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Brighton White Dental Studio

Inspection Report

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Overall summary

We carried out an unannounced comprehensive inspection on 26 October 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 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
Brighton White Dental Studio provides predominately NHS dental services with private treatment options for patients. The practice has four consulting and treatment rooms; one of which was not in use. The practice has four dentists who are supported by three registered dental nurses and two student nurses. The practice also has two hygienists. The practice is managed by a practice manager, who is responsible for two practices in the group with oversight from the principal dentist who is also the provider.

The provider 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.

We spoke with five patients following our inspection who told us that they were satisfied with the services they had received. All stated their experiences at the practice were mostly good, that staff were kind and caring. However, appointments were not always available, both for emergencies and routine visits and often incurred a long wait. They spoke about how their dignity and privacy was

Summary of findings

maintained at all times and how they were involved in decisions regarding their care and treatment. We did not provide any comment cards prior to our inspection as this was unannounced.

We found this practice was not providing safe care in accordance with the relevant regulations and identified regulations were not being met. We asked specific questions regarding sedation at the practice and following our inspection the practice has declared that they will no longer provide sedation to patients.

Our key findings were:

- Patients' needs were assessed and care was planned and delivered in line with current practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- The practice did not have systems and processes to record, investigate, respond to and learn from significant events or knowledge of what a significant event was.
- The practice had not carried out effective audits in key areas, such as infection control, sedation and the quality of X-rays.
- The practice had safeguarding processes and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had not conducted risk assessments in relation to radiography, sedation, the safe use of sharps or fire safety.
- Environmental cleaning was not effective.
- The practice had not been maintained to a sufficient standard
- There were no operational policies for staff to refer to in the practice as these were kept offsite.
- Policies we received following our inspection, did not have up to date information, did not reflect current practice and processes and were not dated.
- Recruitment processes were not sufficient and staff files lacked some required documentation.
- The practice did not hold regular staff meetings and formal staff appraisals, and the appraisals undertaken had not identified training needs.
- Staff had received some training appropriate to their roles and were supported in their continued professional development (CPD).
- The practice did not handle complaints effectively or used these to help them improve the practice.
- Radiological practices were not carried out in line with current legislation.
- Patients told us they often experienced a delay in obtaining an appointment.
- Patients were pleased with the care and treatment they received and complimentary about the dentists and other members of the practice team.
- Clinical governance activity was not sufficient, audits we reviewed did not reflect processes in the practice, therefore no learning or improvements could be made.
- The practice had not registered with the Information Commissioners Office that they were using CCTV on the premises.

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

- Ensure that staff understand what constitutes a significant event, and establish systems and processes to investigate, respond to and learn from significant events.
- Ensure that appropriate governance arrangements are implemented for the safe running of the service by establishing systems to identify and minimise any potential or perceived risks.
- Ensure that the practice is compliant with its legal requirements under Ionising Radiation Regulations (IRR99) and the Ionising Radiation (Medical Exposure) regulations (IR(ME)R) 2000
- Ensure procedures are in place to assess the risks in relation to the Control of Substances Hazardous to Health (COSHH) 2002 Regulations.
- Ensure audits of various aspects of the service, such as radiography, infection control, and dental care records are undertaken at regular intervals to help improve the quality of service. Practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with current legislation.
- Ensure that equipment used for sterilisation and X-rays are regularly maintained.
- Ensure that single use items such as matrix bands are only used for one patient and then 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?

Requirements notice ✖

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).

The practice did not have a system for identifying, recording or investigating incidents relating to the safety of patients and staff members, the practice could not demonstrate that learning had been acquired following an event or strategies implemented to reduce the risk of it happening again. The staffing levels were safe for the provision of care and treatment.

The practice was cluttered and there were areas which were visibly dirty.

The premises had not been maintained to a sufficient standard for a dental practice.

The practice did not have sufficient systems and processes in place to provide safe care and treatment and to assess and minimise risks. There was one risk assessment for legionella which had been conducted by an external company. However, there were no risk assessments for radiography, sedation, the safe use of sharps and fire safety. Infection control audits had been carried out but did not reflect the processes carried out by staff.

Staff had not been recruited safely and staff files did not contain all of the documents required by law.

The practice did not fulfil its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.

Are services effective?

No action ✔

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used national guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff did receive some training but mainly sourced their own training and development appropriate to their roles and learning needs. Staff that were registered with the General Dental Council (GDC) had completed key continuing professional development (CPD) and were meeting the requirements of their professional registration.

Are services caring?

No action ✔

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

Summary of findings

We spoke with five patients and discussed their experiences. All of the information we received from patients provided a positive view of the service the practice provided. Patients told us that the care and treatment they received was caring and that staff were kind.

Are services responsive to people's needs?

No action

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

The practice provided information to patients about the costs of their treatment. Patients could access treatment and urgent care but sometimes there was a wait involved. The practice had four ground floor treatment rooms. Access into the building was via a flight of stairs and could pose a problem for patients with mobility difficulties and families with prams and pushchairs. Staff told us that they would always help patients up the stairs and discuss this with new patients so that they could refer to another practice with level access which was close by. The team had access to telephone translation services if they needed and staff spoke a range of other languages.

Are services well-led?

Requirements notice 

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).

The practice manager, and principal dentist were responsible for the day to day running of the practice. However, they were not a visible presence in the practice and were not always available when staff contacted them. The practice had outdated quality assurance processes, operational policies, lack of practice meetings and there was very little information sharing occurring which did not help them monitor the quality of the service.

Brighton White Dental Studio

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.

The inspection took place on 26 October 2016 and was conducted by a CQC lead inspector and a second inspector, who had remote access to a dental specialist advisor.

During the inspection we spoke with three dental nurses and two student nurses. All of the dentists were on a course and were not available. We contacted the practice manager who was also unable to attend the practice. We spoke with five patients following our inspection who were satisfied with the services they had received.

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 did not have a system to manage significant events**,** safety concerns and complaints and staff did not understand the procedure to follow. There had been a significant event on the day of our inspection. We discussed what process to follow and what to record. Staff told us that they had never completed any such process previously.

There was an accident reporting book which we checked. There had been no entries to date. Staff showed us how they would fill completed accident forms separately to protect the privacy of people involved if an accident occurred. Staff understood their responsibilities in relation to the Reporting of Injuries, Diseases and Dangerous Occurrences regulations 2013 (RIDDOR).

We could not be assured that the practice received national and local safety alerts. Staff told us that all information would be sent to a main practice email account and this information if received, would be stored off site. Staff were not aware of the most recent medicines alerts from The Medicines and Health Regulations Authority (MHRA).

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures for safeguarding children and vulnerable adults, which were not dated, we did not know if the policies had been reviewed or the contents checked for their relevance. Staff were able to show us where they could locate the direct contact details of the local authority safeguarding team and what to do out of hours. This information was available and all staff were aware of the procedure to follow.

The practice manager was the safeguarding lead. All staff had completed safeguarding training to the appropriate level. Staff we spoke with were confident when describing potential abuse or neglect and how they would raise concerns with the safeguarding lead.

Staff were aware of the procedure for whistleblowing if they had concerns about another member of staff's performance. Staff told us they knew about raising such issues and were able to explain how they would contact external agencies if necessary such as the General Dental Council (GDC). The practice had a whistleblowing policy, which was provided following our inspection as it was not available to review on the day as we were advised that all operational policies were kept off site. The policy explained the process for staff to follow in the event they had concerns. However, there were no contact details for the GDC or CQC for staff to approach if they felt that their concerns were serious.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The practice showed us that they had rubber dam kits available for use when carrying out endodontic (root canal) treatment. We did not see any records to demonstrate that the rubber dam kit had been used in the patients dental care records.

Medical emergencies

The practice had arrangements to deal with medical emergencies and one of the dentists was the lead for this although was not routinely at the practice. There was an automated external defibrillator (AED - a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). Staff had received annual training in how to use this; the last training was in October 2015. Staff were aware that this training was due again and told us they were in the process of booking it. Staff when interviewed, knew which medicine would be required to help specific conditions in an emergency scenario. We found that the practice held four oxygen cylinders, one was in date. The other three cylinders had expired but were stored in surgery one along with the oxygen that was in date. We were concerned that in an emergency situation these expired cylinders would be used and asked the provider to remove them from the practice. Other related items such as face masks were available in line with the Resuscitation Council UK guidelines.

The emergency medicines were all in date except one medicine used for a diabetic emergency. This medicine had expired in 2013. The practice had been monitoring the expiry dates of the other medicines and equipment but had omitted this particular medicine as it was stored in a fridge. Also staff told us that an external trainer, who had provided medical emergency training, had advised them

that this medicine was no longer required. We informed staff that this was incorrect and was required as stated in the British National Formulary guidance and the Resuscitation Council UK guidelines. Staff said they would re-order this medicine immediately.

Staff recruitment

There were no staff files or recruitment information held at the practice. This information was held offsite. We requested that all of the recruitment information to be forwarded to us following our inspection.

The information received showed us that the practice had not obtained all of the required information for some members of the team before they had contact with patients.

The practice's written procedures did not contain information about all of the required checks for new staff. The necessary documents required include a valid UK Passport or photographic ID, and Hepatitis B vaccination evidence if available. On the day of our inspection none of this information was available for us to review. We asked the provider to send us this information. We received some documents following our inspection. However, of the 11 clinical members of staff we did not receive evidence for five members of staff regarding their Hepatitis B vaccination status. We did not receive photographic ID for one member of staff and evidence of professional indemnity for four members of staff which we had requested.

The Disclosure and Barring Service (DBS) carries out checks to 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. The DBS check is required before a person has contact with patients. These checks had not always been carried out for staff. The practice had not obtained DBS checks for most staff employed there. Six DBS documents provided to us were not relevant to the practice and cited a previous employer and one member of staff did not have one at all. There had been no risk assessment of previous conduct for these staff to ensure that it was appropriate to accept a DBS check from a previous employer. Two members of staff had started work and had contact with vulnerable adults and children before the checks had been carried out. Therefore we could not be assured that staff employed at the practice were safe to work with vulnerable adults and children.

The practice did not provide any information regarding past conduct in previous employments. We found that of the 11 members of staff employed at the practice, nine had not had any references taken up. Therefore we could not be assured that staff had been recruited safely.

Monitoring health & safety and responding to risks

The practice sent us their business continuity plan following our inspection which described situations which might interfere with the day to day running of the practice and treatment of patients. This included extreme situations such as loss of the premises due to fire, flood or utilities. The document contained information including contact details for utility companies and practice staff. Copies of the plan were kept offsite so that essential information could be accessed if the premises were not accessible. The plan had not been dated nor had a review date therefore we could not be assured that the information it contained was up to date or current.

The practice was requested to send us their most recent practice wide risk assessment which would assess specific risks associated with dentistry as well as the general day to day health and safety topics. We received a copy of the risk assessment conducted on 15 October 2016, which assured us that the risks identified had been assessed.

We requested the most recent fire risk assessment for the practice. We were sent a document that referred to a blow torch risk assessment. The practice did not supply a fire risk assessment for the building. We noted that one of the treatment rooms, the decontamination room, a small office space and the staff room were cluttered with storage of old equipment, stock and paper which would be considered a fire risk. Staff we spoke with were able to show us evidence of fire drills over the previous year. However, we could not be assured that the practice had considered the risks posed by the large quantities of products and materials stored.

We asked for information the practice held about the control of substances hazardous to health (COSHH) as it was not available on the day of our inspection. The information provided to us did not include enough information for staff to take prompt action in the event of an incident involving substances containing chemicals. As this information was stored off site, staff did not have access to it and would not be able to respond appropriately should an accident involving chemicals occur.

Are services safe?

The dental care record system included alerts about information that the team needed to be aware of such as whether patients had allergies or were taking medicines used to thin the blood.

Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments but were unable to review their policies and procedures as these were not available. We were not assured that the practice was meeting the HTM01- 05 essential requirements for decontamination in dental practices. One of the dentists held lead responsibility for infection prevention and control (IPC).

We saw that dental treatment rooms, decontamination room and the general environment were tidy in some areas but cluttered and visibly dirty in others. We found that two of the treatment rooms were visibly dirty. The practice employed a cleaning company for general cleaning at the practice and we saw that cleaning equipment was safely stored in line with guidance about colour coding equipment for use in different areas of the building. However, the company attended the premises three days per week and floors in two treatment rooms and the carpet in the area adjacent to the treatment rooms were visibly dirty and stained. In one of the treatment rooms we saw that the wall was damaged and a large area of plaster was exposed. This was in the aerosol zone around that dental chair and porous. It was not possible to clean this area effectively and posed a bacterial hazard.

During the inspection the dental nurses explained to us how they cleaned the surfaces, dental chair and equipment in treatment rooms between each patient. We saw that the practice had a limited supply of personal protective equipment (PPE) for staff and patients including face and eye protection, gloves but no aprons. There was also a supply of wipes, liquid soap, paper towels and hand gel available. The treatment rooms had designated hand wash basins separate from those uses for cleaning instruments.

A dental nurse explained to us how the practice cleaned and sterilised dental instruments between each use. The practice had a defined system which separated dirty instruments from clean ones in the decontamination room, in the treatment rooms and while being transported around the practice. The practice had a separate decontamination room where the dental nurses cleaned, checked and sterilised instruments. The dental nurses processed their own instruments in the decontamination room each day and transported instruments in boxes with lids. Different boxes were used for the dirty and clean instruments. However, we noted that the boxes used to transport the clean instruments were quite visibly dirty.

The dental nurse explained to us the full process of decontamination including how staff rinsed the instruments, checked them for debris and used the autoclaves (equipment used to sterilise dental instruments) to clean and then sterilise them. The practice used a manual scrubbing method followed by checking under an illuminated magnification device and then autoclaved. Following a cycle in the autoclave instruments were pouched. However we noted that not all pouches were date stamped. Therefore staff would not be aware if the instruments had exceeded the maximum time span before needing to be re-processed.

The dental nurse showed us how the practice checked that the decontamination system was working effectively. They showed us the paperwork they used to record and monitor these checks. These were completed and up to date. We asked for maintenance information to show that the practice maintained the decontamination equipment to the standards set out in current guidelines. The documents we were shown related to engineer servicing carried out in 2013. We requested the most recent engineer maintenance reports to be sent to us following or inspection which we did not receive. Therefore we could not be assured that the autoclaves were maintained to an acceptable standard.

The practice used single use dental instruments whenever possible some of which were being re-used. We saw matrix bands that were visibly contaminated with debris and packaged for re-use on patients. However, we noted that the special files used for root canal treatments were used for one treatment.

A specialist contractor had carried out a legionella risk assessment for the practice and we saw documentary evidence of this. We found that some of the actions identified had not been carried out, such as monitoring the temperature of the hot and cold water at the practice to ensure that it remained within a safe parameter. Legionella is a bacterium which can contaminate water systems. The

practice used a continuous dosing method to prevent a build-up of legionella biofilm in the dental waterlines. Regular flushing of the water lines was carried out in accordance with the manufacturer's instructions and current guidelines.

We asked to see audits of infection control using the format provided by the Infection Prevention Society (IPS). However, these were not available for us to review as they were not stored onsite. We asked the provider to send us the most recent audits following our inspection. We were sent the summary page for audits carried out in April, July and September 2016 which had attained a score of 100%. This did not reflect our findings on the day of inspection and is not an achievable result without a washer disinfector. Therefore, we could not be assured that effective auditing of the infection control processes were being carried out and would address shortfalls.

We were not able to assess staff immunisation status in respect of Hepatitis B a serious illness that is transmitted by bodily fluids including blood. This information was not available to us as it was not stored at the practice. One member of staff held their own file and were able to present their Hepatitis B status results to us. We requested that this information was sent to us following our inspection. Of the 11 members of staff at the practice five had a record of this. However, some staff did not have a serum conversion to determine their level of coverage recorded. Therefore we could not be assured that they were covered sufficiently.

There were clear instructions for staff in the practice about what they should do if they injured themselves with a needle or other sharp dental instrument including the contact details for the local occupational health department. Staff told us that all sharps injuries were recorded as accidents and we saw evidence that this was done.

The practice stored their clinical and dental waste in line with current guidelines from the Department of Health. Their management of sharps waste was in accordance with the EU Directive on the use of safer sharps and we saw that sharps containers were well maintained and correctly labelled. The practice did not have an appropriate policy for staff to refer to.

The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary required waste consignment notices.

Equipment and medicines

We asked to look at the practice's maintenance information. This was not available and staff told us it was stored offsite. We requested that this information was sent to us following our inspection. We received some information that related to 2013 in relation to the equipment used to sterilise instruments, and the compressor. We did not receive any information with regard to the maintenance of the X-ray equipment as requested. Therefore we could not be assured that equipment was maintained in accordance with the manufacturer's instructions. One of the autoclaves was very visibly dirty, rusty and the water chamber contained a thick grey sludge. Staff assured us that this autoclave was not being used and they were waiting for an engineer to visit to condemn it. We did receive evidence following our inspection that all electrical equipment had been PAT tested by an appropriate person. PAT is the abbreviation for 'portable appliance testing'.

We found 13 dental materials that had expired in the surgeries. We brought this to the attention of the staff who assured us they would be disposed of immediately and a system would be created to monitor stock expiry dates.

We found three boxes of midazolam 5mg vials used for sedation which had expired. We asked staff about a medicine used to reverse the effects of midazolam as there were none on the premises. Staff told us that they would have plenty of time to order some when preparing for a sedation session. We saw a Standard Operating Procedure (SOP) for controlled medicines which indicated a member of staff having sole authority for the procurement, prescribing, dispensing and stock control for these medicines. We noted that this member of staff was not a clinician. Staff told us that they did hold a pharmacist qualification. When we requested staff information in relation to qualifications we did not receive information to support this. We also checked to see if this member of staff was registered with the General Pharmaceutical Council as an independent prescriber which they were not. Therefore we could not be assured that the practice was managing

Are services safe?

medicines safely. We asked the practice to send us information pertaining to their sedation processes and training of staff. The practice has declared to us that they will no longer provide sedation to patients.

Prescription pads held by the practice were securely stored when not in use.

The batch numbers and expiry dates for local anaesthetics were always recorded in the clinical notes.

Temperature sensitive medicines were stored in a fridge However, one medicine used in a diabetic emergency had expired in 2013 and had not been replaced We noted that there were no records for the monitoring of the fridge temperatures.

Radiography (X-rays)

We were unable to assess radiography practices and how the practice maintained radiological safety as there were no records available on site. We requested this information following our inspection. We did not receive the information we requested and therefore we could not be assured the practice was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). We were sent evidence of a named Radiation Protection Adviser but the document did not specify that this provision was for this location. We noted that the provider was named as the Radiation Protection Supervisor; although they were often not on the premises. The practice did not provide us with a radiation protection file as requested. We did receive a copy of the local rules which was for one unit. The document was generic and did not reflect the bespoke arrangements for each treatment room. There was no diagram of the controlled area as determined by IRMER which states there should be one document for each surgery/unit, giving the identification and description of the controlled areas. Therefore we could not be assured that care was being provided in line with those regulations. We did not receive an inventory of equipment, Health and Safety Executive (HSE) notification, critical examination packs for each X-ray machine and the expected three yearly maintenance logs.

We saw evidence of recorded reasons why each image (X-ray) was taken and that X-rays had their quality and accuracy recorded in the dental care records and on a record of X-rays sheet. However, no audit activity had taken place to establish the percentage of undiagnostic images, or identify gaps and address shortfalls. Therefore we could not be assured that quality assurance for dental images was taking place.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found that the practice planned and delivered patients' treatment with attention to their individual dental needs and views about the outcomes they wanted to achieve. The dental care records we saw contained detailed information about patients' dental treatment.

The records contained details of the condition of the gums using the basic periodontal examination (BPE) scores. The BPE is a simple and rapid screening tool that is used to indicate the level of treatment needed and offer tailored advice to help patients improve their dental health). We saw that the dentists also checked and recorded the soft tissue lining the mouth and external checks of patients face and necks which can help to detect early signs of cancer.

Dental care records we examined indicated adherence to various current practice guidelines including National Institute for Health and Care Excellence (NICE) guidelines and the Faculty of General Dental Practice Guidelines.

Health promotion & prevention

The practice was aware of the Department of Health England 'Delivering Better Oral Health' guidelines and were providing preventative dental care as well as carrying out restorative treatments. Staff told us that they discussed oral health with their patients. For example, effective tooth brushing, oral hygiene, prevention of gum disease, and dietary / lifestyle advice. We looked at dental care records and saw that oral health advice given was routinely recorded. Patients we spoke with said that they had all been given oral health and dietary advice.

We observed that the practice provided targeted health promotion materials, by issuing information and discussing dental health to patients during consultations.

The water supply in East Sussex does not contain fluoride and the practice offered fluoride varnish applications as a preventive measure for adults and for children.

Staffing

Staff who were under training were supported by more experienced members. We could not determine that staff underwent induction to ensure they understood how the practice operated and that they were competent in their role. We noted that two staff had received an appraisal, although this was brief and did not contain much information. We were unable to view staff files but examined information sent to us following our inspection.

Staff told us that training was available for them to undertake via an online training provision and also in house but they sourced the majority of their training themselves. Staff said that the dentists at the practice were supportive and always available for advice and guidance.

We were supplied with evidence that members of the clinical team had completed most of their appropriate training to maintain the continued professional development required for their registration with the General Dental Council. This included infection control, child and adult safeguarding, dental radiography (X-rays), oral cancer and other specific dental topics. However, training for medical emergencies had recently lapsed for all staff. We saw details of confirmation of current General Dental Council (GDC) registration, current professional indemnity cover for the dentists and hygienist but not the dental nurses. We saw immunisation status for some members of staff. The practice did not have a system for monitoring this information. However, we found that some staff had not had serum conversions to determine their level of immunity to Hepatitis B.

Working with other services

We saw evidence that the practice liaised with other dental professionals and made appropriate referrals to other services when this was needed. For example, they referred children who needed orthodontic treatment to specialists in this aspect of dentistry. The practice had arrangements with the local out of hour's dental provision for emergency treatment when the practice was closed and details on how to access this service was displayed inside and outside the practice, on the practice website and in the patient information leaflet. The practice also provided a 24 hour emergency service on a private basis only.

Consent to care and treatment

The practice had a consent policy which was out of date. Staff described the methods they used to make sure patients had the information they needed to be able to make an informed decision about treatment. They told us that the dentists and hygienist would often use diagrams and models as well as X-rays to illustrate information for patients.

Are services effective?

(for example, treatment is effective)

The Mental Capacity Act 2005 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. Staff at the practice had completed specific training about the MCA and consent, and this had been covered again during safeguarding training. Members of the team told us that at present they had few patients where they would need to consider the MCA when providing treatment but were aware of the relevance of the legislation in dentistry.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The patients we spoke with were complimentary about the care and treatment they received at the practice. Patients commented on the kindness of their dentist as well as the positive attitudes approach of the whole team. All the staff we met spoke about patients in a respectful and caring way and were aware of the importance of protecting patients' privacy and dignity.

We observed that the staff provided a personable service as they knew their patients well. They were welcoming and helpful when patients arrived on the day of our inspection and when speaking with patients on the telephone.

Patients indicated that they were treated with dignity and respect at all times. Patients we spoke with told us that they had no concerns with regard to confidentiality.

Involvement in decisions about care and treatment

We looked at dental care records and saw that the dentists recorded information about the explanations they had provided to patients about the care and treatment they needed. This included details of alternative options which had been described. We saw another example where a patient had been to the practice for an emergency appointment. The dental care records showed that the dentist gave them information about the risks and benefits of the possible treatment options. They provided temporary treatment so that a full treatment plan could be discussed in a longer appointment and the patient had time to come to a decision.

Patients told us that they felt involved in their care and had been given adequate information about their treatment, options and fees. Staff told us and we saw they took time to explain the treatment options available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided NHS dental treatment and private dental treatment. The practice statement of purpose and website provided information about the types of treatments that the practice offered.

The appointment book illustrated how the practice scheduled enough time to assess and meet patient's needs. Each dentist had their own time frames for different treatments and procedures. Staff told us that although they were busy they had enough time to carry out treatments without rushing. The practice were able to book longer appointments for those who requested or needed them, such as those with a learning disability.

We found that the practice was flexible and able to adapt to the needs of the patients, and to accommodate emergency appointments. Patients we spoke with told us that they sometimes experienced difficulty getting an appointment when they needed one but they had been able to access emergency appointments on the same day.

Tackling inequity and promoting equality

The practice had recognised the needs of its patient population. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions.

The practice was not easily accessible to wheelchairs and patients with pushchairs as there was a flight of stairs at the entrance; however the four treatment rooms were on the ground floor. The ground floor waiting area could accommodate a wheel chair or pushchair. Staff told us how they would help patients to access the building and how they would inform any new patients about the stairs so they could decide if this was suitable for them. Staff told us that they would refer to another practice close by that had level access for anyone that could not manage the stairs.

Access to the service

The practice surgery hours were Monday- Thursday 9.00-6.00 and Friday 9.00-5.00. Information about opening times was displayed at the entrance to the practice in the waiting room, on the practice website and patient information leaflet.

Patients needing an appointment could book by phone, in person or on the practice website. Patients with emergencies were mostly seen on the same day even if there were no appointments available, staff would work later to accommodate them. The practice offered patients with pain the option to sit and wait and the dentist would see them. Patients we spoke with confirmed this.

If patients required emergency treatment when the practice was closed, the answer phone message would direct them to the local NHS dental out of hour's service. This was also displayed in the waiting room, on the entrance door and on both the website and patient information leaflet.

Concerns & complaints

We were unable to examine the complaints process on the day of our inspection. Before we attended the service we saw that the complaints process was available on the practice website. We asked the provider to send us their complaints received over the last 12 months. We looked at information available about comments, compliments and complaints and saw that the information supplied was a brief record. We could not determine, when the complaints were received, what they were about, if they had been acknowledged or how they had been responded to. The practice had received six complaints in the last year. We could not be assured they had been handled in accordance with the practice complaints policy or resolved to the patient's satisfaction.

Complaints were not discussed in the practice; therefore no learning had occurred as a result of complaints received. There had been no auditing of complaints to look for trends and no changes implemented as a result of complaints received.

Are services well-led?

Our findings

Governance arrangements

There were few operational policies, procedures and protocols to govern activity. Policies that were available were out of date and did not contain a date for review. We asked for the provider to send us some of their policies. Most of the policies we received contained out of date information but had been reviewed recently. We could not be assured that staff had up to date information to refer to. Staff we spoke with told us the policies, procedures and protocols were stored on a laptop that they did not have access to and were not available for them to refer to.

The practice did not routinely undertake practice wide audits to monitor and assess the quality of the services they provided. The few audits that had been conducted could not demonstrate where improvements had been made or where gaps had been identified. Records we looked at related to audits for infection control, these did not reflect the current infection control practices. Although these had been conducted regularly; the findings of the audits had not documented an analysis of results, or areas identified for improvement. We noted that actions identified in the legionella risk assessment had not been implemented, such as the monitoring and recording of water temperatures. Therefore it was not clear that these audits were driving improvement and maintaining standards.

Leadership, openness and transparency

The practice had a practice manager and principal dentist who worked between the two practices owned by the provider. We noted that there was little understanding of the requirements of the regulations under the Health and Social Care Act 2008 and how these applied to dental practices. There were areas that required improvement, such as infection control and governance arrangements.

We saw that relationships between members of the practice team who were present on the day of our inspection were professional, respectful and supportive.

Learning and improvement

The practice had carried out some learning and development of their knowledge and skills. We found that the clinical dental team had undertaken the majority of the necessary learning to maintain their continued professional development which is a requirement of their registration with the General Dental Council (GDC).

The practice did not have team meetings to share information.

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

The practice gathered feedback from patients via the monthly NHS friends and family test (FFT) and a suggestion box in the waiting area. This information was kept offsite. We looked at the NHS choices website and saw that there were 12 reviews, nine of which were positive and three negative. We requested information regarding the suggestions received via the waiting room suggestion box and any results of patient surveys carried out within the last 12 months. We received the results of the October FFT which indicated of the 13 patients that responded five were extremely likely and three were likely to recommend the practice to others. Three responded neither likely nor unlikely and two did not know. We were also provided with a customer survey result sheet. This did not give enough information on what questions patients had been asked, what had been their responses and how this information was used to drive improvement and learning. Also the date had been written over with March 2016. The date underneath was for March 2013.

Staff told us that the practice manager and dentists were often unavailable and this made discussions difficult. However when they could make contact with them, they did feel that they were listened too.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.** Patients were at risk of unsafe care and treatment because the provider did not have suitable systems in place to assess, manage and mitigate the risks associated with healthcare infection, prevention and control and the safe recruitment of staff. • The provider did not ensure equipment used in the provision of the service had been maintained to a safe standard. • Medicines held at the practice were not routinely checked and some had expired the provider had not ensured the practice executed the proper and safe management of medicines **12 (1) (2) (a), (b), (e), (g), (h)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HCSA 2008 Regulations 2014** **Good governance**

This section is primarily information for the provider

Requirement notices

The registered person did not have effective systems in place to ensure that the regulated activities were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

- The registered provider failed to ensure an effective system was established to assess, monitor and mitigate the various risks arising from the undertaking of the regulated activities, including sufficient assessments and checks to be undertaken to ensure the premises and equipment were safe.
- The provider was unable to provide when requested information in respect of persons employed at the practice in line with current legislation.
- The registered provider failed to ensure the reliability of audits to monitor and improve the quality and safety of the service. The audits had not identified concerns we found with the service.
- The registered provider failed to maintain patient paper records in a secure and safe way.

17, 1, 2, (a), (d), (i), (ii), (f)