

## Abbeydale Dental Care

# Abbeydale Dental Care Centre-Sheffield

### Inspection Report

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Date of inspection visit: 23 June 2015  
Date of publication: 27/08/2015

### Overall summary

We carried out an announced comprehensive inspection of Abbeydale Dental Care Centre on the 23 June 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 providing safe services in accordance with the relevant regulations.

##### **Are services effective?**

We found that this practice was providing effective services 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.

Abbeydale Dental Care Centre provides dental services for NHS and private patients. The service is provided by the practice owner (principal dentist) and two associate dentists who are supported by three dental nurses (one of whom is a trainee) and two receptionists (one of whom is a trainee). The centre is located within a converted building which offers disabled access to the ground floor waiting area and one of the surgeries. The centre is located in a suburb of Sheffield and is close to local amenities and bus services. Opening hours are Monday to Friday 9am to 5pm.

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission 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.

On the day of inspection we spoke with three patients who used the service and reviewed seven CQC comment cards that had been completed by patients prior to the inspection. The patients we spoke with were positive

# Summary of findings

about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be friendly and they were treated with dignity and respect.

## **Our key findings were:**

- They had systems to assess and manage risks to patients, including infection prevention and control, health and safety, safeguarding, recruitment and the management of medical emergencies.
- The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example from the Faculty of General Dental Practice (FGDP).
- Staff received training appropriate to their roles.
- Information of care and treatment options and support was available to patients, for example information of the cost of treatment.
- Patients told us they were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients commented they felt involved in their treatment and that it was fully explained to them.
- Patients were able to make routine and emergency appointments when needed.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- Staff told us they felt well supported and comfortable to raise concerns or make suggestions.
- There was no audit system in place to monitor quality of services provided. There were also no regular staff meetings to discuss significant events, improvements or issues within the practice.

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

- Undertake regular audits, quality monitoring and risk assessments to ensure that services are providing quality care. You can see full details of the regulations not being met at the end of this report.
- Ensure that there are regular staff meetings to discuss any issues within the practice including significant events, complaints and discuss audit results. These meetings need to be documented. You can see full details of the regulations not being met at the end of this report.

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

- Ensure that all surgeries are well maintained and floors are adequately sealed to allow effective cleaning.
- Ensure extracted teeth containing amalgam are disposed of correctly.

Ensure there is a stock control system in place to ensure that out of date materials are disposed of.

# 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.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any incidents in the last 12 months but there was a system in place to act upon any incidents which may occur in the future. Patients would be given an apology and informed of any actions as a result of the incident.

The practice had systems to assess and manage risks to patients, recruitment, whistleblowing, complaints, safeguarding, health and safety and the management of medical emergencies. There were clear guidelines regarding the maintenance of equipment. However an infection control audit had not been undertaken.

The staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation council UK guidelines.

### **Are services effective?**

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

Patients dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE). The practice focused strongly on prevention and the dentists were aware of 'The Delivering Better Oral Health Toolkit' (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were supported to deliver effective care through training and supervisions. The clinical staff were up to date with their continuing professional development (CPD) and they were supported to meet the requirements of their professional registration.

### **Are services caring?**

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

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. We looked at seven CQC comment cards patients had completed prior to the inspection and spoke with three patients. Patients were positive about the care they received from the practice. They commented they were treated with compassion, kindness, respect and dignity while they received treatment.

Staff described to us how they ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients commented they felt involved in their treatment, it was fully explained to them and they were listened to and not rushed.

# Summary of findings

## **Are services responsive to people's needs?**

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients. This system was used to improve the quality of care. The practice was open and transparent in how they managed complaints, for example patients were given an apology if an error was made.

The practice had made reasonable adjustments to accommodate patients with a disability or limited mobility.

## **Are services well-led?**

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

There was a clearly defined management structure in place and staff all felt supported and appreciated in their own particular roles. The practice owner was responsible for the day to day running of the practice and they were supported by the reception staff.

There were not always systems to monitor the quality of the service. Audits were not regularly undertaken to monitor the quality of the service provided. The practice assessed risks to patients and took action where necessary. The practice carried out the NHS Family and Friends Test (FFT) to get feedback on the quality of the service which they provide. Regular practice meetings were not held. We were informed that informal meetings took place; however there was no documentation of this.

# Abbeydale Dental Care Centre-Sheffield

## Detailed findings

### Background to this inspection

We inspected Abbeydale Dental Care Centre on the 23 June 2015. The inspection team consisted of two CQC inspectors, both were dentally trained.

Prior to the inspection we reviewed information we held about the provider. This included information from NHS England and Healthwatch Sheffield.

During the inspection we toured the premises, spoke with the practice owner (registered manager), one dentist, two dental nurses and the receptionist. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives and a record of any complaints received in the last 12 months.

We obtained the views of seven patients who had filled in CQC comment cards and we spoke with three patients who used the service on the day of our inspection.

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

The practice had clear guidance for staff about how to report incidents and accidents. We saw evidence that they were documented, investigated and reflected upon by the dental practice. Patients were given an apology and informed of any action taken as a result. The principal dentist understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. No RIDDOR reports had been made in the last 12 months.

The practice responded to national patient safety and medicines alert that affected the dental profession. The principal dentist told us they reviewed all alerts and spoke with staff to ensure they were acted upon.

### Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The principal dentist was the safeguarding lead professional in the practice and all dentists had undertaken safeguarding training in the last 12 months. There had not been any safeguarding referrals to the local safeguarding team; however staff were confident about when to do so. Staff we spoke with told us they were confident about raising any concerns with the safeguarding lead professional.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). Rubber dams (this is a rectangular sheet of latex used by dentists for effective isolation of the root canal and operating field and airway) were used in root canal treatment in line with guidance from the British Endodontic Society.

We saw that patient records were accurate, complete, legible, up to date and stored securely to keep people safe and safeguard them from abuse.

### Medical emergencies

The practice had a medical emergencies policy which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff had received first aid training so they could identify and respond to medical emergencies. The practice had access to emergency resuscitation kits, oxygen and emergency medicines. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed regular checks were carried out to ensure the equipment and emergency medicines were safe to use.

### Staff recruitment

The practice had a policy for the safe recruitment of staff, this included, Disclosure and Barring Service (DBS checks), occupational health checks, professional registration, references, employment contracts and the immunisation status for staff. We saw evidence of this in two staff files. The practice had a system in place for monitoring professional registration and medical indemnity.

### Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice owner and receptionist carried out health and safety checks which involved inspecting the premises and equipment and ensuring maintenance and service documentation was up to date. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, exposure to hazardous substances and use of equipment. The assessments included the risks identified and actions taken.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice identified how they managed hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures.

# Are services safe?

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. However the contact details needed to be updated.

## Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. The practice had a nominated infection control lead who was responsible for ensuring infection prevention and control measures were followed.

Staff received annual training in infection prevention and control. We saw evidence that staff were immunized against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination room to be generally clean and hygienic. In one surgery the floor was not completely sealed which would make effective cleaning difficult. This was brought to the attention of the practice owner and informed us that this would be rectified. Work surfaces were free from clutter. Staff we spoke with told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned and colour coded equipment was used. There were hand washing facilities in each treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients we spoke with confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. We observed waste was generally separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained. We did note in one surgery that extracted teeth containing amalgam were disposed of in a non-amalgam pot. This was brought to the attention of the practice owner.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

The infection control lead showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments; packaging and storing clean instruments. The practice routinely used a washer-disinfectant machine to clean the used instruments, then examined them visually with an illuminated magnifying glass, then sterilised them in an autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included heavy duty gloves, disposable gloves, aprons and protective eye wear.

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had not carried out the self- assessment audit since 2013 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This audit is recommended to be undertaken every six months. It is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Since this audit had not been undertaken since 2013, the practice can not be sure that they are fulfilling the requirements of HTM 01-05.

Records showed a risk assessment process for Legionella had not been carried out in the last 12 months. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). This means that the risks of Legionella bacteria developing in water systems within the premises had not been identified. The practice did undertake regular assessment of the water quality to check that legionella was not developing. They also had a policy of running the water lines in the treatment rooms at the beginning of each session and between patients.

## Equipment and medicines



## Are services safe?

The practice had maintenance contracts for essential equipment such as X-ray sets, autoclaves, washer disinfectors and dental chairs. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts which required renewal. We saw evidence of validation of autoclaves, washer/driers and ultra-sonic cleaners.

During the tour of the practice we noted some dental materials were out of date. We were told by the practice owner that these materials were no longer used in clinical practice. We advised them to ensure there was a process to check whether materials or medicines were out of date. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. Prescriptions were stamped only at the point of issue to maintain their safe use.

### **Radiography (X-rays)**

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested. It had been recommended at the latest regular service that rectangular collimators should be used on the X-ray machines; however this had not been implemented. A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were displayed. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they attended training.

X-ray audits were not carried out. This meant that the practice could not monitor the quality of X-rays and ensure that they are justified in line with Faculty of General Practice (FGDP) guidelines.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. This was repeated at each examination in order to monitor any changes in the patient's oral health.

We reviewed with the dentists the information recorded in six patient care records regarding the oral health assessments, treatment and advice given to patients. Clinical records included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were updated by each patient every time they attended for treatment; and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record. Records showed a diagnosis was discussed with the patient and treatment options explained.

### Health promotion & prevention

The medical history form patients completed included questions about smoking and alcohol consumption. The dentists we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. There were oral health promotion leaflets available in the practice to support patients look after their oral health.

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with

'The Delivering Better Oral Health Toolkit' (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). For example, the practice recalled patients, as appropriate, to receive fluoride applications to their teeth. Patients were given advice regarding maintaining good oral health and if appropriate were recalled at earlier intervals for hygiene treatment and support regarding general dental hygiene procedures. Where required, high dental toothpastes were prescribed.

### Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going continuous professional development.

Mandatory training included basic life support and infection prevention and control. Records showed staff had completed this in the last 12 months. The receptionist and principal dentist monitored staffing levels and planned for staff absences to ensure the service was uninterrupted.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice owner. Staff told us the practice owner was readily available to speak to at all times for support and advice. Staff told us they had received appraisals and reviews of their professional development.

### Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. Dental care records contained details of the referrals made and the outcome of the specialist advice.

### Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the

# Are services effective?

(for example, treatment is effective)

treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to dental treatment.

Staff ensured patients gave their consent before treatment began and this was signed by the patient. Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they preferred.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We looked at seven CQC comment cards patients had completed prior to the inspection and spoke with three patients on the day of inspection. Patients told us they were treated with kindness, dignity, respect and compassion whilst they received care and treatment. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. Staff we spoke with were aware of the importance of providing patients with privacy. Staff said that if a patient wished to speak in private an empty room would be found to speak with them.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection.

We observed staff were helpful, discreet and respectful to patients. Patients' care records were stored electronically; password protected and regularly backed up to secure storage. Paper records were kept securely in a locked cabinet.

### **Involvement in decisions about care and treatment**

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients were also informed of the range of treatments available. The practice displayed information in the waiting area that gave details of NHS dental charges.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the premises and facilities were appropriate for the services that were planned and delivered. Patients with mobility difficulties had access to the practice.

We found the practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointment slots to accommodate urgent or emergency appointments. Dentists told us the system gave them sufficient time to meet patients' needs and they could determine the length of the appointment. Patients we spoke with confirmed they had sufficient time during their appointment and didn't feel rushed. We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Patients we spoke with told us that the practice was providing a service that met their needs. The practice offered patients a choice of dentist and treatment options to enable people to receive care and treatment to suit them. The practice was undertaking the NHS Family and Friends Test and recent results showed high levels of patient satisfaction. However, they did not undertake their own patient survey and there was no suggestion box available. They did say that patients made suggestions verbally which could be acted on.

### Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. The practice recognised the needs of different groups in the planning of its services. We saw that they had made adjustments to enable patients to receive their care or treatment, including an audio loop system for patients with a hearing impairment.

Patients told us that they received information on treatment options to help them understand and make an informed decision of their preference of treatment.

### Access to the service

The practice displayed its opening hours in their premises. Patients could access care and treatment in a timely way and the appointment system met their needs. They told us that they were rarely kept waiting for their appointment.

Where treatment was urgent, patients would be seen within 24 hours or sooner if possible. The practice had clear instructions for patients requiring urgent dental care when the practice was closed. These instructions were displayed on posters in the reception areas and on the telephone answering machine. CQC comment cards we reviewed showed patients felt they had good access to the service.

### Concerns & complaints

The practice had an effective system in place for handling compliments, complaints and concerns. Information for patients about how to complain was available in the reception area. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The policy included details of external organisations that patients could contact if they were not satisfied with the provider's response to a complaint.

We looked at one complaint that had been received in the last 12 months. We found that they had been recorded and investigated and the complainant written to in a timely manner. Steps had been taken to resolve the issue to the patient's satisfaction and a suitable apology and an explanation had been provided. It was evident from these records that the practice had been open and transparent and where action was required it had taken place.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had some governance arrangements in place to ensure risks were identified, understood and managed appropriately. We saw risk assessments in place to manage those risks, for example fire and health and safety. There was no effective approach for identifying where quality and/or safety were being compromised. The practice owner said that where they identified issues these would be discussed with the individual on a one to one basis. There was no regular audit process in place to monitor the quality of care being provided. It is considered good practice to undertake regular audits of patient records, oral health assessment and X-ray quality. They did not carry out audits of X-rays to check if the X-ray images taken were of the required standard and correctly justified. This means that the practice cannot be sure that they are reducing the risk of patients being exposed to further unnecessary X-rays and to ensure that patients are receiving X-rays at correct intervals in line with FGDP guidelines. The lack of auditing of clinical records suggested the practice cannot be sure that all the dentists are conducting a full and proper clinical examination in line with NICE and FGDP guidelines. The practice had undertaken an infection control audit in June 2015. However this audit was not the one which is recommended in the Department of Health's guidance on decontamination in dental services (HTM01-05). The practice said that they intended to start undertaking regular audits of record keeping and X-rays to ensure that high quality and safe care was being provided to patients.

There was an effective management structure in place to ensure that responsibilities of staff were clear. The principal dentist was in charge of the day to day running of the service. Staff we spoke with told us that they felt supported and were clear about their roles and responsibilities and had delegated lead roles, such as one of the dental nurses said that they were the infection control lead.

Care and treatment records we kept electronically/paper and we found them to be complete, legible, accurate and kept secure.

### Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care

and to challenge poor practice. This was evident when we looked at the complaints and compliments they had received in the last 12 months and the actions that had been taken as a result.

Staff told us that there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. There were no regular staff meetings to discuss issues or incidents which had occurred. The practice owner said that these would be implemented and also minuted. All staff were aware of whom to raise any issue with and told us the dentists were approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

### Management lead through learning and improvement

. All staff had annual appraisals where their performance and any suggestions could be discussed. Staff told us they had access to training and this was monitored to ensure essential training was completed, this included medical emergency and cross infection training. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

Information about the quality of care and treatment was actively gathered from incidents and complaints. We saw evidence of action which had been taken by the practice owner with regards to a complaint that had been made. The practice had no audit system in place to encourage continuous improvement and learning. These should include clinical audits such as medical records, X-rays, and infection control.

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

Patients and staff we spoke with told us that they felt engaged and involved at the practice. Staff we spoke with told us their views were sought and listened to. The practice undertook the Family and Friends Test, which is a national programme to allow patients to provide feedback on the services provided. Recent results from this survey had been positive. The practice did not undertake their own patient satisfaction survey or have a comment box. Staff mentioned that compliments and complaints from

## Are services well-led?

patients were made verbally and passed on to the practice owner to act on if necessary. The practice is planning to start doing its own patient survey to gather feedback from its patients in order to improve its service.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The registered provider did not effectively assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). Regulation 17(1) and 17 (2)(a)