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Strand-Dental

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 1 December 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

Strand Dental Practice is a large private practice based in Worthing providing cosmetic dentistry, implants, orthodontics and periodontics. Children are seen as NHS patients. The practice serves approximately 7500 patients and is a member of the British Dental Association Good Practice Scheme.

The practice is located on four floors. The ground floor has a reception and waiting area. The first floor has four treatment rooms, a separate decontamination room and a patient waiting area. The second floor has five treatment rooms, a separate decontamination room, X-ray room and patient waiting area. The third floor is for offices.

The large staff team consists of seven dentists, three specialists, a dental technician, ten qualified dental nurses, two trainee dental nurses and three hygienists. The practice also had an orthodontist and periodontology specialist who worked part time. The practice employs three receptionists and a full time practice manager. The principal dentist is also the registered manager. 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.

Summary of findings

The practice is open Monday and Wednesday (closed 1-3pm on Wednesdays) from 8.30am to 8pm, Tuesday and Thursday from 8.30am to 6pm and Friday from 8.30am to 3.30pm.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We reviewed 39 completed Care Quality Commission (CQC) comment cards and obtained the views of 18 patients on the day of the inspection. Patients commented on the excellent, caring and professional service delivered by helpful staff who listened to their concerns. Additionally, patients told us that gentle care was provided by staff who reassured them; and that the practice was particularly good for patients with physical impairments.

Our key findings were:

- The practice appeared visibly clean, was bright and clutter free
- Staff were polite, friendly and kind. Staff had an excellent knowledge of their patients
- There was appropriate equipment for staff to undertake their duties
- Staff had been trained to deal with medical emergencies
- Patients were able to make routine and emergency appointments when needed

- Infection control procedures did not always meet published guidance
- The governance arrangements for the practice were lacking
- Information from 39 completed Care Quality Commission (CQC) comment cards gave an entirely positive picture of a friendly, caring and effective service

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

- Ensure that all equipment used to sterilise instruments are validated as per national guidelines
- Ensure that all actions required to minimise the risk of the spread of Legionella bacteria are completed within the necessary time frames
- Ensure that a system of tracking the training of staff is introduced to ensure that all staff are up to date with the requirements of their professional registration

We identified areas for improvement and the provider should:

- Review the system for checking and recording all emergency equipment on a regular basis
- Review the system for checking that all staff have documentation to demonstrate their immunisation status
- Review a system for logging all dispensed medicines coming in and going out of the practice

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 operated systems for recording and reporting significant events and accidents. Most staff had a good understanding of necessary policies and procedures to follow including the reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR) 2013. One of the dentists acted as the safeguarding lead. All staff knew the procedures to follow and understood their responsibilities for reporting any suspected abuse.

Most medicines and equipment for use in a medical emergency were available but were not always checked. Staff were confident in dealing with a medical emergency.

Staff were suitably qualified for their roles and all necessary staff were registered with the dental professionals' regulatory body, the General Dental Council (GDC). The practice maintained a system of policies and risk assessments which included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the practice. Essential quality requirements for infection control were not always being met as equipment was not always being validated as per national guidelines. All elements necessary for the safe working of X-ray units were present and statutory audits of infection control and X-rays were carried out.

No action



Are services effective?

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

The dental care provided at the practice focused on the needs of the patients. The practice integrated current professional guidance such as that issued by the National Institute for Health and Care Excellence (NICE). Patients' updated medical histories were not always signed and dated but the practice was working to implement a computerised system to facilitate this. Patients' oral health was monitored and patients were actively involved in their treatment plans which were thorough and were explained both verbally and in writing. The large team of staff worked closely together and consisted of staff with a range of general and specialist knowledge and experience. Dentists referred patients onto primary and secondary services as necessary. All staff understood the principles of informed consent.

No action



Are services caring?

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

No action



Summary of findings

We obtained the views of 57 patients who had recently received treatment at the practice. They gave an entirely positive view of the practice. Patients commented on the kind, caring, professional and excellent service they received. We observed staff being very welcoming and friendly when patients came in to the practice. It was evident that the staff knew their patients very well and maintained good patient-clinician relationships.

Are services responsive to people's needs?

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

The practice had a well organised booking system to respond to patients' needs. There was an effective system for dealing with patients' emergency dental needs.

There was a procedure for responding to patients' complaints and this information was clearly visible for patients attending the practice. Information on the fees was available in new patient welcome packs, patient information booklets in the waiting areas and on the practice website.

The practice enabled easy access for patients with any mobility impairments and a lift was available to facilitate ease of access.

No action



Are services well-led?

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

Leadership was provided by the partners and practice manager. The governance arrangements at the practice required reviewing. Not all the information required for the recruitment of staff was available on the day of inspection. The practice was not ensuring that all equipment was validated for its purpose. There were some outstanding actions following a Legionella risk assessment.

The culture of the practice encouraged openness and the team worked closely together and were happy working at the practice. Staff commented that they felt listened to and supported in their roles. Not all staff had completed all required training. The practice shared learning through formal team meetings and necessary audits were completed.

The practice ethos focussed on providing patient centred care. Patients were encouraged to give their feedback and management actively sought feedback from staff.

Requirements notice



Strand-Dental

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 was carried out on 1 December 2016 by a CQC inspector who was supported by a specialist dental advisor.

We informed NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection, we spoke with the principal dentist, three other dentists, dental nurses, a receptionist and the practice manager. We reviewed policies, procedures and other documents. We also reviewed 39 comment cards that we had left prior to the inspection, for patients to complete,

about the services provided at the practice. We obtained the views of 18 patients on the day of the inspection. We carried out a tour of the practice observing the decontamination procedures for dental instruments. We looked at the storage of emergency medicines and equipment. We were shown the systems which supported patients' dental care records.

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 a system for the reporting of and learning from serious incidents and its accident and incident reporting policy had been reviewed in March 2016. Most staff we spoke with had a good understanding of the reporting of injuries diseases and dangerous occurrences regulations (RIDDOR) 2013. Most staff were clear in the actions they should take should a serious incident happen at the practice. Some staff were aware of RIDDOR but were not able to describe the process of reporting or knew whom they should report to. We brought this to the attention of the provider who told us that this would be discussed at formal staff meetings. We saw the practice had an appropriate accident book and it was kept securely in a place where all staff knew. No accidents had taken place in the last year.

Reliable safety systems and processes (including safeguarding)

The practice had a general health and safety risk assessment and policies and procedures were regularly updated.

The practice had a policy for the prevention and management of blood-borne virus exposure which had been updated in March 2016. We spoke with dental nurses on duty about the prevention of needle stick injuries. They told us that the practice used safer sharps which were not manually resheathed following use. They explained that the treatment of sharps and sharps waste was in accordance with the current EU directive with respect to safe sharp guidelines, thus helping to protect staff from blood borne diseases. Used sharps containers were collected by an appropriate waste disposal company. Staff were aware of the procedures to follow should a needlestick injury occur and the appropriate occupational health contact details were available.

We asked the principal dentist how they treated the use of instruments used during root canal treatment. They explained that these instruments were single patient use only. The practice followed guidance issued by the British Endodontic Society in relation to the use of a rubber dam

where practically possible. 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.

A dentist acted as the safeguarding lead and as a point of referral should a safeguarding issue be encountered. A policy was in place for staff to refer to which contained the necessary contact details and protocol should a member of staff identify a person who may be the victim of abuse or neglect. Training records showed that some staff had received appropriate safeguarding training for both vulnerable adults and children. We saw evidence that other staff members had received training following the inspection. The practice policies for safeguarding children and adults had been reviewed in October 2016. The practice had no safeguarding examples to discuss. All staff knew who the safeguarding lead was and the procedures to follow.

A full fire risk assessment had been completed. All necessary actions had been taken. A fire evacuation procedure had been carried out in May 2016. The risk assessment was reviewed in November 2016. Firefighting equipment such as fire extinguishers were checked on an annual basis by an appropriate company.

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Products Regulatory Agency (MHRA). The practice manager was able to tell us about recent alerts which were relevant to dental practices and demonstrated that the practice kept up to date with necessary information and shared this with staff via regular staff meetings.

Medical emergencies

The practice had some arrangements to deal with medical emergencies. Not all staff were up to date with their medical emergencies training although the staff we spoke with were confident when asked how they would deal with a medical emergency. We were provided with copies of training certificates for necessary staff following the inspection.

The practice had access to emergency oxygen and most other equipment as set out in the Resuscitation Council UK guidelines. The practice had an automated external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal

Are services safe?

heart rhythm. The AED pads were checked weekly but these checks were not logged. A portable suction device was missing from the emergency equipment. We saw evidence on the day that a suitable device was ordered. All emergency medicines as set out in the British National Formulary (BNF) guidance for dealing with common medical emergencies in a dental practice were present. The practice kept two sets of emergency medicines, oxygen, oxygen masks and glucose powder on each surgical floor. A checklist was kept of all equipment but the expiry dates of the oxygen and masks were not recorded. We brought this to the attention of the provider who added these details to the checklist. The working conditions of the oxygen cylinder were checked as per national guidelines.

Staff Recruitment

All clinical staff had current registration with the General Dental Council, the dental professionals' regulatory body. All necessary staff had a Disclosure and Barring Service check (DBS) completed as appropriate. The Disclosure and Barring Service 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 practice had a recruitment policy which contained all necessary details as per regulatory guidance. The policy detailed the checks to be undertaken before a person started work. These included proof of identity, establishing the right to work in the United Kingdom, professional body registration, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and obtaining references. The practice could not provide evidence of the hepatitis b status for all staff on the day of the inspection but this was provided following the inspection. There was evidence that references for some new employees were taken up. The practice had a thorough induction programme available for new employees.

Monitoring health & safety and responding to risks

The practice had some arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice had a system of policies and risk assessments which included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the practice.

The practice had a Control of Substances Hazardous to Health (COSHH) file. This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients. This was updated with new risk assessments as required.

Infection control

There were systems to reduce the risk and spread of infection within the practice. The practice had an infection control policy in line with HTM 01 - 05 (national guidance for infection prevention control in dental practices) which had been reviewed in March 2016.

The practice had two decontamination rooms, one on each treatment room floor. These rooms allowed complete separation of dirty and processed instruments and equipment. A member of staff showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments. Dirty instruments were transported in a red 'dirty' box from the surgeries to the decontamination room. If manual scrubbing of instruments was required this was done in a 'dirty' bowl before being rinsed in a 'clean' bowl. If not required, instruments were sprayed with a cleaning product before being placed in an ultrasonic bath (ultrasonic cleaning is the rapid and complete removal of contaminants from objects by immersing them in a tank of liquid flooded with high frequency sound waves). Instruments were rinsed again in a bowl before being inspected under an illuminated magnifying glass and then placed on a tray. The tray of instruments was then placed into an autoclave (a device for sterilising dental and medical instruments) for steam sterilising. They were then removed and dried before being pouched and stamped with an expiry date. Clean, pouched instruments were then transported back to the surgery in a 'clean' blue box. A washer-disinfector and vacuum autoclave were used only for implant equipment. We found some undated and pouched implant instruments in a cupboard. We brought this to the attention of the provider who re-processed these instruments.

We found that the practice did not have adequate systems to ensure that the autoclaves and ultrasonic baths used in the decontamination process were working effectively as the machines were not being validated. The practice was not recording the maximum temperatures, holding time

Are services safe?

and pressure to ensure that the correct parameters were being reached. We brought this to the attention of the infection control lead nurse who told us that they were time limited, hence the tests were not being carried out.

We found that all treatment rooms, waiting areas, reception and toilets were visibly clean, tidy and clutter free. Dirty to clean zones were clearly defined in all treatment rooms. Each treatment room and decontamination room had the appropriate personal protective equipment available for staff to use. This included protective gloves, masks, aprons and eye protection.

The practice employed an environmental cleaning company. We saw that the company followed appropriate guidelines on the cleaning of health care premises, for example, using colour coded mops and buckets. There was a plentiful supply of cleaning products. We did not see any evidence of cleaning logs which would detail the precise tasks that were undertaken.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. Clinical waste was kept in separate locked containers with all necessary risk assessments having been completed. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice employed an appropriate healthcare waste contractor to remove clinical waste from the practice. Consignment notices for this were seen. An infection prevention audit was last carried out in July 2016. Not all necessary staff had completed their required mandatory infection control training. We brought this to the attention of the provider who arranged for those staff members to attend training.

We saw that a Legionella risk assessment had been carried out at the practice by a competent person in June 2016. Following the assessment an action plan had been devised. Some actions were time limited but had not yet been actioned. We brought this to the attention of the provider who told us that this would be rectified. According to a recent audit carried out, the practice was not completing all necessary procedures with regards to dental unit water lines. These measures are to ensure that patients and staff are protected from the risk of infection due to Legionella. Legionella is a term for particular

bacteria which can contaminate water systems in buildings. The provider told us that they would implement systems to ensure that dental unit water lines are treated as per recommended guidance.

Equipment and medicines

We saw that the practice had a suitable amount of instruments. All instruments labelled as single use were used once and discarded appropriately. The practice had plenty of personal protective equipment (PPE) available such as protective gloves, masks and eye protection as per its PPE policy.

We saw documentation that most equipment had been serviced as per manufacturer's requirements. The washer-disinfector was last serviced in February 2015 and this was due to be serviced. Oxygen cylinders, autoclaves, ultrasonic baths, suction pumps and compressors had all been serviced as per manufacturer's requirements. The practice's X-ray machines had been serviced and calibrated as specified under current national regulations. Portable appliance testing was carried out in 2016. The practice told us that they were going to implement an equipment maintenance schedule following the inspection to ensure that no items were missed.

Equipment checks for the ultrasonic cleaners and autoclaves were not regularly carried out in line with national guidance (HTM 01 05). For example, the practice was not completing weekly air leakage or daily helix tests. Weekly protein residue tests were not being carried out, neither were quarterly foil ablation tests. The practice could not be assured that instruments were being suitably and effectively decontaminated prior to sterilisation. Weekly protein residue tests were carried out for the washer-disinfector and we saw logs of these.

The practice had emergency medicines in line with the Resuscitation Council UK guidelines. These were all in date and stored in a location known to all staff. The practice was not storing the glucagon from the emergency medicines in the fridge and had not modified its date accordingly. We brought this to the attention of the provider who amended this.

Dispensed medicines were kept in a locked cupboard. Each surgery had its own prescribing log which contained details of the patient's name, the drug prescribed, the batch number, expiry date, dentist name and date prescribed. The practice did not have a log of all medicines going into

Are services safe?

and coming out of the practice, therefore, had no system for identifying whether medicines were missing. We received information from the practice following the inspection and saw evidence that a dispensed medicines log has now been implemented.

We saw that the practice had suitable equipment to deal with minor first aid problems and bodily fluids and mercury spillage safely in line with the practice policies.

Radiography (X-rays)

We were shown a radiation protection file in line with the Ionising Radiation Regulations 1999 (IRR 1999) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER 2000). This was updated in June 2016.

This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary records relating to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for each X-ray set along with the maintenance logs, Health and Safety Executive (HSE) notification and a copy of the local rules. The local rules describe the operating procedures for the area where

X-rays are taken and the amount of radiation required to achieve a good image. Each practice must compile their own local rules for each X-ray set on the premises. The local rules set out the dimensions of the controlled area around the dental chair/patient; and state the lowest X-ray dose possible to use. Applying the local rules to each X-ray taken means that X-rays are carried out safely. The X-ray units were contracted for safety and performance checks with an approved company who was also the Radiation Protection Advisor.

We reviewed training records of staff and found that not all necessary staff had completed their required radiography training necessary to maintain their knowledge under IRMER 2000 and IRR 1999 regulations. We brought this to the attention of the provider who arranged for those staff members to attend training. We saw evidence of this following the inspection. An X-ray audit had been completed for digital X-rays in August 2016. Some radiographs had not been graded as clinicians were not aware of the grading on the software but this was reviewed by the practice. The practice was not auditing its non-digital X-rays and will consider doing this.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with dentists on the day of our inspection. They told us that their consultations, assessments and treatments were carried out in line with recognised professional guidance. We saw evidence of this in patients' dental care records.

Patients' updated medical histories were not always signed and dated but the practice was working to implement a computerised system to facilitate this.

The dentist started the patient assessment by reviewing the patient's medical history. This included noting any medical conditions suffered, medicines being taken and any allergies the patient had. They then examined the patient's teeth, gums and soft tissues and signs of oral cancer were checked. The dentists used screening tools such as the Basic Periodontal Examination (BPE) and carried out a caries risk assessment. These are widely used tools to assess the risk of dental decay and conditions of the gums. These tools helped the dentists to systematically check and monitor any changes in the patients' soft and hard tissues. This information would then be used to determine at what intervals patients would need to attend for further checks and screenings. Recall intervals followed National Institute for Health and Care Excellence (NICE) guidelines.

We saw in the patients' dental care records that these findings, together with the findings of any X-rays taken, where applicable, were used to create a treatment plan. There was evidence that treatment options, patients' preferences, potential risk and complications were explained verbally and put in writing alongside any information on costs involved.

Health promotion & prevention

The practice was focussed on the prevention of dental disease and the maintenance of good oral health and adopted the protocols of the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. The practice appointed dental hygienists to work alongside the dentists.

We saw evidence in patients' dental care records that clinicians provided dietary advice as well as advice on smoking cessation, reducing alcohol consumption and fluoride intake. Where relevant, preventative dental

information such as general oral hygiene instructions and brushing technique advice was given. Dentists referred patients to the hygienist as appropriate. A range of dental hygiene products were sold.

The practice carried out a record keeping audit in April 2016. This identified that the practice needed to modify its medical history questionnaire to reflect oral cancer risk factors such as alcohol consumption and smoking. We saw that action plans for the audit were recorded and the practice was working to improve this.

Staffing

The large staff team consisted of a practice manager, seven dentists, three specialists including a part time orthodontist and periodontology specialist, a dental technician, nine qualified dental nurses, two trainee dental nurses and three hygienists. The practice also employed three receptionists. The practice manager was a qualified dental nurse and worked clinically providing cover when needed.

All staff reported that they felt the staffing levels at the practice were adequate. Several staff members were long standing and had worked at the practice for many years. The practice manager told us that there were several part time staff and this provided an effective means of covering any sickness and holiday as staff were prepared to work extra hours when required.

There was an induction programme for new staff members. Staff were encouraged to maintain their own records of continuing professional development (CPD), confirmation of General Dental Council (GDC) registration and current professional indemnity cover where applicable.

The Care Quality Commission comments cards we received reflected that patients had the utmost confidence and trust in the clinicians.

Working with other services

The dentists explained to us how they would work with other services. Patients were referred for a number of reasons including for specialist treatments, suspicious lesions, second opinions and treatments beyond the dentists' competency. Internal referrals were made verbally and dentists referred patients to the hygienists as appropriate. This was sometimes described in the patients dental care records.

Are services effective?

(for example, treatment is effective)

We saw evidence that the referrals were tracked and recall time frames followed those set out in National Institute for Health and Care Excellence (NICE) guidelines.

Consent to care and treatment

The staff we spoke with explained to us the processes they used within the practice to ensure that the principles of informed consent were implemented at each point of dental care delivery. We reviewed dental care records and saw evidence that dentists explained individual treatment options, risks, benefits and costs and that where appropriate patients signed consent forms.

Staff demonstrated an understanding of the principles of the Mental Capacity Act (MCA) 2005. Staff told us how its

guidelines would influence their work with patients who may suffer from any mental impairment that may mean they might be unable to fully understand the implications of treatment.

Staff were familiar with the concept of Gillick competency with regards to gaining consent from children under the age of 16. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Clear information on any costs of treatment was available in the new patient welcome pack, practice website and patient information booklets.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During the inspection we observed staff in the reception area. Staff were observed to be polite, friendly and provided a welcoming and relaxed greeting. Staff ensured patients confidentiality and did not recite personal information. The practice confidentiality policy was reviewed in February 2016. Computers were password protected and regularly backed up. The reception computer screen was not visible to patients. Treatment rooms were situated away from the main waiting areas and doors remained closed at all times when patients were present. Conversations between patients and dentists could not be overheard maintaining patients' privacy.

We collected 39 completed CQC patient comment cards. We obtained the views of a further 18 patients on the day of the inspection. These provided an entirely positive view of

the service. From the feedback we received it was evident that staff had an excellent relationship with their patients. Patients commented on the friendly and helpful staff and reported that they felt listened to, cared for, that staff treated them with dignity and respect and that treatment was made as comfortable as possible.

Involvement in decisions about care and treatment

We saw evidence in the dental care records we looked at that dentists discussed the findings of their examinations and corresponding treatment plans thoroughly with patients. All treatment options available were discussed before the treatment started and written information provided as appropriate. We saw that clear information was given to patients on any costs applicable. In feedback we received from patients they told us that treatment was explained thoroughly and that they were given time to think about any treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a well organised booking system with no evidence of overbooking. This included dedicated daily emergency appointments. The dentists decided how long a patient's appointment needed to be and took account of any circumstances which may have impacted upon the length of time needed such as patient nervousness or complexity of treatment.

All new patients received a welcome pack with information on the practice complaints policy, statement of purpose, information on audit, confidentiality and a copy of the patient safety charter. The practice opening hours were clearly displayed on the windows of the practice and this information was displayed on the practice website.

Patient information booklets were found in all waiting areas and contained the same aforementioned information.

Tackling inequity and promoting equality

The practice had step free access and a lift available to all floors allowing full wheelchair access. Additionally, the reception area had a high and low desk. The practice had many patients with physical limitations and we received feedback from patients that the practice was well equipped to deal with these.

Access to the service

The practice was open from 8.30am to 8pm Monday and Wednesday, 8.30am to 6pm Tuesday and Thursday and 8.30am to 3.30pm on Fridays. This information was available on the practice window, new patient welcome pack, patient information booklets and the practice website. Out of hours information was available on the practice website and by telephoning the practice.

Concerns & complaints

The practice had a clear complaints policy and procedure. This set out how complaints would be addressed, who by and the time frames for responding. The contact details for external agencies such as the Dental Complaints Service were also provided. Information for patients about how to make a complaint was seen in the patient information booklet in both waiting areas, in the new patient welcome packs and on the practice website.

We saw that the practice had received two complaints within the last year. These were dealt with appropriately as per the practice complaints policy. It was evident that the practice as a whole had discussed each complaint in turn and action plans made where applicable as a means of learning from the complaint. For example the practice had implemented a computerised system for updating medical histories. The practice also implemented courtesy telephone calls for patients who had received longer and more complicated appointment sessions.

Are services well-led?

Our findings

Governance arrangements

We found that the governance arrangements for the practice required reviewing. The practice had recently started to use a compliance tool to store and review their governance documents but this was not up and running fully.

All necessary policies were in place and had been reviewed regularly. Most of the staff we spoke with were aware of the policies and procedures although some staff were vague with regards to some procedures they would have to follow in the event of a significant incident.

The practice manager was responsible for the day to day running of the practice but the practice had leads for other areas such as infection control, safeguarding and medicines management.

Some governance arrangements were not always effective, for example the practice had not ensured that it had access to the hepatitis b status of all staff. The practice was not validating its autoclaves or performing all necessary tests of the ultrasonic cleaners to ensure they were working effectively. We were told by staff that this was due to time constraints. A legionella risk assessment completed in June 2016 contained outstanding actions which were time limited but which had not been actioned. The practice did not keep a log of all dispensed medicines. Since the inspection the practice has worked very hard and many of these issues have been resolved.

Leadership, openness and transparency

Leadership was provided by the partners of the practice and the practice manager. The practice ethos focussed on understanding the needs of the patient population and providing patient centred care in a relaxed and friendly environment. The culture of the practice encouraged candour. It was evident that the staff were very happy working at the practice and despite the large size of the team worked closely together. Staff told us that communication between management and staff was very open and transparent. Staff we spoke with said that they felt listened to and supported in their roles and comfortable and confident to raise any concerns they may have.

The practice had daily informal meetings as an opportunity to share any information and formal weekly staff meetings. There was also a system to send and receive messages via computer or in a diary.

The practice organised team away days as an opportunity to build relationships and share learning. Staff told us that communication in the practice was very good and that management were very open to staff ideas about the running of the practice.

Learning and improvement

New staff received a practice induction which staff reported was helpful and prepared them for their roles.

It was the policy of the practice that individual staff took responsibility for maintaining their own continuing professional development. We found that many CPD certificates were not available for us to view on the day of the inspection. These were sent to us following the inspection. Some staff were not up to date with all of their mandatory training necessary to fulfil their professional body registration requirements. However, we were sent evidence following the inspection that all necessary staff were signed up to receive the appropriate training or had already received training since the inspection.

Staff we spoke with told us that they felt their learning needs were supported in the practice and should they wish to undertake training they would be given opportunities to do this. Most staff received a formal and regular appraisal.

The practice held formal staff meetings every week. These were documented and the minutes shared with staff to ensure that all members were aware of any updates or practice news. Once a year the practice organised a 'Strand' day which was an opportunity for all staff to receive updates on practice operations such as complaints and to share learning and build relationships. The practice was carrying out recommended audits.

Staff worked well together but were complacent with some of their procedures and protocols rather than striving to address the issues and improve.

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

Are services well-led?

The practice regularly sought feedback from staff ahead of team meetings. Staff reported that they were confident to feedback to any member of the management team who were open to staff suggestions.

The practice carried out a patient satisfaction survey and a patient comment box was located in the reception area. As a result of patient feedback the practice implemented a

system of sending text reminders to patients. Previously the practice telephoned patients. It was identified that patients were keen to receive reminders but as the practice grew telephoning patients became unsustainable.

The practice undertook the NHS Friends and Family Test (FFT) for its child NHS patients. This is a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Strand Dental Practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <ul style="list-style-type: none">• The provider did not assess, monitor and mitigate the risks to the health and welfare of people who used the service• The provider did not have documentation of the hepatitis b status of all of its staff• The provider was not validating its autoclaves as set out by national guidelines• The provider was not completing all tests as set out by national guidelines for the ultrasonic cleaners• The provider had not completed necessary actions arising from a Legionella risk assessment• The provider did not keep a log of the dispensed medicines within the practice• The provider had no system in place to track the core training of its staff