff. There was no signage on the autoclave to indicate that this was not to be used. The provider was unable to confirm that this second autoclave would not be used by staff. After the inspection the provider told us relevant signage was now in place. We received no evidence of this. The provider told us that this second autoclave had not been serviced. We were told the practice washer disinfector had never been serviced. Staff confirmed that protein testing had never been undertaken to ensure the washer disinfector was functioning correctly before use. The practice compressor had not been serviced since 2012. Following the inspection the provider told us that the compressor had been serviced, protein testing had been completed and records were available. We were not provided with evidence of these actions.

Staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument. Staff were unable to confirm how often heavy duty rubber gloves should be replaced; we noted these were hung at head height on the wall and were touching staff hair and heads when they were near them.

There were no mercury, or bodily fluid spill kits at the practice. The dentist provided a box they described as a spills kit and we noted this contained a bottle of liquid designed to remove the biofilm build-up in dental units. The liquid was out of date. The dentist told us the first aid kit was missing as it was out of date and he had removed it before we attended the practice.

Systems were in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory. The policy did not detail what processes or disinfection was undertaken once the appliances were returned from the laboratory.

There were no risk assessments in place or procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. Water testing was not

undertaken. The dental nurse stated water lines were flushed, but these were not undertaken in line with guidance. There was no named legionella lead or deputy. Staff had not completed legionella training.

We saw cleaning schedules to ensure the practice was kept clean. These did not include all areas of the practice. When we inspected, we saw the practice was visibly clean. Staff undertook all the cleaning at the practice. There was scope to ensure cleaning equipment such as mop heads were clean, fit for purpose and stored in line with guidance and cleaning schedules. We noted a sponge headed mop the dentist and nurse told us staff used to clean the decontamination room floor was worn, heavily soiled and had dirt and hair stuck to it. Two other mops in the upstairs cupboard were not colour coded and were stored head down in one red bucket. We found two mops were stored in a second cupboard on the ground floor. There was no indication of which mops were in use and where they should be used. The provider told us they were labelled. We saw that handwritten paper labels stuck on mop handles with tape were worn and hard to read. Cleaning schedules did not involve all areas of the practice including the patient/staff toilet on the second floor. We noted cleaning of the surgery work surface and the treatment room chair was undertaken using a generic household cleaning product (antibacterial solution) as a spray. The provider told us they were planning to replace the worn carpets in the hallways, stairs, and the uneven flooring outside of the toilet.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

Infection prevention and control audits were not undertaken as frequently as recommended in guidance. The latest audit undertaken on 20 December 2019 was not reflective of the procedures in place in the practice.

The provider had a Whistleblowing policy. Staff told us they would speak to the dentist if they had any concerns.

The dentist used rotary root canal instruments when providing root canal treatment. The dentist did not use dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. The dentist told us patients refused it as they did not like it. Where dental dam had not been used, there was no risk assessment in place to assess and mitigate the risks.

We looked at five staff recruitment records. There were no details of Disclosure and Barring Service checks recorded in two staff records, no evidence of photographic identification in any staff records. Following the inspection the provider told us this had been rectified. We received no supporting evidence to confirm this. There were no risk assessments in relation to this and there no evidence of satisfactory conduct had been obtained for the newest member of staff.

We observed that some clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover. We were told that one member of staff whose registration with the GDC had lapsed was working under a probationary period before they could re-register with the GDC. We were not shown any agreement to confirm this arrangement.

The practice had not had portable appliance testing (PAT) undertaken since 2014. There were no records in place to confirm if staff had routinely checked any electrical appliances for damage. Following the inspection the practice provided evidence of PAT completed on 28 February 2020.

The five-year fixed wire testing of the practice was three years overdue with the last test undertaken in 2012. Following the inspection the provider advised CQC that this had been completed at the same time as the PAT testing, however we were not provided certification to confirm this had been completed.

We saw that gas appliances had been serviced on 13 February 2020.

We were told a fire risk assessment had been carried out in line with the legal requirements. We saw there was a fire extinguisher and fire detection systems throughout the building and fire exits. The provider showed us a notebook of weekly tick lists, we were told these were the checks of fire equipment and the weekly drills. However, there was nothing documented in this book to confirm what these checks involved. There no record of which staff had attended the fire drills and no documentation of any outcomes of learning requirements identified from the fire drills and the checks. When we asked the dentist, they were not able to produce any records of the completion of any recommended actions from a fire risk assessment. In addition, when we asked the dentist, they did not provide us with any documentation of the checks by an external

provider of the fire detection systems and fire extinguisher at the practice. We were referred to the notebook with the tick lists. We noted that there was one extinguisher at the practice, with a written date for review on the label of 2022. This label stated the last service was in 2017. The provider was not able to clarify who had serviced the extinguishers. We asked the dentist for any evidence of certificates or checks for this equipment, but these were not provided on the day of the inspection. Following the inspection the provider sent a certificate to confirm the water/gas fire extinguisher had been serviced on 26 February 2020. We were not provided with evidence of any servicing or checks of the fire detection systems.

Systems to ensure the safety of the X-ray equipment were not in place. Not all the required radiation protection information was available at the practice. There was no evidence of critical examination testing for the radiation equipment, no evidence of Health and Safety Executive (HSE) notification and no record of the practice having a Radiation Protection Adviser (RPA). Following the inspection the provider sent us evidence of a critical examination test completed on 28 February 2020.There was limited evidence of the provider engaging or taking active advice from a Medical Physics Expert.

The practice had an OPG machine in a room off of the treatment room, we were told this was disconnected and not in use. There was no signage on the machine to confirm that this was not in use by staff.

The dentist justified, graded and reported on the radiographs they took. Radiography audits had not been completed in line with current guidance and legislation. Following the inspection the provider informed CQC that a radiography audit in line with current guidance and legislation had been completed. However, we were not provided with evidence of this.

There was no evidence that the clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

There were limited systems in place to assess, monitor and manage risks to patient safety.

The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The dentists used traditional needles rather than a safer sharps system. There were limited safeguards in place for those who handled needles. A sharps policy had been completed; there was scope to include further detail to include and identify all dental sharp instruments and the individual control measure for each sharp used. We noted sharp bins were not signed or dated and the policy did not reflect the need to replace every three months. We found loose and unbagged dental burrs in the treatment room drawer. Following the inspection the provider told us the safe sharps system had been introduced and sharps bins were now signed and dated. No evidence was submitted to confirm this.

The provider had a limited system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. There was no evidence of immunity to the Hepatitis B virus for one staff member and there were incomplete records relating to immunity for a second staff member. There were no risk assessments in place to mitigate any risk where immunity had not been confirmed. Following the inspection the provider told us that staff immunity was confirmed. However we received no evidence of this.

None of the clinical staff had knowledge of the recognition, diagnosis and early management of sepsis. Following the inspection the provider advised CQC that sepsis diagnosis and management had been reviewed by all staff. However certification of this was not provided.

The dentist was not aware of the Local Safety Standards for Invasive Procedures (LocSSIPs) for wrong site extraction in dentistry.

The dentist had completed training in emergency resuscitation and basic life support in 2018. There was a certificate to support this. This was not undertaken annually as recommended in guidance. We were told all staff had attended this training with the exception of one nurse who was on maternity leave. However, the practice was not able to provide certificates to confirm other staff had attended emergency resuscitation and basic life support training. Following the inspection the provider told us this evidence was now available but did not provide us with any certification.

Emergency equipment and medicines were not available as described in recognised guidance. We found staff did not keep records to make sure these were available, within their expiry date, and in working order. We found the

medicines to manage a severe allergic reaction and medicines to manage a seizure were out of date. The practice did not have the appropriate medicines to relieve the symptoms of asthma or COPD. The glucagon (a medicine used to prevent blood glucose levels dropping too low) was stored in a fridge, but there was no process in place to monitor the temperatures of the fridge. The practice did not have an automated external defibrillator (AED). There was no risk assessment in place to mitigate the risk of not having an AED on the premises. In addition we found that equipment such as orophangeal airways and face masks were out of date. There was no paediatric self-inflating bag. We shared this with the provider in our feedback. Following the inspection, the practice sent evidence that medicines to manage a seizure, appropriate medicines to relieve the symptoms of asthma or COPD had been replaced. In addition we were sent evidence that medicines to manage a severe allergic reaction had been ordered. The provider sent evidence that the glucagon had been ordered but there was no evidence of any monitoring of the fridge temperatures or adjustment to the use by date of this medicine if this was not to be stored in the fridge in future. Following the inspection the provider told us evidence was now available of equipment such as orophangeal airways and face masks but did not provide us with any certification. Following the inspection, the practice did not confirm if a paediatric self-inflating bag or AED had been purchased. There was no evidence to confirm if a risk assessment had been undertaken following the inspection to mitigate the risks of not having an AED on the premises.

A dental nurse worked with the dentist when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had some risk assessments to minimise the risk that can be caused from substances that are hazardous to health. These were not stored in any order and were in a file with policies and an assortment of other practice documents. There was scope to ensure these were in date, accurate and were accessible to all staff.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The dentist confirmed that the only medicines held on site were those contained in the medical emergency kit. We noted that systems were not in place to ensure emergency medicines did not pass their expiry date and were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance. There were a large number of prescription pads at the practice, however there was no system in place or logging of numbers for security. Following the inspection the provider told us this had been addressed but did not provide evidence.

We were not assured the dentist was aware of current guidance with regards to prescribing medicines. We found that antibiotic prescribing was not in line with guidance.

Antimicrobial prescribing audits were not undertaken.

Track record on safety, and lessons learned and improvements

There were limited risk assessments in relation to safety issues. We were not assured that staff monitored and reviewed incidents.

Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again. However there was limited understanding of what types of incidents should be reported.

The provider told us they had a system for receiving and acting on safety alerts. However, there was no evidence to support this and no records to evidence that staff learned from external safety events or patient and medicine safety alerts. There were no records to evidence these were shared with the team and acted upon if required. We shared this with the provider in our feedback.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had some systems in place to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice website stated the practice offered sedation and dental implants. When asked, the provider confirmed that they refer patients requiring these to another practice.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentist where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided some leaflets to help patients with their oral health.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. Not all staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had limited quality assurance processes to encourage learning and continuous improvement. There were no records of the results of audits, any resulting action plans or improvements documented. We shared this with the provider in our feedback.

Effective staffing

Staff new to the practice had an induction programme. We were told one member of staff could not be registered until they had completed and submitted the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatments the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were very quick, caring and professional. There were no patients attending the practice during our inspection. We noted when speaking with patients on the telephone, staff were respectful, kindly and friendly.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television (CCTV) to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). When requested the provider did not provide evidence of a completed policy or privacy impact assessment.

The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. We were told everything was recorded/stored on the computer system.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Notices were displayed in the reception areas informing patients that translation services were available. Staff told us patients were told about multi-lingual staff that might be able to support them.
- Icons on the practice computer system notified staff if patients had specific requirements or a disability.
- The dentist described how they engaged with patients in friendly and reassuring discussion prior to their treatments.
- The practice used electronic tablets to update patients' medical health records.

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice. We noted these included sedation and implant services for patients. We shared this with the provider in our feedback. The dentist confirmed these services were not undertaken by the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included digital X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

48 cards were completed, giving a patient response rate of 96%

100% of views expressed by patients were generally positive.

Common themes within the positive feedback were friendliness of staff, cordial and respectful staff.

However, we noted three comment cards reflected less favourable feedback regarding the dentists handling of anxious patients.

As there were no appointments scheduled on the day of our inspection, we were not able to speak with any patients.

The practice had made some adjustments for patients with disabilities. This included a doorbell at the front of the practice and a ground floor treatment room.

The practice had carried out a disability access audit however this has not been reviewed since January 2014.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice opening hours were displayed outside the premises.

There was an appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were offered an appointment the same or the next day. Patients had enough time during their appointment and did not feel rushed. There were no appointments on the day of the inspection.

The practice referred patients requiring urgent dental care to NHS 111 out of hours service.

Listening and learning from concerns and complaints

The provider had a policy providing guidance to staff and patients about how to handle a complaint. This was displayed in the reception area

The provider was responsible for dealing with these. Staff told us they would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response.

We noted complaints were recorded in a log book by the reception staff.

The provider told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at two complaints the practice received in the previous 12 months. We noted these had both involved communication with external agencies. From the information and documentation the provider gave us, it was not possible to confirm if the practice had responded to concerns raised with them in line with their policy. We were told by the provider that these were discussed with staff, however there was no evidence in the minutes of practice staff meetings we reviewed that this had taken place.

Are services well-led?

Our findings

We found 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/ Enforcement Actions section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Where applicable when undertaking Enforcement Action which cannot be published.

We are considering enforcement action in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

Leadership capacity and capability

Staff told us the provider was approachable and responded to their needs.

Culture

Staff we spoke with were not aware of the requirements of the Duty of Candour. This requires staff to demonstrate openness, honesty and transparency with patients. Although some of the staff were not aware of the requirements of this regulation, from our observations we found they worked alongside its principles.

Staff stated they could raise concerns.

The practice was small. Staff told us they enjoyed their job.

Governance and management

The provider had overall responsibility for the management and clinical leadership of the practice. They were also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

We identified a number of shortfalls in the practice's governance arrangements including the provider having a limited system of clinical governance in place. Risk assessments and audits were limited. Servicing of equipment and validation were either not undertaken or were overdue.

The provider did not have a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Some policies were overdue a review, some dating back to 2012 and 2014, and other documents were missing, not in line with practice procedures or incomplete. There were limited processes for managing risks, issues and performance. We saw there were no clear or effective processes for managing risks, issues and performance.

Staff had not had an annual appraisal. They were not given the opportunity to discuss learning needs, general wellbeing and aims for future professional development. We asked staff how they could access policies, staff commented they weren't sure where they could access them. There were no processes in place for the provider to oversee staff training. We noted staff had some training certificates in their records, however there was no evidence of staff receiving regular updates. We noted one member of staff had undertaken a number of online training courses both the day before and on the day of our inspection. They told us this was part of their reregistration with the GDC.

We noted the provider had undertaken CPR training in 2018, however this was not annual training in line with guidance. The provider told us they had then updated all the staff. There was no evidence or certification to support this update provided by the practice. We discussed this with the provider at our feedback. We were told they would ensure staff undertook online CPR training. This was not in line with recommended guidance. Following the inspection we received evidence that one dental nurse had completed first aid training in March 2019.

There was limited evidence of quality assurance processes to encourage learning and continuous improvement in the practice. Risk assessments and audits of dental care records, radiographs and infection prevention and control were either not undertaken, had not been reviewed annually or were not undertaken in line with guidance. For example a sharps risk assessment was not in line with the processes in place at the practice. We asked the provider for records of the results of any audits or any resulting action plans or improvements. We were told everything was on the computer. Despite our request the provider failed to offer any evidence of these for us to review.

The practice held monthly staff meetings where we were told learning was disseminated. There was limited detail in the meeting minutes we reviewed or detail of any learning outcomes from these meetings to confirm this.

Staff were aware of the importance of information governance arrangements in protecting patients' personal information.

Are services well-led?

Engagement with patients, the public, staff and external partners

The provider told us they used the electronic tablets to obtain patients' views about the service. We asked the provider how they reviewed any suggestions from patients and how the practice had acted on them. We were told everything was on the computer, however the provider failed to offer any evidence of auditing or discussion with staff of these for us to review despite our requests.

The provider told us they gathered feedback from staff through meetings, and informal discussions.

Continuous improvement and innovation

The provider did not have systems and processes for learning, continuous improvement and innovation.

The provider did not have quality assurance processes to encourage learning and continuous improvement. No audits of dental care records, radiographs and legionella had been 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 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: The dentist used rotary root canal instruments when providing root canal treatment. These were not in line with guidance from the British Endodontic Society. The dentist did not use dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. Where dental dam had not been used, there was no risk assessment in place to assess and mitigate the risks. The service for the washer disinfector had not been undertaken. There was no evidence that a second autoclave had been serviced and no signage to confirm that this would not be used by staff. Validation tests for the autoclaves and washer disinfector were not undertaken. The service for the pressure vessel was overdue from 2012. There was no electrical safety certificate.

This section is primarily information for the provider

Requirement notices

There was no evidence that action had been taken to mitigate fire risk from the previous fire risk assessment. The registered person was not able to clarify or provide evidence of servicing for the fire detection systems.

The practice had an OPG machine in a room off of the treatment room. There was no signage on the machine to confirm that this was not in use by staff.

The dentist was unaware of the Local Safety

Standards for Invasive Procedures to prevent wrong site surgery.

The dentist was not aware of the current guidance with regards to prescribing medicines.

Staff training in the management of medical emergencies was overdue.

Glucagon was stored in a fridge, but there was no process in place to monitor the temperatures of the fridge.

The practice did not have an automated external defibrillator. There was no risk assessment in place to mitigate the risk of not having an AED on the premises.

There was no paediatric self-inflating bag.

There were no mercury, or bodily fluid spill kits available at the practice. There was no first aid kit available.

The practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports were inadequate.

This section is primarily information for the provider

Requirement notices

There was no evidence of immunity to the Hepatitis B virus for one staff member and there were incomplete records relating to a second staff member. There were no risk assessments in relation to this.

Regulation 12 (1).

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: There were no risk assessments in place or procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. Water testing was not undertaken. Water lines were flushed but not in line with guidance. There was no named legionella lead or deputy. Staff had not undertaken legionella training. Risk assessments and audits of dental care records, radiographs, legionella and infection prevention and control were either not undertaken, had not been reviewed annually or were not undertaken in line with guidance. Other audits did not have documented learning outcomes and action plans.

This section is primarily information for the provider

Enforcement actions

The equipment and medicines for medical emergencies including an AED were not checked or available as guidance recommends. There was no risk assessment in place to mitigate the risk of not having an AED on the premises.

There were no cleaning schedules for non-clinical areas of the practice.

The practice did not have a system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.

Many of the practice's policies had not been reviewed annually or were not in line with the practice procedures.

There was additional evidence of poor governance. In particular:

There were no records of Disclosure and Barring Service checks in two staff records, no evidence of photographic identification and no evidence of satisfactory conduct in a newest member of staff records.

Staff appraisals, 121 meetings or supervision had not been undertaken for any staff including the trainee dental nurse.

Staff training, learning and development needs were not reviewed at appropriate intervals and there was no effective process for the ongoing assessment and supervision of all staff employed, in particular, the trainee dental nurse. For example, staff training in CPR and infection control was overdue.

This section is primarily information for the provider

Enforcement actions

The practice's health and safety policies, procedures and risk assessments were not available for review.

The risk assessment for handling sharp instruments did not include a list of specific sharp items and was not in line with the processes in place at the practice.

Regulation 17 (1)