

Bath Spa Dentistry Ltd

# Bath Spa Dentistry

## Inspection Report

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## Overall summary

We carried out this announced inspection on 8 May 2019 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 CQC inspector who was supported by a specialist dental adviser and a second CQC inspector.

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 that this practice was providing safe care in accordance with the relevant regulations.

#### Are services effective?

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

#### Are services caring?

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

#### Are services responsive?

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

#### Are services well-led?

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

### Background

Bath Spa Dentistry is in Bath and provides private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available near the practice.

The dental team includes three dentists, one lead dental nurse, four dental nurses, one trainee dental nurse, one dental hygienist, one dental hygiene therapist, one practice manager and one business manager. The practice has three treatment rooms.

# Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at Bath Spa Dentistry is the principal dentist. A registered manager is legally responsible for the delivery of services for which the practice is registered.

On the day of inspection, we collected 18 CQC comment cards filled in by patients and spoke with three other patients.

During the inspection we spoke with one dentist, one lead dental nurse, three dental nurses, one business manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

## **The practice is open:**

Monday 8.45am to 5.15pm

Tuesday 8.45am to 6.15pm

Wednesday 8am to 5.15pm

Thursday 8.45am to 5.15pm

Friday 8.15am to 2.15pm

## **Our key findings were:**

- The practice appeared clean and well maintained.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were mostly available.
- The practice had systems to help them manage risk to patients and staff.
- Improvements could be made to the storage of waste materials.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Improvements could be made to the availability of X-ray information.
- Improvements could be made to the administration and testing of the Dental Cone Beam (Computed Tomography) device.
- Improvements could be made to the management and use of safer sharps.

- Improvements could be made to the infection control procedures.
- Improvements could be made to the legionella risk assessment by implementing the recommendations.
- Improvements could be made to the safe storage of medicines
- Improvements could be made to the auditing processes.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Improvements could be made to the staff appraisal process.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- 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:

- Review the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the British National Formulary and the General Dental Council.

# Summary of findings

- Review the practice's waste handling protocols to ensure waste is segregated and disposed of in compliance with the relevant regulations, and taking into account the guidance issued in the Health Technical Memorandum 07-01.
- Review the practice's current performance review systems and have an effective process established for the on-going assessment and supervision of all staff.
- Review the practice's protocols to ensure audits of radiography, clinical records, antibiotic stewardship and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice mostly followed national guidance for cleaning, sterilising and storing dental instruments. Improvements could be made to the infection control procedures.

Improvements could be made to the availability of X- ray information.

Improvements could be made to the administration and testing of the Dental Cone Beam (Computed Tomography) device.

Improvements could be made to the management and use of safer sharps.

Improvements could be made to the legionella risk assessment by implementing the recommendations.

Improvements could be made to the safe storage of medicines.

Improvements could be made to the storage of waste materials.

The practice had suitable arrangements for dealing with medical and other emergencies. However some items of equipment were missing.

No action



### **Are services effective?**

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, helpful and knowledgeable. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals, however improvements could be made by implementing a central referral monitoring system.

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



# Summary of findings

## Are services caring?

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

We received feedback about the practice from 21 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, polite and friendly.

They said that they were given thoughtful, informative and thorough explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



## Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn, however Improvements could be made to the auditing processes. This included asking for and listening to the views of patients and staff.

Improvements could be made to the staff appraisal process.

Requirements notice



# Are services safe?

## Our findings

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

The practice had clear systems to keep patients safe.

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 safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was documented in the dental care record and a risk assessment completed.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at all staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

The practice had just undergone a main fixed wiring test which had indicated that repairs were required to the system to bring it up to standard. Some of these repairs were taking place whilst the inspection took place. The business manager told us that repairs would be completed as soon as possible.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and mostly had the required information in their radiation protection file, however the file was disorganised and difficult to locate relevant information. We could not be shown any relevant documentation for the cone beam computed tomography machine. We spoke with the business manager who told us that they were in the process of transferring all X-ray material to a new file and collating relevant information.

We saw evidence that the dentists justified, graded and reported on the radiographs they took, however the audits were basic in nature and of limited value. They did not have clear learning points. The practice had recently carried out radiography audits, however there was no evidence of annual audits available. The practice manager told us they would review the audits and ensure that they were subject to independent scrutiny and would follow current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

The practice had a cone beam computed tomography machine. Staff had received training and appropriate safeguards were in place for patients and staff, however there was no evidence of a quality assurance program and monthly 'phantom' tests as required in guidance. Phantom tests provide evidence of consistent and accurate operation of the device. We spoke with the business manager who told us they would make arrangements to ensure that the correct quality assurance was in place.

### **Risks to patients**

## Are services safe?

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

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff did not all follow relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. We spoke with staff who told us that whilst 'safer sharps' were available staff did not always use them. We found sharps bins in poor locations such as cupboards, or on the floor where they could be knocked over. We also found two jars in one treatment room with exposed needles which were filled with decanted liquid. Staff removed the items and disposed of the immediately. The provider told us that they would review the issue of safer sharps and implement guidance.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Immediate Life Support training for sedation was also completed.

Emergency equipment and medicines were mostly available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. We noted that some face masks were not available and that the check lists used by the practice did not reflect national guidance. The business manager made immediate arrangements to replace the missing items and also to ensure that the check lists were correct.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with GDC Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice occasionally used locum staff for certain treatment plans. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

The practice had an infection prevention and control policy and procedures. They 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. Staff completed infection prevention and control training and received updates as required.

The practice had some suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. However, we found both decontamination rooms cluttered, improvements could be made to the manual cleaning process by ensuring correct volumes of water were used. Personal protection equipment and practice stock were stored in a cupboard where the door was missing close to the instrument cleaning sink, allowing for potential cross contamination. Paper hand towels were stored on work tops loosely and not in a dispenser and there was no temperature monitoring in the lower decontamination room which may have been sufficiently high to compromise medicines and stock stored in the room. We also found confusion among staff about decontamination procedures and the storage of use impression guns and cartridges. The provider told us that they would review the decontamination facility and processes, and that there was consideration of a plan to consolidate and renew the facility elsewhere in the practice, with the introduction of automated cleaning, for example introducing an ultrasonic cleaner, in a drive towards 'best practice'.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. There had been a

# Are services safe?

recent legionella risk assessment, where all recommendations had to be actioned and records of water testing and dental unit water line management were in place. However, we did find that the practice was using a dip slide testing process, which was showing a trace result. We spoke with the practice manager who told us that they would review test results and take any appropriate action.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected, however we did find that the cleaners cupboard required further organisation as flammable items including paints and thinners were stored in the same cupboard.

The provider had policies and procedures in place to ensure clinical waste was segregated. However the waste was not stored in line with guidance. Clinical waste was placed in an unlocked garden storage unit, placed in an enclosed, but open to the elements, court yard, in an adjacent building. We spoke to the business manager who told us that clinical waste would be stored in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audits did not show the practice was meeting the required standards. We spoke to the practice manager who told us that they would immediately repeat the audit as they may have been incorrectly completed, which accounted for the lack of confirmation that standards were being met, and if, as a result of that audit, changes were needed they would be implemented as the audit would be independently verified.

## **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 a sample of dental care records to confirm our findings and noted that individual records were written 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 (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

## **Safe and appropriate use of medicines**

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system for medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. However, we found that some materials, such as local anaesthetic were stored on an exposed shelf, beside manual cleaning sink, within the splatter zone, in the decontamination room. The room was very hot and there was no temperature monitoring, therefore it was possible that medical products were being stored outside of required temperature ranges. The business manager told us that would review storage of such products and move them to a more appropriate location.

The dentists were aware of current guidance with regards to prescribing medicines.

We saw that the practice issued antibiotics prescriptions. These had not been audited to ensure that the issue of antibiotics and prescriptions were in accordance with guidance. We spoke with the business manager who told us that they would review the system and ensure that an audit was carried out.

## **Track record on safety and Lessons learned and improvements**

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been one safety incident. The incident was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that 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 offered dental implants. These were placed by the principal who had undergone appropriate post-graduate training in this discipline. The provision of dental implants was in accordance with national guidance.

### Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

The dentists/clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

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

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

### Consent to care and treatment

The practice 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. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. 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 may 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. The 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.

We saw the practice audited patients' dental care records to check that the dentists/clinicians recorded the necessary information. We did find in some cases explanations about root canal treatment could have been improved. Improvements could be made to the audit process as learning outcomes were limited, and improvements could not be demonstrated. The practice manager told us that the audit process would be improved with independent verification.

The practice carried out conscious sedation for patients who were nervous. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

# Are services effective?

(for example, treatment is effective)

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record.

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff had not discussed their training since 2016 at annual appraisals. We were told by the practice manager that a new system had been implemented. We were told the appraisals would address the training requirements of staff.

## **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 if they needed treatment the practice did not provide.

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections. However, there was no central monitoring of referrals and some staff did not fully understand the referral process. The business manager told us that a system would be implemented to centrally monitor referrals.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

# Are services caring?

## Our findings

### **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 kind, friendly and excellent. We saw that staff treated patients professionally, efficiently and caringly; and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

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

Information folders were available for patients to read.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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 and were aware of the

requirements under the Equality Act a requirement to make sure that patients and their carers can access and understand the information they are given:

- Interpretation services were available for patients who did not use English as a first language. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed, these included photographs, models and X-ray which could be shown to the patient/relative to help them better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### 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.

We saw that the practice undertook high level cosmetic work. We spoke to the provider concerning an enhanced patient assessment, including a body dysmorphia assessment. The provider told us that they would give this consideration.

We saw that the practice was using a clinical dental technician within the practice. This service improved patient treatment outcomes and was to be commended.

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

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, and accessible toilet with a call bell.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

### Timely access to services

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

The practice displayed its opening hours in the premises, and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with other dentists working there.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

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

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received four complaints in the previous year.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care, and had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### **Vision and strategy If applicable**

There was a clear vision and set of values.

The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

### **Culture**

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### **Governance and management**

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had 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.

There were clear and effective processes for managing risks, issues and performance.

### **Appropriate and accurate information**

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### **Engagement with patients, the public, staff and external partners**

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys to obtain staff and patients' views about the service.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

### **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

The practice had limited quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Whilst the audits did have records of the results of these audits and the resulting action plans these were of poor quality and improvements

## Are services well-led?

were poorly evidenced. We spoke with the business manager who told us that they would introduce improved audits and ensure that they were effective and subject them to independent verification.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The practice team had not had appraisals since 2016. The business manager told us that appraisals were being re-commenced. The appraisals would include the whole staff

team. They would discuss learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 17 Good governance</b></p> <p>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</p> <p><b>How the regulation was not being met</b></p> <p>The provider must ensure the availability of all required information for the use of X-ray equipment, the X-ray file was disorganised and the provider could not locate all key information easily, such as maintenance records 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.</p> <p>The provider must ensure 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 HPA-CRCE-010 Guidance on the Safe Use of Dental Cone Beam (Computed Tomography) are available. Staff had been trained in the equipment's use, however there was no evidence available of a quality assurance program or maintenance schedule available.</p>

## Requirement notices

The provider must ensure that the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 are followed or a risk assessment carried out. We saw that staff had 'safer sharps' equipment available, but not all staff were not using the equipment. Sharps bins were poorly located on floors and in cupboards, and exposed needles were stored in open glass jars.

The provider must ensure that the practice's infection control procedures and protocols take into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' We found both decontamination rooms cluttered, there was no ability to judge correct volumes of water for manual cleaning, PPE equipment and practice stock were stored in a cupboard where a door was missing in the 'splash zone' of the manual cleaning sink, paper hand towels were stored loosely on a work top. We found confusion among staff concerning the decontamination of impression equipment.

The provider must ensure the practice's Legionella risk assessment is implemented with the recommended actions, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' There had been a recent legionella risk assessment and the recommendations required implementing. The practice was using dip slide testing equipment indicating a trace, but this had not been identified as an issue.

The provider must ensure that practice's protocols for medicines management are followed and ensure all



This section is primarily information for the provider

## Requirement notices

medicines are stored and dispensed of safely and securely. We found that some medical stock was stored in the decontamination room, which was not temperature controlled and could have exceeded stock storage temperature requirements, the stock was also stored in a cupboard, with no door, within the splash zone of the manual cleaning sink.

Regulation 17(1)