

Cray Dental Care

Cray Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 21 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

We found that this practice was not 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

Cray Dental Practice is located in St Marys Cray, Orpington, Kent. The practice consists of two treatment rooms, a waiting room, reception area and patient toilet. All the facilities are situated on the first floor. There is a car parking available at the rear of the surgery. The practice is not suitable for wheelchair access.

The practice provides private and NHS dental treatment to children and adults. The practice offers a range of dental treatments such as routine examinations, general dental treatments, oral hygiene care, and restorative treatments such as veneers, crowns, bridges and implants.

The practice is open Monday – Wednesday 9am-5.30pm, Thursday 9am-7pm and Friday 9am-4.30pm. The staff structure consists of a two principal dentists, three dental nurses, one receptionist.

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'. 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 dental specialist advisor.

Summary of findings

We received 36 CQC comment cards completed by patients and spoke with four patients during our inspection visit. Patients we spoke with, and those who completed comment cards, were positive about the care they received from the practice. They were complimentary about the staff and the treatment they had received and told us they were able to access appointments easily. We were told the staff were friendly and professional at all times.

Our key findings were:

- There was a system in place for reporting incidents and staff understood the process for accident and incident reporting.
- There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations.
- There were systems in place to reduce the risk and spread of infection.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- Improvements were required to ensure patients' care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- The practice did not have suitable arrangements in place to deal with medical emergencies.
- The practice did not have an effective safeguarding process in place and staff had not undertaken recent training for safeguarding vulnerable adults and children.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers had all been checked for effectiveness and had been regularly serviced.
- There were insufficient checks, staff training and auditing of X-rays and equipment in line with IR(ME)R 2000.
- Governance arrangements and audits were not effectively carried out to monitor and improve the quality and safety of the services.
- Ensure that all of the staff had undergone relevant training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Ensure that the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.
- Ensure regular maintenance of equipment in line with manufacturers' instructions and relevant guidelines.
- Ensure the practice undertakes a Legionella risk assessment and implements the required actions 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.'
- Ensure the training, learning and development needs of individual staff members are reviewed at appropriate intervals and an effective process is established for the on-going assessment and supervision of all staff.
- Ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD).
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure systems are in place to assess, monitor and improve the quality of the service such as undertaking regular audits of various aspects of the service and ensuring that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

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

Summary of findings

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

- Review availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review practice protocols for patient assessments and ensure they take into account current legislation and consider relevant nationally recognised evidence-based guidance.
- 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 practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.

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)

There was a policy for staff to follow and a system was in place for reporting incidents and events. There were systems in place to reduce the risk and spread of infection and the practice had arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) Regulations.

The practice did not have systems in place to minimise the risks associated with providing dental services. There was a nominated safeguarding lead; however staff were not up-to-date with their training in safeguarding children and vulnerable adults. The practice did not have suitable arrangements in place to deal with medical emergencies. Suitable recruitment checks had not been undertaken before employing staff.

Are services effective?

We found that this practice was not providing effective 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 practice did not always adhere to evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence, (NICE) and the General Dental Council (GDC). The practice monitored patients' oral health; it was however, not documented on a regular basis. We also noted that periodontal and medical history checks were not being undertaken at regular intervals. There was some evidence the practice worked well with other providers and followed up on the outcomes of referrals made to other providers. Staff records did not demonstrate they had undertaken continuous professional development (CPD) and that they were meeting the training requirements of the GDC.

Are services caring?

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

We reviewed 36 completed CQC comments cards and spoke with four patients on the day of the inspection. Patients were positive about the care they received from the practice. Patients commented they felt fully informed and involved in making decisions about their treatment.

We noted that patients were treated with respect and dignity during interactions at the reception desk and throughout their episode of care.

Are services responsive to people's needs?

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

Patients had good access to appointments, including emergency appointments, which were available on the same day if required. Patients were invited to provide feedback via a satisfaction survey in 2015 and the feedback was positive. There was a complaints policy in place, although the information leaflet provided incorrect information relating to out of hours emergency care and how to escalate complaints. The practice had not received any complaints in the last year.

Summary of findings

Are services well-led?

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

Staff described an open and transparent culture where they were mostly comfortable raising and discussing concerns with the principal dentists.

There was lack of a clear strategy or vision in place for the smooth running of the practice. The practice did not have suitable clinical governance and risk management structures in place. There were insufficient audits and risk assessments undertaken to monitor and improve care. Some policies and protocols were not up to date and there was no process in place for updating and disseminating updated policies to inform the team of any requirements to review practice procedures.

Cray Dental Care

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 21 March 2016. The inspection took place over one day and was led by a CQC inspector. They were accompanied by a dental specialist advisor.

During our inspection visit we spoke with five members of staff including the principal dentists, dental nurses, and receptionist. We carried out a tour of the practice and looked at the maintenance of equipment and storage arrangements for emergency medicines. We asked the dental nurse to demonstrate how they carried out decontamination procedures of dental instruments.

Forty people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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 a system in place for reporting incidents. There was a policy for staff to follow for the reporting of incidents or events. Staff told us any incidents would be reported to the registered manager and shared with all staff employed at the staff meetings.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There were two reported accidents within the last 12 months which were recorded in a notebook which related to a trip/fall

Reliable safety systems and processes (including safeguarding)

The principal dentist was the named practice lead for child and adult safeguarding. The safeguarding lead and staff were able to describe the types of behaviour a child might display that would alert them to possible signs of abuse or neglect. Staff had not received training updates since 2012 for level 2 in safeguarding children and training for safeguarding vulnerable adults. (Intercollegiate Document for Healthcare Staff; Safeguarding Children and Young people: roles and competences for health care staff (March 2014) states that safeguarding training should be refreshed every three years).

The practice had children and adults' safeguarding policy dated 17 November 2015. The policy did not contain local authority contact details for escalating concerns. There was information available at the reception desk; however, this information was out of date and referred to the Primary Care Trust and staff we spoke with were unsure whether the contact details were current.

The practice followed national guidelines on patient safety. For example, the practice used a non-latex rubber dam for root canal treatments in line with guidance supplied by 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. Rubber dams should be used when endodontic treatment

is being provided. On the 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).

Staff had not received fire drill training and there was no emergency evacuation plan in place and a fire risk assessment had not been undertaken since 2012. We did note that the fire extinguisher had been moved to a suitable position as in response to the fire protection inspection carried out on 08 March 2016 and the fire extinguisher check was in date.

Medical emergencies

The practice did not have suitable arrangements in place to deal with medical emergencies. The practice did not hold emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. The practice had an oxygen cylinder and pocket manual breathing aids. The oxygen cylinder was not easily accessible as it was stored in the third surgery which was used as a storage area. The practice did not have an automated external defibrillator (AED) available in line with the Resuscitation Council UK guidelines. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). The registered manager told us there was a verbal agreement in place with the General Practitioners on the ground floor to use their equipment in the event of a medical emergency, this was confirmed with the GP; however there was no written protocol in place in the event of an emergency.

Staff had not received their annual training update within the last 12 months in the management of medical emergencies at the time of our inspection. One staff file showed the last cardiopulmonary resuscitation training was completed in 2012; the principal dentists' training records were not available at the time of inspection and they confirmed they were both due for this training.

Staff recruitment

The practice staffing consisted of two principal dentists, three dental nurses, and a receptionist. One of the principal dentists was the registered manager of the practice.

There was a recruitment policy in place. We saw some of the relevant checks had been undertaken to ensure that

Are services safe?

the persons being recruited were suitable and competent for the role. Staff told us document checks included evidence of relevant professional qualifications such as registration with the General Dental Council (where applicable) and photographic identification; however we could not find evidence that these checks had been undertaken within the staff records we checked. The practice had not carried out Disclosure and Barring Service (DBS) checks for two members of staff employed within the last two years. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) We found evidence of a CRB (Criminal Records Bureau) check (based on previous systems of checks) for one member of staff from a previous employer.

Two members of staff had been employed within the last two years and their file did not contain job descriptions, proof of identification, references from previous employers and formal induction programmes. Staff were able to outline what would be covered as part of an induction programme when a new member of staff was employed.

Monitoring health & safety and responding to risks

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file and risk assessment completed which covered key aspects for actions to be taken relating to chemicals used on the premises such as the cleaning materials used within the practice.

The principal dentists told us they received and responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies were reviewed by them and where appropriate disseminated to the staff and the necessary action taken.

Staff told us a list of emergency key contact details within the local area were held at reception; this included emergency services, gas and electricity suppliers and local authority details.

Infection control

There were systems in place to reduce the risk and spread of infection. There was an infection control policy which included the decontamination of dental instruments, hand

hygiene, use of protective equipment, and the segregation and disposal of clinical waste. One member of staff had completed an on line training course in infection control in March 2016. within the last year.

Staff had access to supplies of personal protective equipment which included gloves, masks, eye protection and aprons. There were hand washing facilities in the treatment rooms and the toilet; there were posters displaying the correct hand washing techniques.

We checked the cleaning and decontaminating of dental instruments which was carried out within a dedicated decontamination area. The surgeries and the decontamination area was organised with clear flow from 'dirty' to 'clean' area clearly indicated.

One of the dental nurses demonstrated the decontamination process and showed a good understanding of the processes she was undertaking. However, improvements were required to ensure staff always used suitable personal protective equipment (PPE) and were bare below the elbow while undertaking cleaning of used dental instruments. This was brought to the attention of respective staff and also discussed with the registered manager.

Instruments were scrubbed under running water and a thermometer was not used to check water temperature in line with current guidance. This was discussed with staff and rectified.

Following the decontamination process and inspection of cleaned items, they were placed in an autoclave for sterilisation and stored appropriately, and where applicable pouched and date stamped.

The dental nurse showed us systems that were in place to ensure all decontamination equipment such as the autoclaves were working effectively. These included the automatic control test for the autoclave. The data sheets used to record the essential daily validation were fully completed and up to date.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and domestic waste were properly separated and stored correctly. The clinical waste container was stored at the side of the building and was not secured. This was

Are services safe?

discussed with the principal dentist and agreed the appropriate action would be taken. The practice used a contractor to remove dental waste from the practice. Waste consignment notices were available for inspection.

The practice had carried out practice-wide infection control audits; the most recent audit was conducted on January 2016, although the audit was not dated the dentist that carried out the audit confirmed the date. Audit had found an overall compliance of 91%.

The domestic cleaning and effectiveness was monitored by the receptionist on a daily basis although no formal log was maintained. Equipment that was used for cleaning the premises was not stored suitably in line with current guidelines. The practice appeared clean and tidy.

The dental water lines were maintained and checks were logged to prevent the growth and spread of Legionella bacteria (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Evidence of a Legionella risk assessment was not found or provided on the day of the inspection.

Equipment and medicines

We found some of the equipment used at the practice was regularly serviced and maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray developer had all been inspected and serviced. Portable appliance testing (PAT) was carried out annually and was next due in 2017 (PAT, is the name of a

process during which electrical appliances are routinely checked for safety). However, a wall socket was identified as unsafe and appeared to be still in use for one of the X-ray machines. The principal dentist was unsure when the two X-ray machines were last serviced and we could not find evidence that they had been serviced within the last year.

Medication was prescribed on a NHS prescription (FP10) and recorded within the patient's notes. The prescription pads were not logged or stored securely. This was brought to the attention of the principal dentists.

Radiography (X-rays)

The practice did not have a Radiation Protection Adviser in place. The registered manager was the nominated Radiation Protection Supervisor in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). Local rules were displayed within the two surgeries.

There was no maintenance log within the current recommended interval. We saw evidence that one member of staff had completed an on line radiation protection training; the principal dentists told us they had not completed a training update within the last 5 years.

A radiological audit had not been undertaken and was not available for inspection. We checked a sample of dental care records to confirm that justification of all dental X-rays was appropriately documented in the dental care records and found this was not the case.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The patient assessment was supported by the use of computer software and some hand written documentation. Staff told us the assessment began with a verbal review of the patient's medical history, although this was not always documented on the electronic record. There was no evidence medical history updates had been undertaken in some records since 2008, after the patients' initial consultation.

This was followed by an examination covering the condition of a patient's teeth; not all dental care records seen recorded the assessment of patient's gums and soft tissues of the mouth.

The practice did not always adhere to evidence-based care in accordance with relevant, published guidance. For example, we were told that antibiotic cover was being prescribed routinely for patients with a history of rheumatic fever which was not in line with National Institute for Health and Care Excellence, (NICE) CG64 guidelines.

Some patients told us they were made aware of the condition of their oral health and whether it had changed since the last appointment and the appropriate advice and actions taken.

During the course of our inspection we checked dental care records to confirm the findings. These showed that the findings of the assessment and details of the treatment carried out were not always recorded. We saw some notes containing details about the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth.

The documentation did not contain details about the patient's periodontal status such as pocket charting, plaque or bleeding scores where BPE readings were noted as three to four. (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.) Details of the treatments carried out were documented- this included local anaesthetic, type of anaesthetic, and site of administration, batch number and expiry date.

Following the clinical assessment, the diagnosis was discussed with the patient and treatment options were explained. The dental care record was updated with the

new treatment plan after discussing the options with the patient, although treatment plans were not routinely provided for all patients. Patients signed the appropriate consent plans. The treatment given to patients was monitored at their follow-up appointments in line with their individual requirements.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Staff told us they discussed oral health such as tooth brushing and dietary advice and where applicable smoking cessation and alcohol consumption with their patients.

The waiting area had health promotion material available. Health promotion material included information on stress management, smoking cessation and maintaining healthy teeth and gums.

Staffing

The practice did not have an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.

Staff told us they had not received recent professional development and training. We reviewed staff files and saw some staff files included training in responding to medical emergencies, radiation protection, and infection control. Staff had not completed cardiopulmonary resuscitation, fire, Health and Safety and safeguarding training within the last year. The CPD folders for the principal dentists were not available on the day of our inspection.

The practice had not carried out annual appraisals for staff.

Working with other services

The principal dentist explained how they worked with other services. We were told by the principal dentists they were able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice or if a possible oral cancer was suspected. However, copies of referral letters were not seen within the dental care records we checked.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

Consent was obtained for NHS care and treatment patients received. Staff discussed treatment options, including risks and benefits and the costs, with each patient. Patients were asked to sign to state they had understood their treatment plans.

Staff were aware of the Mental Capacity Act (2005). The practice had a policy in place to assist with staff to carry out assessments on suspected vulnerable adults if required.

The principal dentists could explain the meaning of the term mental capacity and described to us their responsibilities to act in patients' best interests, if they suspected patients lacked some decision-making abilities. 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

We collected comment cards from 36 patients. They were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were friendly and polite at all times. During the inspection we observed staff in the reception/waiting area and observed staff were polite towards patients on arrival and throughout the episode of care. Some of the patients we spoke with had been attending the surgery with their families for a number of years and told us they were happy with the treatment they received. Patients told us they were not kept waiting and treatment was explained to them.

All the staff we spoke with were mindful about treating patients in a respectful and caring way. They were aware of the importance of protecting patients' privacy and dignity. There were systems in place to ensure that patients' confidential information was protected. All computers were

password protected and staff had individual passwords. Staff understood the importance of data protection and confidentiality and had received training in information governance.

The practice obtained feedback from patients via a satisfaction survey which was collated annually and showed patients were satisfied with their care.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area regarding NHS dental charges. There was also practice information leaflet, although we noted that information was out of date and referred to the Primary Care Trust (PCT) which was no longer in operation. The leaflet provided information on confidentiality, emergency access (although this was also out of date as it referred to the PCT) and opening hours.

The patients we spoke with and comments cards, together with the data gathered by the practice's own survey, confirmed that patients felt involved and happy with their care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had systems in place to schedule enough time to assess and meet patients' needs. Staff told us they scheduled additional time for patients receiving complex treatments, including scheduling additional time for patients who were known to be anxious. Staff confirmed they were able to have enough time in between each patient to prepare equipment for the next patient. Staff told us they had adequate and appropriate equipment to carry out all types of dental treatment and were able to meet their patients' needs at all times.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff were able if necessary to access an interpreting service online if required.

The practice did not have disability access as it was situated on the first floor. Staff told us they assisted patients with the stairs wherever possible for example elderly patients and mothers with children and buggies; we did observe assistance being given to several patients. There was car parking at the rear of the property with allocated patient and staff parking.

Access to the service

The practice is open Monday – Wednesday 9am-5.30pm, Thursday 9am-7pm and Friday 9am-4.30pm. Staff told us patients, who needed to be seen urgently, for example, if they were experiencing dental pain, could be accommodated and seen on the same day. The principal dentist told us the practice provided emergency service and saw patients as quickly as possible.

Staff told us they had enough time to treat patients and that patients could generally book an appointment within 24 hours to see the dentist. The feedback we received from patients confirmed was that they could get an appointment on the same day if it was an emergency or within a reasonable time frame to receive treatment.

Concerns & complaints

There was a complaints policy which described how the practice handled formal and informal complaints from patients. Information about how to make a complaint was displayed in the reception area and on the practice information leaflet, however the information was out of date; this was raised with the dentists on the day of our inspection.

Staff told us there had not been any reported complaints recorded from January 2015-January 2016.

Are services well-led?

Our findings

The practice did not have governance arrangements or an effective management structure in place to manage the practice.

The principal dentists had not implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits.

There were relevant policies and procedures in place and some of these were up to date. The policies however, did not contain detailed information on dealing with issues such as safeguarding children and vulnerable adults, infection prevention and control or recommended training staff should attend. The policies were provided by an external company and did not appear to be adhered to as part of the working practice. For example there was a recruitment policy in place which had not been followed as interview records, relevant checks or references had not been obtained; staff did not also adhere to the infection prevention and control policy regarding wearing their uniform correctly.

Improvements could be made to the storage of paper based dental care records to ensure they were stored securely.

The principal dentist organised staff meetings approximately every two months, to discuss key issues. We saw minutes of meetings from November 2015 through to February 2016. We did note staff CPR training, the 2015 patient satisfaction survey and patient appointments/recalls were discussed.

Leadership, openness and transparency

Staff we spoke with described an open culture. Staff said they felt comfortable about raising most concerns with the principal dentists. Staff were aware of their responsibilities relating to the duty of candour. [Duty of candour is a requirement under The Health and Social Care Act 2008

(Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

We spoke with the principal dentists about future plans for the practice. We were told the practice was keen to maintain and improve the standards of care high and hoped to expand the practice and restore a third surgery to working order.

We found staff to be hard working, caring and committed to providing a high standard of care. There was not at the time of our inspection a system of yearly staff appraisals to support staff in carrying out their roles to a high standard and staff did not have job descriptions or contract in order to be measured by or fully understand their roles.

Learning and improvement

The practice had not carried out audits for X-ray quality and justification or risk assessments, and suitability of dental care record documentation. The infection prevention and control audit was repeated annually. We looked at this audit undertaken in January 2016 which showed a compliance rate of 91 percent.

We saw some evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC.

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

The practice gathered feedback from patients through the use of a patient satisfaction survey. The survey covered topics such as treatment given, cleanliness of the premises, and general satisfaction with the service and care received. The satisfaction audit carried out in November 2015 showed that the majority of patients were happy with the care and service they received.

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 How the regulation was not being met: The provider had not ensured that the equipment used for providing care or treatment to a service user was safe for such use and used in a safe way. Regulation 12(1) (2)(e)
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not have effective systems in place to : <ul style="list-style-type: none">• Assess, monitor and improve the quality and safety of the services provided.• 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 Regulation 17 (1)(2)(a)(b)(f)
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: <ul style="list-style-type: none">• The practice did not always ensure all staff members received appropriate support, training and supervision necessary for them to carry out their duties.

Requirement notices

- Staff did not receive regular appraisal of their performance in their role from an appropriately skilled and experienced person and training, learning and development needs had not been suitably identified, planned for and supported.

Regulation 18 (2)(a)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

- The provider did not have an appropriate process for assessing whether an applicant is of good character and to assess their qualifications.
- The provider did not have an appropriate process for assessing and checking that people have the competence, skills and experience required to undertake the role.
- The provider did not have an effective recruitment procedure in place to assess the suitability of staff for their role. Not all the specified information (Schedule 3) relating to persons employed at the practice was obtained.

Regulation 19 (1) (a) (b) (2) (a) (3)