

Mr. Pravinkumar P Nana

# Mr Pravinkumar P Nana - Winlaton

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 25 February 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 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**

The practice is owned by Mr. Pravinkumar P Nana. The practice is located on the first floor of the building. There is a combined reception and waiting area, a washroom, and surgery and decontamination room. The practice offers primary care dentistry under the NHS, and private dental care.

The practice is open Monday to Thursday 9am to 5.00pm and Friday 9am to 4pm.

There is a dentist and dental nurse at the practice.

The principal dentist Mr. Pravinkumar P Nana is registered with the Care Quality Commission (CQC) as an individual. 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 the dentist and a dental nurse.

# Summary of findings

On the day of inspection we received four CQC comment cards providing feedback. The patients who provided feedback were positive about the care and attention to treatment they received at the practice. They found the staff to be polite and professional. The practice was clean and tidy.

## Our key findings were:

- There was an effective complaints system.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patient care and treatment was planned and delivered in line with evidence based guidelines and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks, and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- Patients could access routine treatment and urgent care when required.

Staff felt involved and supported and worked well as a team.

- The practice sought feedback from staff and patients about the services they provided in order to make improvements where needed.

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

- Ensure the training, learning and development needs of staff members are reviewed at appropriate intervals and an effective process is established for the on-going assessment, appraisal and supervision of all staff employed.
- Ensure dental care records are maintained appropriately giving due regard to guidance provided by the Faculty of General Dental Practice (FGDP) regarding clinical examinations and record keeping.
- Ensure the practice has protocols for recording within the patients' dental care records the justification for taking the X-ray and the grade and reporting of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

- Ensure audits of various aspects of the service, such as radiography 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 implements the required actions of Legionella risk assessments giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure the practice implements protocols to maintain securely such other records as are necessary to be kept in relation to the management of the regulated activity.

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

There was an area where the provider could make improvements and should:

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK) standards for the dental team.
- Review the practice's safeguarding policy; ensuring it covers both children and adults and all staff are trained to an appropriate level for their role and aware of their responsibilities.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the current decontamination processes and techniques giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

# 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 effective systems and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste, and dental radiography.

There was a decontamination room and guidance for staff on effective decontamination of dental instruments.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times.

Legionella risks were managed, for example we saw that water samples had been sent for analysis in February 2016. There was no evidence of a legionella risk assessment having taken place. However, since the inspection the provider has provided us with evidence that a legionella risk assessment was undertaken on 23 March 2016.

We saw that some of the recommended medical emergency equipment was either out of date or missing. The dentist took immediate action and ordered the missing items and replacements for the out of date equipment.

### **Are services effective?**

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

Consultations were carried out in line with good practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors recorded.

New patients underwent an assessment of their oral health and were asked to provide a medical history. This information was used to plan patient care and treatment. Patients were offered options of treatments available and were advised of the associated risks and benefits. Patients were provided with a written treatment plan which detailed the treatments considered and agreed together with the fees involved.

Patients were referred to other specialist services where appropriate and in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development activities. Staff 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.

Staff explained that enough time was allocated in order to ensure the treatment and care was fully explained to patients in a way which patients understood.

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the surgery or in another private room.

Comments on the four completed CQC comment cards we received included statements saying they were involved in all aspects of their care and found the staff to be professional, polite, considerate and caring.

# 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.

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

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

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

Staff reported the registered provider was approachable; they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

The practice had not undertaken various audits to monitor its performance and help improve the services offered. X-ray audits which are mandatory, clinical examinations and patients' dental care records audits had not taken place for two years.

The dental care records were not always maintained appropriately giving due regard to guidance provided by the Faculty of General Dental Practice (FGDP) regarding clinical examinations and record keeping.

The practice did not ensure the training, learning and development needs of staff members were reviewed at appropriate intervals and there were no effective process for the on-going assessment, appraisal and supervision of all staff employed.

The results of any legionella risk assessment(s) and action plans had not been retained.

# Mr Pravinkumar P Nana - Winlaton

## Detailed findings

### Background to this inspection

The inspection was carried out on 25 February 2016 and was led by a CQC inspector. The inspection team also included a dental specialist advisor.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the dentists and the dental nurse. We reviewed policies, procedures and other records relating to the management of the service. We reviewed four completed Care Quality Commission comment cards.

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 policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the partners. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The dentist told us any accident or incidents would be discussed at practice meetings or whenever they arose. There had been no incidents in the last 12 months.

The practice used a complaints policy and processes. The policy set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The dentist told us any learning from the complaints would be shared at practice meetings.

The dentist was aware of their responsibilities under the duty of candour. They told us if there was an incident or accident that affected a patient they would apologise to the patient and engage with them to address the issue.

The dentist told us they received alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA). This is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, action taken as necessary and the alerts were stored for future reference.

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

The practice had child and adult safeguarding policies and procedures in place. They included the contact details for the local authority's safeguarding team, social services and other relevant agencies. However, we saw that the policy was not up to date. It made reference to Primary Care Trusts which no longer exist. The dentist was lead for safeguarding. The lead role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

On the day of the inspection the practice did not provide us with any evidence that staff had received safeguarding training in adults and children. Staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. However, they were unsure of the procedures they needed to follow to address safeguarding concerns. We discussed our findings with the dentist who assured us that they would update the safeguarding policy and their knowledge. We received evidence that both members of staff had undertaken safeguarding training within three days of the inspection.

The dentist told us they did not routinely use a rubber dam when providing root canal treatment to patients. We discussed our concerns with the dentist. They gave us an assurance that for the future they would ensure that they use a rubber dam in accordance with the guidance. The dentists who used a rubber dam were following the guidance issued by the British Endodontic Society. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient.

In the absence of patient dental care record audits we looked at some patient dental care records to see if they were in accordance with the Faculty of General Dental Practice (FGDP) guidance – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. It was evident from the patients' dental records we were shown the practice recorded patients' medical histories and they had been up dated prior to each treatment. However, the dental care records were not fully completed in accordance with the guidance. We discussed our observations with the dentist. They told us that they were aware of this and had already taken steps to improve their record keeping and auditing.

The practice had a whistleblowing policy which the dental nurse was aware of. The dental nurse told us they felt confident they could raise concerns without fear of recriminations.

The practice displayed fire safety signage. We saw the fire extinguishers were checked annually. These were last checked in July 2015.

### **Medical emergencies**

The practice had procedures in place for staff to follow in the event of a medical emergency and staff had received

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training in basic life support. However, the practice did not have effective systems and processes in place to ensure that all their medical emergency equipment was readily available and fit for purpose. The practice did not have an Automated External Defibrillator (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). However, the dentist took immediate action and ordered an AED on the day of the inspection. We have since received confirmation of the order.

The practice kept medicines and equipment for use in a medical emergency. These were not in line with the 'Resuscitation Council UK' and British National Formulary guidelines. For example one of the medicines (midazolam) was not in the recommended format, oropharyngeal airways sizes 1,2,3 and 4 expired in 2011, single use syringes and needle expired 2010, self-inflating bag with reservoirs were old and one was ripped, there were no masks for the self-inflating bags. The portable oxygen cylinder was a third full (and there were no records that this had been maintained.) In addition, there was no oxygen face mask with reservoir and tubing. We discussed our observations with the dentists. They took immediate action on the day of the inspection and showed us evidence they ordered all the missing items and replacements as necessary and ordered a new portable oxygen cylinder.

## Staff recruitment

We saw the practice followed their recruitment policy which included a process to be followed when employing new staff. The dentist explained they had been not recruited any staff for a number of years but should they need to they would obtain proof of their identity, check their skills and qualifications, registration with relevant professional bodies and taking up references.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The dentist told us they had a process to satisfy themselves that the nurse maintained their registration with the General Dental Council.

We recorded all relevant staff had personal indemnity insurance (insurance professionals are required to have in

place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice which was due to expire in November 2016.

## Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that might arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy which included guidance on fire safety, manual handling and management of clinical waste.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw the practice had a system in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance.

The practice also had a sharps policy which included guidance on dealing with needle-stick injury, other sharps injuries, the safe storage use and disposal of sharps such as needles and scalpels. This and other measures were taken to reduce the likelihood of risks of harm to staff and patients. Clear guidance for dealing with sharps injuries was displayed in the treatment rooms and decontamination room.

## Infection control

The practice had an infection prevention and control policy. The dentist was the lead for infection prevention and control. Following the inspection the dentist provided us with evidence that they and the dental nurse had completed training in infection control and decontamination in February 2016.

The practice had a dedicated decontamination room in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01- 05), decontamination in primary care dental practices.

All clinical staff were aware of the work flow in the decontamination area from the 'dirty' to the 'clean' areas. The dental nurse told us they wore appropriate personal protective equipment. However, this did not include heavy



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duty disposable gloves when working in the decontamination room. We discussed this with the dental nurse who stated that they would wear the appropriate gloves in future. When treating patients staff wore personal protective equipment which included disposable gloves, aprons and protective eye wear.

The dental nurse demonstrated to us how they used the decontamination area and equipment. We found instruments were being not being cleaned and sterilised in line with published guidance (HTM01-05). For example, instruments were not being manually cleaned under water nor were they being examined under illuminated magnification before being sterilised in an autoclave. We discussed our findings with the dentist. They were unaware of this. They assured us the correct cleaning technique would be used in future. The dentist confirmed that the practice did not have an illuminated magnifying glass. However, they took immediate action and ordered one on the day of the inspection. Shortly after the inspection we received evidence that the nurse had received training in decontamination and cleaning. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date.

We saw records which showed the some of the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. However, the practice was unable to demonstrate that they undertook weekly tests of the ultrasonic cleaner or that it was operating correctly. The dentist told us that they would dispose of the device and ordered a new one on the day of the inspection.

Records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly. However, the practice did not record the pressures reached. We discussed this with the dentist who assured us they would record the pressures in future. Both members of staff were aware of the designated 'clean and 'dirty' areas within the surgery although it was not clearly identified. We discussed these observations with the dentist.

The dentist told us that they undertook infection control audits annually. We saw that the last audit was in September 2015. The practice had an action plan to address the areas that required attention. We reminded the dentist that these audits needed to be undertaken at six monthly intervals rather than annually.

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Paper hand towels and liquid soap were also available in the washroom.

We saw the sharps bin was used correctly and was located appropriately in the surgery. Clinical waste was stored securely for collection. There was a contract with an authorised contractor for the collection and safe disposal of clinical waste. Clear guidance for dealing with sharps injuries was displayed.

The recruitment files we reviewed showed that all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

Legionella risks were managed, for example, we saw that water samples had been sent for analysis in February 2016. There was no evidence of a legionella risk assessment having taken place. However, since the inspection the provider has provided us with evidence that a legionella risk assessment was undertaken on 23 March 2016. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

## Equipment and medicines

We saw the Portable Appliance Testing (PAT) – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) had been completed in December 2015. The practice displayed fire exit signage and had fire extinguishers available that had been serviced in July 2015.

We saw maintenance records for equipment such as the autoclave, compressor and X-ray equipment which showed they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Local anaesthetics and other medicines were stored appropriately.

## Radiography (X-rays)

The practice had a radiation safety policy.



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We reviewed the practice's radiation protection file. We saw there was no evidence of the local rules. Local rules state how the X-ray machine in the surgery needs to be operated safely. The local rules were not available in the surgery. The file did not contain the name and contact details of the Radiation Protection Advisor. We discussed our observations with the dentist. They took immediate action and provided us evidence after the inspection to show that they have arranged for a specialist in dental radiation protection to provide them with the missing documentation and relevant information and support to ensure compliance with the relevant regulations.

The dentist was up to date with their continuing professional development training in respect of dental radiography.

The practice had not regularly audited their X-rays for the last two years. The records we reviewed showed that X-rays were not justified or graded in accordance with the guidelines. We discussed our observations with the dentist and they told us they were aware of this and had taken action to address the issue, by asking an experienced colleague to support them to ensure appropriated audits are undertaken. They assured us they would ensure they followed the National Radiological Protection Board (NRPB) guidelines in the future.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information in the patient's electronic dental care records for future reference. In addition, the dentist told us they discussed patients' life styles and behaviours such as smoking and drinking and where appropriate offered them health promotion advice. This was recorded in the patient's dental care records. We saw from the dental care records we looked at all subsequent appointments patients were always asked to review their medical history form. This ensured the dentist was aware of the patient's present medical condition before offering or undertaking any treatment. The records showed routine dental examinations including checks for gum disease and oral cancer had taken place.

The dentists told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. We saw from the dental care records these discussions took place and the options chosen and fees were also recorded. Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations.

Patients requiring specialist treatments that were not available at the practice were referred to other dental specialists. Their oral health was then monitored at the practice after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

### Health promotion & prevention

The patient reception and waiting area contained a range of information that explained the services offered at the practice. Staff told us that they offered patients information about effective dental hygiene and oral care in the surgery.

The dentist advised us they provided advice in accordance with the Department of Health's guidance 'The Delivering Better Oral Health' toolkit. Treatments included applying

fluoride varnish to the teeth of patients who had a higher risk of dental decay. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay. The dental care records we reviewed confirmed this.

### Staffing

We saw all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

Staff training was being monitored by the dentist by checking that staff had undertaken the required training to maintain their professional registration.

The dental nurse told us that because they had daily interaction with the dentist there was no need for an annual appraisal because they dealt with any training and development requirements as the need arose. They also told us that they could approach the dentist at any time to discuss any issues or concerns.

The dentist and dental nurse told us they worked very well as a team.

### 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 and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics and sedation.

The practice had a process for urgent referrals for suspected malignancies.

### Consent to care and treatment

Staff demonstrated a limited awareness of the Mental Capacity Act (MCA) 2005 and its relevance to their role. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions. Following the inspection the dentist sent us evidence that they and the dental nurse had undertaken MCA training.

# Are services effective?

(for example, treatment is effective)

Staff ensured patients gave their consent before treatment began. Staff informed us that verbal consent was always sought prior to any treatment. In addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment

commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware a patient could withdraw their consent at any time.

# Are services caring?

## Our findings

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to the nurse/receptionist confidentially they would speak to them in a private room or spare surgery.

Staff understood the need to maintain patients' confidentiality. The dentist was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely.

Comments on the four completed CQC comment cards were complimentary about the service received.

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

Comments made by patients who completed the CQC comment cards confirmed that patients were involved in their care and treatment.

The dentist was unaware of the principles of the Gillick competency guidance. This is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. Following the inspection the dentist confirmed that they had now received training in the Gillick competency guidance.

Staff told us that patients with disabilities or in need of extra support would be given as much time as was needed to provide the treatment required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting patients' needs**

Information displayed in the reception and waiting areas described the range of services offered to patients and opening times. Information was also available explaining the practice's complaints procedure.

The opening times were Monday to Thursday 9am to 5.00pm and Friday 9am to 4pm.

The practice offered same day appointments for patients in need of urgent dental care during normal working hours.

### **Tackling inequity and promoting equality**

The surgery was located on the first floor and as such it was not accessible to patients with mobility issues. It was practice policy to direct patients with mobility issues to other local dental practices which were accessible.

We saw the practice had an equality and diversity policy. The dentist sent us evidence they and the dental nurse had undertaken equality and diversity training shortly after the inspection.

Staff told us patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services. The practice had access to a translation service for patients with English as a second language and who might require assistance.

### **Access to the service**

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day. Patients in need of urgent care out of the practice's normal working hours were directed by answerphone message to the NHS 111 service. Callers would then be directed to the relevant out of hour's dental service for treatment.

### **Concerns & complaints**

The practice had a complaints policy and procedures. The practice made available information in the waiting areas on how to complain. The staff said they were aware of the complaints process and told us they would refer all complaints to the dentist to deal with. There were no complaints in the last 12 months.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, health and safety policy and an infection prevention and control policy. The policies and procedures were accessible to all staff. However, we saw evidence that the policies and procedures were not always followed.

We found the practice had not undertaken audits of various aspects of the service such as record keeping and X-ray audits in accordance with the guidelines in the last two years. We discussed our findings with the dentist. They told us that they were aware of this and had already arranged for an experienced colleague to help and support them to ensure that all relevant audits are undertaken and action plans followed up.

The systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users were not always effective. For example, the process for checking the equipment for use in a medical emergency had not highlighted the out of date or missing items. In addition, the systems did not highlight the incorrect manual decontamination technique or the absence of an illuminated magnifying glass for checking instruments before sterilisation. Nor did the records identify that staff were not recording the autoclave pressures during the operating cycle. The practice was unable to demonstrate that they undertook weekly tests of the ultrasonic cleaner or that it was operating correctly. We discussed our observations with the dentist. They told us they were aware that their systems and processes were weak and acknowledged the irregularities we found. They advised us that they had already arranged for a colleague to support them to establish and operate effective systems to address these issues.

The results of any legionella risk assessment(s) and action plans had not been retained.

### Leadership, openness and transparency

There was an open culture at the practice which encouraged candour and honesty. Staff told us it was a good practice to work at and they felt able to raise any concerns with the dentist. They were confident that any issues would be appropriately addressed. Staff also told us they worked very well together and supported each other.

The dentist was aware of their responsibilities to comply with the duty of candour and told us if there was an incident or accident that affected a patient the practice would act appropriately in accordance with the duty.

### Learning and improvement

The dentist and the dental nurse maintained their own training records. They were up to date with their mandatory training. However, the practice did not have a process to review the training, learning and development needs of staff or have an established effective process for the on-going assessment of all staff. We discussed our findings with the dentist. They advised that since the practice manager left two years ago some administrative processes had not always been kept up to date. The dentist immediate action and shortly after the inspection they provided us with evidence that they and the dental nurse had completed a number of training courses which included infection control, medical emergencies, the mental capacity act and Gillick competency guidance and equality and diversity training.

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

The practice participated in the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. We saw the results of the January 2016 test. There were 21 respondents, 20 stated it was extremely likely they would recommend the practice to friends and family and one stated that it was likely they would do so.

Staff told us they had the opportunity to share information and discuss any concerns or issues during their daily interactions.

## 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
Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation: 17(1)(2)(a)(b)(d)(ii) The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p> <p>The registered provider failed to implement systems or processes to establish and operated effectively to ensure compliance with the requirements in this Part.</p> <p>The registered provider failed to 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);</p> <p>The registered provider did not have effective monitoring systems to ensure that the recommended medical emergency equipment was available and fit for purpose. Or that all the equipment recommended for the decontamination process was available and monitored in accordance with the guidance. There was no written waterline management scheme.</p> <p>The registered provider had not undertaken any dental care records audits or X-ray audits in the past two years to assess, monitor and improve the quality and safety of the services provided. No action plans or learning points were in place.</p> <p>The registered provider had not ensured that the training, learning and development needs of staff members were reviewed at appropriate intervals and there were no effective process for the on-going assessment, appraisal and supervision of all staff employed</p> <p>The registered provider failed to maintain securely such other records as are necessary to be kept in relation to the management of the regulated activity;</p> <p>The registered provider had not retained the results of any legionella risk assessment(s) and action plans.</p>