

Mitcham International Dental Centre

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Inspection Report

Montrose Chambers
25A Upper Green East
Mitcham
Surrey
CR4 2PE
Tel: 0208 6482935
Website: www.dentistmitcham.com

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Overall summary

We carried out an announced comprehensive inspection on 30 September 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Mitcham International Dental Centre is located in the London Borough of Merton. The premises consist of six treatment rooms, a decontamination room and a waiting room with reception area.

The practice provides both NHS and private dental services and treats both adults and children. The practice offers a range of dental services including routine examinations and treatment, veneers, crowns and bridges, and oral hygiene.

The practice staffing consists of six dentists and six dental nurses. This includes two principal dentists (who were also the owners).

The practice is open Monday to Thursday 8:30am to 5:00pm and Friday 8:30am to 3:00pm.

One of the principal dentists is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The inspection took place over one day and was carried out by a CQC inspector and a dentist specialist advisor.

We collected feedback from 15 patients via CQC comment cards. They all described a positive view of the service. Patients commented that the whole team were welcoming, professional, caring, respectful and friendly.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- The practice had procedures for managing concerns and complaints.
- There was no system for reporting or recording incidents or significant events.
- There was lack of regular checks to ensure equipment to manage medical emergencies was suitable for use.
- The practice had undertaken some relevant checks for clinical staff at the time of employing them, but there was no formal recruitment policy,
- Governance arrangements were in place for the running of the practice; however the practice did not have a structured plan in place to assess various risks arising from undertaking the regulated activities and to effectively audit quality and safety.

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

- Ensure the practice's infection control procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Establish an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

- Ensure all staff receive necessary training and performance appraisals and are suitably supported in undertaking their activities.

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

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

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review governance arrangements including the effective use of risk assessments, audits, such as those for infection control, radiographs and dental care records, and staff meetings for monitoring and improving the quality of the care received.
- Review recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Review the suitability of all areas of the premises and the fixtures and fittings in the treatment rooms and ensure safety.
- Review the practice's protocols for completion of dental care records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD).
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review its systems to seek and act on patient and staff feedback.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

Processes were not in place for staff to learn from incidents and lessons learnt were not discussed amongst staff. The practice radiation protection file was not up to date. Risk assessments had not been undertaken, arrangements for managing medical emergencies were inadequate and clinical waste was not stored suitably prior to disposal. There were limited processes to ensure equipment and materials were maintained and safe to use. There was lack of arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. Dental instruments were decontaminated suitably, though tests on equipment used for cleaning and sterilising used dental instruments were not undertaken regularly.

The principal dentist was made aware of these findings on the day of the inspection and they were formally notified of our concerns immediately after the inspection. They were given an opportunity to put forward an urgent action plan with remedial timeframes, as to how the risks could be ameliorated. The provider responded appropriately within the required time frame to inform us of the urgent actions they had undertaken to mitigate the risks.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers.

The provider assured us after the inspection that staff were engaging in continuous professional development (CPD) and were meeting the various training requirements of the General Dental Council (GDC), though we were unable to evidence this on the day of inspection in terms of comprehensive training records for all staff.

The provider also assured us that in response to our feedback they would further review their current systems of support, training and appraisals of staff.

Are services caring?

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

We received positive feedback from patients through CQC comment cards and by checking the results of the practice's use of 'NHS Friends and Family Test'.

Patients felt that the staff were kind and caring; they told us that they were treated with dignity and respect at all times. We found that dental care records were stored securely and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

Patients had access to the service which included information available via the practice website. The practice had a system in place to schedule enough time to assess and meet patients' needs.

Summary of findings

The practice was wheelchair accessible with level access to the reception area and ground floor treatment rooms. There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients.

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).

Current governance arrangements in place were not delivering an effective management of the practice. Staff support systems were informal and were not being used for learning and development. Leadership structures were unclear. Audits were not being undertaken regularly in line with current guidance and were not being used as a tool for continuous improvement and learning.

The provider assured us that in response to our feedback they would review their current systems of learning, audit and support, training and appraisals of staff members.

Mitcham International Dental Centre

Detailed findings

Background to this inspection

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

We carried out an announced comprehensive inspection on 30 September 2015. The inspection was led by a CQC inspector. They were accompanied by a dentist specialist advisor.

During our inspection visit, we reviewed policy documents. We spoke with all the staff working on the day, including the provider who was also the manager. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed the dental staff carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

We reviewed the comment cards completed by patients and reviews posted on the NHS Choices website. Patients gave positive views about the care and experience of the practice.

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

There was lack of a clear system in place for reporting and learning from incidents. Staff told us they would report any incidents to the manager, who was the provider. They were not sure if they were recorded. We did not find any incidents or accidents recorded. The provider did not have a policy in place for staff to refer to where they could understand the systems in place for recording and learning from incidents.

Staff did not have a clear knowledge of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). They confirmed there had not been any such incidents in the past 12 months.

The staff we spoke with did not understand the duty of candour however, they confirmed that if patients were 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)

The practice did not have policies and procedures in place for child protection and safeguarding adults. Staff we spoke with were not aware of the contact details for the local authority safeguarding team and told us they would look them up on the internet if required. The staff we spoke with were able to describe what might be signs of abuse or neglect and that they would raise concerns with the manager. Staff we spoke with confirmed they had completed the training over one year ago, however training records were not available for us to view.

There was no information available to staff about the 'whistle blowing' procedures if they wanted to raise concerns about the practice or management in confidence with external bodies.

Apart from the fire safety certification completed recently, the practice had not carried out health and safety risk assessments with a view to keeping staff and patients safe. For example, we saw in the X-ray room on the ground floor there were electrical cables in use hanging out of the wall with no sockets around them. In one of the surgeries on the first floor there was a tangled cabling system lying on the floor next to the dental chair. We also saw an unlocked

cupboard under the stairs that stored building materials and equipment that could be accessed by young children. The staff we spoke with, including the manager, were unable to demonstrate risk assessments that needed to be carried out in the practice. There was no policy for healthy and safety for staff to refer to for guidance.

Medical emergencies

The practice did not have all the emergency equipment in accordance with guidance issued by the British National Formulary (BNF) and the Resuscitation Council UK. They did not have a glucagon injection kit (to treat episodes of severe hypoglycaemia in patients with diabetes), no spacer device which is used to help ease in administering medication from an inhaler (usually for asthma patients) and the two oxygen cylinders in the practice had both expired in September 2014 and April 2015.

We found there was no evidence of current updated training in dealing with medical emergencies. Staff told us they had completed it but were unable to confirm when this was done. Current guidance from the General Dental Council is that training in dealing with medical emergencies is recommended to be completed annually. Some staff we spoke with did not understand what all the emergency medicines are used for. Staff responsible for checking the medical emergency medicine and equipment were not using an effective system and the last entry log noted was July 2015. The practice did not have proper arrangements in place to deal with medical emergencies.

The provider sent us evidence after the inspection that a replacement oxygen cylinder had been obtained and missing emergency medicines replaced. The provider also assured us that staff had received training and an update was planned for later in the year.

Staff recruitment

The practice did not have a recruitment policy in place and the recruitment files and checks were not well organised or managed.

The practice staffing consisted of six dentists and six dental nurses. All the staff had been with the practice for some years and the manager told us no new staff had been recruited in the past four years. We reviewed the staff recruitment files for all dental staff that were employed. We noted there were some important documents that were

Are services safe?

not in the recruitment files. We saw no immunisation records and there were no indemnity insurance certificates for dentists. The provider told us this information was kept by individuals.

We saw evidence that the practice had carried out Disclosure and Barring Service (DBS) checks in 2013 for dental staff that were employed with the practice.

The provider assured us they would ensure risks were reviewed and repeat DBS checks would be undertaken as necessary.

Monitoring health & safety and responding to risks

There were no proper arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. (COSHH regulations were implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way). The staff we spoke with were not aware of any process being in place. They had a vague understanding of COSHH and told us the manager was responsible. When we spoke to the manager they were unable to locate a file.

We were informed by the provider that the COSHH file and training records file were located later on the same day.

The practice did not have a formal system in place to demonstrate how it responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA issue alerts to healthcare professionals, hospitals and GP surgeries to tell them when a medicine or piece of equipment is being recalled or when there are concerns about the quality that will affect its safety or effectiveness.

The practice had not identified the risks which may impact on the daily operation of the practice. Staff did not know what they would do should there be a failure of any of the utility systems in the practice.

Infection control

The practice did not have an infection control lead. Staff on reception could not tell us who the infection control lead was. They told us they would go to the provider if there was a problem. There was no up to date infection control policy for the practice available to staff to refer to for guidance

and staff were not advised about where to go for information. The last infection prevention control (IPC) audit was completed in 2013. The provider had no system in place for regular IPC audits to be carried out.

We observed the decontamination processes in both the treatment room and the decontamination room. All the treatment rooms on the first floor had only one sink. Instruments were kept in wet containers after every treatment and transported using sealed lids to the decontamination room. We examined the facilities for cleaning and decontaminating dental instruments. The staff showed us how they used the clean and dirty zones and demonstrated a good understanding of the correct processes. They wore appropriate protective equipment, such as heavy duty gloves and eye protection. Items were manually cleaned and placed in the ultrasonic bath in the dirty zone area and an illuminated magnification device was used to check for any debris during the cleaning stages. Instruments were sterilised using an autoclave and then bagged and date stamped to indicate how long they could be stored for before the sterilisation became ineffective.

There were two autoclaves and one ultrasonic bath. Staff had not been consistently completing the regular daily tests on these systems to ensure they were safe and effective to use. A washer disinfectant was available but we were told this was not being used and therefore no test records were available.

There were four treatment rooms on the first floor. We found the rooms to be untidy, work surfaces were cluttered, cotton wool rolls were left out within splatter zones and in one treatment room a tray of dental materials was left on the work surface covered by a tissue. We saw instruments including matrix bands and hand drills were not bagged indicating they were not sterile as staff could not tell us how long the instruments were left un-bagged in the drawers. We saw evidence of dental cement on cupboard handles and dental debris stuck between the chair cushioning.

There was a good supply of cleaning equipment which was stored in a locked cupboard, however we found clean and damp dirty mops lumped together. There was no cleaning schedule in place to review the areas cleaned or an audit carried out by the practice to ensure areas were cleaned properly.

Are services safe?

The practice had not had a legionella risk assessment completed (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Dental water lines should be flushed and tested in accordance with current guidance in order to prevent the growth of Legionella. Staff told us they flushed the water line systems at the beginning of the day only. We noted that staff checked the water temperatures for hot and cold systems regularly.

Clinical waste bins in the surgeries were full and uncovered. The clinical waste bin outside the premises was seen to be overflowing and therefore was not able to be locked securely. The provider did not have the contract or consignment documents available for us to inspect.

Equipment and medicines

We saw documents showing that the fire equipment had been checked in May 2015 and portable appliance testing (PAT) had been completed and next due for checks in May 2016. However, the manager was unable to provide us with evidence of maintenance checks for the autoclaves, the ultrasonic bath, X-ray equipment and the air compressor although the staff were sure they had been done.

Prescription pads were locked away securely. The batch numbers and expiry dates for local anaesthetics were recorded in the clinical notes we reviewed. These medicines were stored safely and could not be accessed inappropriately by patients.

Some dental medicines were stored in a fridge alongside staff members' food and drink. The practice was not monitoring and recording the fridge temperature.

Therefore staff could not be sure that medicines stored in the fridge had been maintained in line with manufacturer's guidance and there was a risk that they had become ineffective.

Radiography (X-rays)

The practice staff were unable to confirm, on the day of the inspection that they had a radiation protection file in relation to the use and maintenance of X-ray equipment. Staff we spoke with on the day were not aware of a file being in the practice. The provider told us they were unable to locate the file although they were sure it existed. We saw no evidence of a Health and Safety Executive notification, no inventory of all the X-ray equipment, no critical examination packs of all X-ray sets used in the practice and no maintenance logs within the last three years. There were no local rules relating to the equipment.

We saw no evidence of training records on file for training pertaining to Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The provider could not tell us who the registered radiation protection advisor (RPA) was.

These are all requirements for practices carrying out radiography on site must undertake to comply with legal obligations under The Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

The manager informed us shortly after the inspection the radiology file had been located and was available for inspection. They sent evidence of training completed by three out of six employed dentists. We were sent scanned copies of the radiation protection file and training record of staff members.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we checked dental care records to confirm the findings and discussed the patient care with the principal dentist who was also the provider and the dentist working on the day. Most, though not all dental care records were maintained to a high standard and were in accordance with record keeping guidance from the Faculty of General Dental Practice (FGDP).

We found that dentists regularly assessed patient's gum health and soft tissues (including lips, tongue and palate). Details of the treatment included local anaesthetic details such as the type, site of administration, batch number and expiry date. Dentists took X-rays at appropriate intervals, as informed by guidance issued by the FGDP. We noted although they recorded the justification, they did not record quality assurance of X-ray images taken. The dentists checked people's medical history and medicines prior to treatment.

The records showed that an assessment of periodontal tissues was periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening

tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) Different BPE scores triggered further clinical action.

A set of dental care records we checked, however had not recorded this level of detail. For example there were no BPE assessments recorded.

There was no evidence of a record keeping audit that would help identify where improvements were necessary.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to deciding appropriate intervals for recalling patients, antibiotic prescribing and wisdom teeth removal. The dentists were aware of the Delivering Better Oral Health Toolkit when considering care and advice for patients. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. The dentists told us they discussed oral health with their patients, for example, effective tooth brushing or dietary advice. Dentists identified patients' smoking status and recorded this in their notes. This prompted them to provide advice or consider how smoking status might be impacting on their oral health. Dentists also carried out examinations to check for the early signs of oral cancer.

Staffing

We found there were no records kept of the up to date training that staff had received or annual appraisals to review career goals. The provider sent us evidence after the inspection that staff had been employed in their roles for a significant number of years and had been undertaking appropriate training as required. We were provided evidence of continuing professional development (CPD) activity for some staff members.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. The provider told us dentists used a system of onward referral to other providers, for example, the practice referred children and patients with special needs to King's College Hospital.

The practice kept a file with standard referral forms for local secondary and tertiary providers. The dentist and the receptionist ensured that referral letters were sent out on the same day that the dentist made the recommendation. All letters included the patients' medical history, details of the presenting complaint and proposed treatment. A copy of the letter was kept in the patients' notes. Patients were offered a copy of their referral letters to ensure they understood which service they had been referred to. When the patient had received their treatment they were discharged back to the practice for further follow-up and monitoring.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. We saw dental records included notes about the discussions around treatment options, including risks and benefits, as well as costs, with each patient.

Are services effective?

(for example, treatment is effective)

Patient's comments confirmed that dentists discussed treatment options with them. Formal written consent was obtained using standard treatment plan forms. Patients were asked to read and sign these before starting a course of treatment.

The manager who was the principal dentist was aware of the Mental Capacity Act (2005). They could explain the general principles and described to us the responsibilities

to act in patients' best interests, if patients lacked some decision-making abilities. However, there were no training records to confirm if staff had completed training. The dental staff we spoke with could not explain the key principles. The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The comments cards we received from patients all commented positively about staff's caring and helpful attitude. Parents were pleased with the level of care their children received. Patients who reported some anxiety about visiting the dentist commented that the dental staff made them feel comfortable and well-supported.

We observed reception staff were welcoming and helpful when patients arrived at the desk for their appointment.

Staff understood the importance of data protection and confidentiality. They described systems in place to ensure that confidentiality was maintained. The receptionist's computer screens were positioned in such a way that they

could not be seen by patients in the waiting area. Staff also told us that people could request to have confidential discussions in an empty treatment room or in the administrative office, if necessary.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area which gave details of NHS dental charges.

The manager told us dentists took time to explain the treatment options available and used models and pictures to demonstrate. They spent time answering patients' questions and gave patients a copy of their treatment plan. The patient feedback we received via comments card confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the care and treatment given by staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The staff on reception gave a clear description about which types of treatment or reviews would require longer appointments. We were told that the dentist's used the practice computer to indicate the type of treatment required so that the receptionist knew how long the appointment needed to be. The dentist also specified the timings for some patients when they considered that the patient would need an appointment that was longer than the typical time.

Tackling inequity and promoting equality

Staff told us they would book longer appointments for patients where this was appropriate. The practice had recognised the needs of different groups and had met some of the requirements. For example, the practice was wheelchair accessible with level access to the reception area and ground floor treatment rooms. The toilet was also suitable for wheelchairs and included appropriate hand rails. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions.

Access to the service

The practice is open Monday to Thursday 8:30am to 5:00pm and Friday 8:30am to 3:00pm. The practice displayed its opening hours on the front door. The early appointments system accommodated patients that were

working. We asked the staff on reception about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message gave details on how to access out of hours emergency treatment. The dentist kept some gaps in their schedule on any given day which meant that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated. Staff showed us there was availability for patients to book appointments with no waiting times.

The practice had recently undergone a redesign to extend the lower ground floor where two additional treatment rooms, an X-ray room, a new expanded waiting area and reception desk were built. The provider told us the new designs were to facilitate patients with disabilities and mothers with prams. The provider told us on the day of our inspection they only used one treatment room on the ground level every Thursday when he was working at the practice. Staff confirmed this was the case.

We found the ground floor well equipped to provide care and treatment for patients with mobility difficulties. There was good access for wheelchairs and prams.

Concerns & complaints

Information about how to make a complaint was displayed in the reception area. We saw there was a notice displayed advising patients to speak to the practice manager if they wanted to make a complaint. The staff told us the manager was responsible for leading investigations following any complaints and that they would seek advice from the dentist following any clinical complaint.

Are services well-led?

Our findings

Governance arrangements

The practice did not have effective governance arrangements in place. There was a significant lack of risk assessments and practice policies and procedures for staff to refer to for guidance.

Staff told us they did not feel they understood some of the regulations and so they were unable to explain if the practice had implemented these correctly. They were not clear who was responsible for some of the monitoring and practice processes.

There were no formal staff meetings to discuss priorities, lead roles or follow up actions from issues raised by the manager and staff.

Leadership, openness and transparency

The staff we spoke with told us they felt supported by the manager and colleagues they worked with. All members of staff had been working at the practice for many years and told us they were like a family. They told us they could raise any questions or concerns to the manager and confirmed there was openness.

The provider worked from the practice one day a week as a dentist and a manager. The rest of the week the provider worked at another practice they owned in North West London. The staff told us they would call the manager most days if they needed management support..

The treatment room on the ground floor, more so than any treatment rooms on the first floor, was meeting current recommended standards. However staff were unclear as to why it wasn't being used more frequently than the current use of only one day a week.

Learning and improvement

Staff had a lack of awareness about the practice's clinical governance. There was no structure or plan for training and development of staff. The provider told us staff were responsible for managing this individually to maintain their professional registration. We were unable to evidence if staff had kept up with the CPD requirements.

There was no system in place for recording training that had been attended by staff working within the practice. Staff told us they had not received any formal appraisals for over two years.

The provider sent us evidence after the inspection that staff had been employed in their roles for a significant number of years and had been undertaking appropriate training as required. We were provided evidence of continuing professional development (CPD) activity for some staff members.

There was no evidence on the day that the practice had a programme of clinical audit in place. The practice had no systems in place to share learning with a view to making improvements to patients care.

The provider informed us after the inspection that an immediate review had been undertaken and policies in respect of risk assessments, including infection control, radiographs, dental care records were now available.

An infection control audit was scheduled to take place in October 2015.

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

The practice had collected feedback through the use of 'NHS Friends and Family Test'. We saw forms were completed monthly by patients. All patients ticked 'likely to recommend' or 'most likely to recommend' the practice and some commented positively about the service. There was no further survey conducted to receive patients' feedback.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014.</p> <p>Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems in place to :</p> <ul style="list-style-type: none">• Assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated. Regulation 12 (2) (h)
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>Regulation 17 HSCA (RA) Regulations 2014.</p> <p>Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems in place to :</p> <ul style="list-style-type: none">• Assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.• Ensure that their audit and governance systems were effective <p>Regulation 17 (1) (2) (b) (f)</p>