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Wilton Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 1 December 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found this practice was not providing effective care in accordance with the relevant regulations

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Wilton Dental Practice is a dental practice close to the main square in Wilton and it has three treatment rooms. The practice caters for both adults and children and provides general dentistry and some cosmetic dentistry for a mix of approximately 8,000, with 50%NHS and 50% private patients. The practice has three dental treatment rooms, a reception area and two waiting areas. There are facilities on the ground floor enabling access for patients with limited mobility. The practice offers the following services:

- Cosmetic Dentistry
- General Dentistry Treatments – including extractions
- Root canal treatments
- Oral Health promotion

The practice has two dentists and two trainee dental nurses who are supported by one receptionist. The practice opening hours are 08.45am –1.00pm and 2.00pm - 5:00pm Monday to Thursday and 08.45am –1.00pm on Friday. For out of hours service patients are directed to ring the 111 service.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered provider. 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

We carried out an announced comprehensive inspection on 1 December 2015 because we had received information from NHS England regarding concerns about the service provided at this practice. The inspection took place over one day and was carried out by a lead inspector and a specialist dental advisor.

We obtained feedback about the practice from six completed Care Quality Commission comment cards and speaking with three patients during the inspection. The patients we spoke with were complimentary about the service. They told us they found the practice and staff provided good care; were friendly and welcoming and all patients felt they were treated with dignity and respect. Two patients told us if they had to wait for their appointments they were kept informed during the period of waiting.

Our key findings were:

- The patients we spoke with indicated they were treated with kindness and respect by staff. We observed good communication with patients and their families. Patients reported good access to the practice with emergency appointments available within 24 -48 hours.
- There were systems to check equipment had been serviced regularly, including the compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- The practice was not meeting the Essential Quality Requirements of the Department of Health guidance, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)' national guidance for infection prevention control in dental practices. There was no clearly designated lead professional for infection prevention and control.
- Dental nurses working in the practice lacked understanding and practical application of the minimum requirements of HTM 01-05 and the lead person for infection control had not raised with the provider or addressed the environmental shortfalls in meeting the minimum standards.
- The management of sharps was not in accordance with the current EU regulations with respect to safer sharps (Health and Safety Sharp instruments in Healthcare Regulations 2013).
- There were no systems in place to learn and improve from incidents or healthcare alerts.
- There was limited evidence of recent audits being undertaken at the dental practice.
- Appropriate recruitment processes and checks were not undertaken in line with the relevant recruitment regulations and guidance for the protection of patients.

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

- Ensure the practice fully meets the Essential Quality Requirements of the Department of Health guidance, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)' as soon as is practically possible.
- Ensure dental sharps are managed in accordance with the current Health and Safety Sharp instruments in Healthcare Regulations 2013 and staff are appropriately trained.
- Provide training and competency assessment for staff about infection prevention and control and ensure all processes adhere to the national guidance HTM 01-05.
- Implement a system whereby all accidents and incidents, including RIDDOR incidents, are appropriately reported and managed for the safety of patients and staff. Plan and implement a system of clinical audits as soon as practically possible for infection control, dental X-rays, clinical record keeping and other such audits as expected by the General Dental Council standards and as advised by FGDP.
- Provide clear leadership, management and governance of the practice and assess service delivery to assure the delivery of quality, patient centred treatment and care, supported by learning and innovation, and promote an open and fair culture.
- Ensure records of identification checks are included in staff recruitment files and use current DBS checks.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice's protocols for completion of dental care records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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 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 and Enforcement Notices sections at the end of this report).

Systems, processes and practices were not in place to ensure all care and treatment was carried out safely. The practice did not have in place robust arrangements for managing infection prevention and control at the practice. There were deficiencies in identifying, investigating and learning from safety incidents.

There were not always sufficient numbers of suitably qualified staff working at the practice. We found the practice had not carried out appropriate checks on staff prior to employment at the practice, for example Disclosure and Barring check. There were systems and practices in place to keep people safe and safeguard them from abuse.

Equipment used in the practice was maintained and serviced appropriately. Potential risks to the service were not always identified and actions taken to minimise risk for the protection of patients from health and safety hazards within the building.

Are services effective?

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

Patient's needs were assessed but care and treatment was not always delivered in line with current legislation, the National Institute for Health and Care Excellence (NICE), standards and evidence based guidance. Consent to care and treatment was obtained from patients but not always recorded appropriately. The practice did not always maintain appropriate dental care records and patient details were not updated regularly.

There were arrangements in place for working with other health professionals to ensure effective quality of treatment and care for the patient. The practice partially monitored patient's oral health but did not undertake full monitoring as outlined in current guidance. Some health promotion advice was given to patients. Patients told us treatment options were explained to them to ensure they could make informed decisions.

Are services caring?

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

Feedback from patients indicated staff were friendly, professional, caring and treated patients with dignity. We received feedback from six patients via completed Care Quality Commission comment cards and three patients during the inspection. Patients told us they were listened to, treated with respect and were involved with the discussion of their treatment options which included any risks, benefits and costs.

Patients who required emergency dental treatment were responded to in a timely manner and always on the same day. We observed the staff were caring and committed to their work. Patients commented staff displayed empathy, friendliness and professionalism towards them.

Are services responsive to people's needs?

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

Summary of findings

Patients had access to the service which included information available via the practice leaflet with relevant information for patients. Urgent on the day appointments were available during opening hours. In the event of a dental emergency outside of opening hours details of the '111' out of hour's service and local hospital were available for patient's reference.

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

There were systems in place for patients to make a complaint about the service if required. The practice handled complaints in an open and transparent way and apologised when things went wrong. Information about how to make a complaint was readily available to patients in the reception area and waiting rooms.

Are services well-led?

We found 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 Enforcement Notices section at the end of this report).

There was ineffective leadership locally in the practice and by the provider. The practice had ineffective clinical governance and risk management systems. The practice was unable to demonstrate they had a system to ensure all governance arrangements were monitored and documents kept up to date.

The provider is also the manager and they were in the practice three days a week. We were told there was a limited leadership structure and staff were not aware of who took responsibility for lead roles. The practice did not operate an effective practice wide audit system to assess and monitor the service and had failed to identify risks associated with infection control issues.

The practice had a limited system for staff communication about practice issues, support and appraisal for staff.

Wilton Dental Practice

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 1 December 2015. The inspection took place over one day. The inspection was led by a Care Quality Commission (CQC) inspector. They were accompanied by a dentist, specialist advisor.

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as NHS England and the local Healthwatch, to share what they knew about the practice. We did not receive any information of concern from Healthwatch however NHS England informed us they had concerns about the practice following their review of the practice in July 2015.

During our inspection visit, we reviewed policy documents and staff recruitment files. We spoke with three patients, four members of staff and the service provider. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed the dental nurses carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the reception and waiting areas. Patients gave positive feedback about their experience at the practice.

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

There was not an effective system in place for reporting and learning from incidents. There had been one incident relating to needle stick injuries in the last year. We were told there had been an incident when the dental nurse had pricked her finger with a used endodontic file during cleaning and sustained an inoculation injury. The member of staff told us they reported the incident verbally to the provider but had not fully documented the incident. The provider told us they believed the incident had been appropriately handled and the trainee dental nurse concerned described the appropriate actions they had taken. However there was not documentary evidence to corroborate this. We discussed how incidents were reported and handled and staff we spoke with told us they were not sure of the process and dealt with any injuries themselves. There was no clear process for an Occupational Health referral following such and accident.

There was a policy for staff to follow for the reporting of these events however staff were unaware of it and it did not reflect current recommended information e.g. the contact information for an Occupational Health provider where the member of staff could be reviewed.

We observed there was no learning from incidents and staff told us they were not sure about the reporting system and if any action would be taken if they did report anything.

We were told staff meetings were convened from time to time with the other practice the provider runs a few miles away. There was no documentary evidence of any recent staff meetings and staff told us minutes of the meetings were not taken.

There were no processes in place for safety alerts to be received and shared with staff in the practice. For example they had not displayed the alert from NHS England relating to the Ebola outbreak.

There had not been any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) incidents, within the past 12 months. The provider and staff had limited understanding of RIDDOR regulations and did not have all the appropriate documents available, if such an incident occurred.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding vulnerable adults. These included contact details for the local authority safeguarding team, social services and other agencies, such as the Care Quality Commission. This information was available in the dental surgeries. Staff spoken with were aware of the policy and contact numbers.

It was assumed by staff the provider was the lead professional for safeguarding but this was not clearly identified. All staff spoken with told us they had undertaken safeguarding training in the last 12 months and were able to describe what might be signs of abuse or neglect. However the provider and staff were not aware of the level of child protection training they had undertaken as they had completed an online course. Although some certificates of this training were available in a variety of folders there was no overall training matrix to ensure documentary evidence was available to corroborate training had been completed. Staff told us if they had any concerns they would discuss them with the dentist with whom they were working and the provider.

Staff were not aware of the practice policy in relation to raising concerns about another member of staff's performance (a process sometimes referred to as 'whistleblowing'). Staff told us they would not feel able to raise concerns as they did not know to whom they could go. They did not know they could contact the Care Quality Commission (CQC) if any concerns remained unaddressed.

We asked the provider for the practice risk assessments and were shown the risk assessment proforma they would use. However the practice had not carried out a range of risk assessments to minimise risks in the practice for the safety and protection of patients and staff. We saw a number of policy documents were out of date and did not reflect current activity in the practice or most recent guidance.

The treatment of sharps and sharps waste was not in accordance with the current Health and Safety Sharp instruments in Healthcare Regulations 2013 legislation with respect to safe sharp guidelines, thus protecting staff against blood borne viruses. We found there was no

protocol in place to reduce the risks from unintentional inoculation of infected material from needles and other sharp instruments used in dental practice in accordance with the EU directive.

There were no measures in place with respect to the use of safer syringes or any awareness by the staff such systems should be in place. The practice did not have a needle stick injury procedure available for staff. Although a trainee dental nurse we spoke with showed some understanding of managing a sharps injury they were unsure of the Occupational Health requirements in the legislation and where to go to obtain blood tests and remedial treatment following a contaminated sharps injury. However, they told us following a sharps injury they had obtained this information.

There were no local protocols on display in staff areas or the dental treatment rooms detailing the management of a contaminated sharps injury. We spoke with the dentists about the sharps protocol and they did know the discarding of a used needle was the dentist's responsibility; however this knowledge was not always applied in practice. Sharps containers were assembled and labelled correctly.

The practice followed some national guidelines about patient safety. For example, the practice used a rubber dam for root canal treatments. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth).

Medical emergencies

The practice held emergency medicines, in line with guidance issued by the British National Formulary, for dealing with common medical emergencies in a dental practice. These medicines were not all in date. The pre-filled adrenaline syringes had expired in October 2014 and were still in the kit. However the kit also contained in date adrenalin ampoules, syringes and needles. 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 heart rhythm). Oxygen and other related items were available however manual breathing aids were not available. The emergency medicines and equipment were stored in a central location known to all staff.

Records showed monthly checks were carried out to ensure the equipment and emergency medicines were safe to use, but we found out of date medicines which had not been identified and were still in the kit for use. Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months.

There were no members of staff who were trained in first aid and the equipment in the first aid box went out of date in 2013. The provider and staff were unaware of this.

There was no business continuity and disaster recovery document to indicate what the practice would do in the event of situations such as a temporary or prolonged power cut and loss of the practice premises.

Staff recruitment

The practice staffing consisted of two dentists, two trainee dental nurses and one recently recruited receptionist

The practice recruitment policy and procedure outlining how staff were to be recruited for the safety of patients did not reflect the requirements as outlined in Schedule 3 Regulation 19 of the Health and Social Care Act 2014. We reviewed three staff recruitment files and found the recruitment checks completed for each person were variable. None of the staff recruitment files contained all the required recruitment information as specified in the relevant regulations.

In the three staff recruitment files seen one contained an old Disclosure and Barring Service (DBS) certificate dated September 2013 which had been obtained from a previous employer and was not portable. In the second file there was no DBS certificate or record of a DBS number following a check. In the third file there was no DBS check and risk assessment to demonstrate why a DBS certificate was not required and how the practice was managing any potential situations. The staff files seen did not have all the required documents to demonstrate safe recruitment practices had been undertaken and completed.

We were told and saw documentary evidence that demonstrated all qualified clinical staff were registered with the General Dental Council (GDC). We spoke with the newly recruited staff who told us they had received an induction but practice policy guidance had not been followed as there was no documentary evidence to corroborate this.

Monitoring health & safety and responding to risks

Are services safe?

Potential risks to the service were not always anticipated and planned for in advance to ensure patient and staff safety. We saw there was a health and safety policy in place. Fire extinguishers were serviced annually however the provider had not taken action to address the risks identified. The report in 2014 had told the provider the water fire extinguishers needed replacing and in 2015 they had been condemned but the provider had not taken any action to replace the extinguishers. The practice did not have any fire alarms but did have smoke detectors which we were told were checked regularly; however there was no documentary evidence to support this. There was no fire risk assessment for the practice. Staff told us they had not received fire training and there was no evidence fire drills or fire evacuations were being held at regular intervals and recorded to mitigate risks to patients and staff.

There were limited arrangements in place to meet the Control of Substances Hazardous to Health Regulations 2002 (COSHH). COSHH is the law that requires employers to control substances which are hazardous to health. The provider told us there was a COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified, however it could not be found in the practice or on the computer systems. COSHH products were securely stored. There was no clearly identified person with responsibility for maintaining the file and disseminating information about how to minimise the risks associated with any new products, to staff before they were used. This demonstrated a lack of systems to monitor health and safety and mitigate risks associated with hazardous substances.

Infection control

The practice had an infection control policy which was out of date and staff were unaware of its contents to minimise cross infection risks. None of the staff were clear about who was the named lead professional for infection prevention and control it was assumed it was the provider but there was no lead nurse.

There were not effective systems in place to reduce the risk and spread of infection within the practice. We found there were deficiencies which demonstrated HTM01 05 Essential Quality Requirements for infection control were not being met. (National guidance for infection prevention control in dental practices - Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM01-05). The practice had an out of date (2009) copy of this guidance document.

All staff members spoken with told us they were aware of the guidance document HTM01-05. However they were not aware the decontamination processes they were following were not fully in line with the guidance. For example they were not aware it was poor practice to be decontaminating instruments in a surgery whilst treatment was taking place or that it was not meeting essential standards to rinse dental instruments under running water.

The practice did not have a decontamination room and all decontamination from the three surgeries was undertaken in each surgery and the processes seen did not meet the essential requirements of HTM01-05. In discussion with a member of staff we were told they tried not to decontaminate when patients were being treated but occasionally it was necessary as they did not have enough instruments in each surgery.

There was a clear flow from dirty to clean zones to minimise the risk of cross contamination in the areas in which decontamination took place. We observed in the downstairs surgery (the upstairs surgery was not in use on the day of inspection) instruments were being manually cleaned in the dirty sink and rinsed under running water which does not meet the essential requirements of HTM01-05. We observed the nurse cleaning the instruments was not wearing all the required personal protective equipment as she did not wear an apron. Once cleaned and checked under an illuminated magnifier the dirty instruments were placed in an autoclave (a machine used to sterilise instruments) for sterilising. Once sterilisation was complete the instruments were appropriately p0ackaged and date stamped with the date of sterilisation and not the expiry date as required by HTM01-05.

In discussion with staff members we were told there were no recorded daily checklists for preparing the surgeries or closing them down. The staff members we spoke with were able to describe the correct process however it was not possible to evidence this was followed for the safety of patients.

In the main upstairs surgery, which was not in use on the day of inspection, we observed a full water bottle which

had not been removed from the dental chair unit and drained as required. There were no records the practice was testing the quality of the water in the dental unit water lines. This does not meet the essential requirements of HTM01-05. We reviewed records of the checks and tests carried out on the autoclaves and the records were in line with current national guidance, however there were no records of regular testing of the ultrasonic bath used for cleaning the instruments. We observed the equipment had been checked by an approved company in September 2015.

A legionella risk assessment for the practice had been completed in April 2015 as required by HTM01-05. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. This risk assessment had identified a high risk as there was no hot water in the premises; the water quality and temperature was not sampled and tested in accordance with the essential requirements.

We were told no audit of the infection control processes had been completed in accordance with HTM01 05 guidelines. Regular audit is recommended by HTM01-05 to monitor the quality of the systems and processes in relation to infection control. We found although staff told us they had received recent update training in infection control they were either not fully conversant with the essential requirements of HTM01-05, or felt unable to challenge poor practice and implement their learning and their awareness of the essential standards.

It was noted the waiting area and reception were generally visibly clean. However we observed the chairs in the waiting room while clean were cloth covered and did not comply with the code of practice and HTM01-05. It was also observed the dental chair in one surgery had tears in the covering fabric providing a potential for cross infection. This did not meet with HTM01-05. Hand washing facilities were available including liquid soap and paper drying roll in each of the treatment rooms and toilet. Hand washing protocols were displayed appropriately in various areas of the practice as required by national guidance.

There were sufficient stocks of personal protective equipment such as gloves, face masks and aprons and staff observed and spoken with demonstrated they used this equipment appropriately for the patient's and their own protection.

The practice abided by the current Department of Health guidelines regarding the segregation and storage of dental waste. The treatment of sharps waste was in accordance with current guidelines. We saw sharps containers were correctly labelled and in good condition. Staff files reflected they had all received inoculations against Hepatitis B. The practice used an appropriate contractor to remove dental waste from the practice. Waste consignment notices were available for inspection.

There was a limited supply of cleaning equipment which was stored in a cluttered and dirty cupboard. The practice had a form of cleaning schedule in place but this had not been completed for three months. It did not cover all areas of the premises and detail what and where equipment should be used. Cleaning equipment in place did not meet the national guidance of colour coding equipment to prevent the risk of infection spread.

Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the compressor, autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. A portable appliance test (PAT – this shows electrical appliances are routinely checked for safety) had been carried out as evidenced by stickers on plugs.

The practice had policies and procedures regarding the prescribing, recording, use and stock control of the medicines used in clinical practice. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored safely and staff kept a record of stock in each treatment room.

Prescriptions pads were stored securely and details were recorded in patient's dental care records of all prescriptions issued.

Radiography (X-rays)

Radiography equipment was available in all three treatment rooms.

The practice had in place a Radiation Protection Adviser and a Radiation Protection Supervisor in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). The practice had a copy of local rules for each surgery. There was a radiation protection file however it had not

Are services safe?

been maintained in line with these regulations. The file did not include the critical examination packs for all X-ray sets used in the practice. The three-yearly maintenance logs were not available.

We saw evidence for one member of staff who had completed radiation training but there was no evidence to demonstrate other members of staff were trained and safe to use the x-ray equipment.

We reviewed dental care records where X-rays had been taken. These records showed dental X-rays were justified but not quality assured and reported upon. The practice had not carried out an audit of their X-ray performance within the last three years in accordance with national radiological guidelines.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed however care and treatment was not always delivered in line with current legislation and published best practice. The National Institute for Health and Care Excellence (NICE) guidance and the Faculty of General Dental Practitioners guidance. Not all the dentists were aware of the Delivering Better Oral Health Toolkit. 'Delivering better oral health' is an evidence based toolkit published by the DOH and used by dental teams for the prevention of dental disease and to support dental teams in improving their patients' oral and general health.

During the course of our inspection we checked dental care records with each dentist to confirm the findings. In most instances we saw evidence of comprehensive assessments and treatment plans being carried out. However not all assessments included a medical history form outlining medical conditions which had been signed by the patient to confirm the information was correct. Not all assessments had information about allergies and the treatment options discussed. Records did not always demonstrate consent had been obtained. There was little evidence that relevant smoking and dietary advice had been given. The dentists told us they mostly undertook a basic periodontal examination (BPE) but this was rarely documented in patient's notes. The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.

We observed and were told the reception staff gave all new patients a medical history form to complete prior to seeing the dentist for the first time. The dentist's notes showed this history was reviewed at each subsequent appointment, but was not signed by the patient to ensure the dentist was reliably informed of any changes in each patient's physical health which might affect the type of care they received however patients had not signed to confirm the information recorded.

Patients we spoke with told us they were satisfied with the treatment they received. Patients dental recall intervals were determined by the dentists but not based on current National Institute for Health and Care Excellence (NICE) guidelines.

The dentists did not always prescribe radiographs in line with guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary.

Health promotion & prevention

The reception area contained leaflets which explained the services offered at the practice. However there was little information about effective dental hygiene and how to reduce the risk of poor dental health. The practice had some products patients could purchase that were suitable for both adults and children.

Our discussions with the dentists together with our review of the dental care records showed that in some cases preventative dental information was given in order to improve outcomes for patients. Additionally, the dentists told us they carried out checks to look for the signs of oral cancer however there was little documentary evidence to support their statements.

Staffing

The practice had two dentists, two trainee dental nurses and a receptionist.

All staff were trained appropriately and registered with their professional body. They maintained their skill levels by means of continuing professional development (CPD); this is a compulsory requirement of registration with the General Dental Council (GDC) as a dental professional. We examined staff recruitment files and they showed details of the number of hours undertaken and training certificates obtained for each member of staff.

We saw in the practice induction policy the process for new staff included all aspects of health and safety and included fire safety, medical emergencies, infection control and decontamination procedures. The staff we spoke with confirmed some, but not all of this had been covered when they commenced work in the practice but there was no documentary evidence to confirm this.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. This included referral for specialist treatments such as conscious sedation and patients who required orthodontic treatment.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

We observed staff mostly discussed treatment options, including risks and benefits, as well as costs, with each patient. Written consent was not obtained and not always documented however dentists told us they used implied consent from the patient sitting in the dental chair.

Most staff spoken with demonstrated a lack of understanding of the Mental Capacity Act 2005 and its application in relation to their role. [The Mental Capacity Act 2005 (MCA) 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 them]. The clinical staff had limited understanding of the meaning of the term mental capacity and were not able to describe to us their responsibilities to act in patients best interests, if patients lacked some decision-making abilities.

Staff had not received any formal MCA training at the time of our inspection.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patient's privacy, dignity and providing compassionate care and treatment. During our inspection, we observed patients attending in person or calling the practice by telephone were greeted warmly and spoken to politely and in a caring manner.

Staff confirmed that should a confidential matter arise the patient would be seen in a treatment room away from reception.

Staff told us consultations and treatments were carried out in the treatment rooms. We noted the treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. We observed patients were dealt with in a kind and compassionate manner. We saw staff being polite, welcoming, professional and sensitive to the different needs of patients. We also observed staff dealing with patients on the telephone and saw them respond in an equally calm, professional manner.

Staff we spoke with were aware of the importance of protecting patient confidentiality and reassurance for nervous patients. They told us they could access an empty treatment room away from the reception area if patients wished to discuss something with them in private or if they were anxious about anything.

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling of patient information. We observed the interaction between staff and patients and found confidentiality was being maintained. We saw patient records, both paper and electronic were held securely.

We reviewed the six completed comment cards that had been supplied to the practice by the Care Quality Commission (CQC); five patients provided feedback about the service. All of the comments were positive about the service they had received. Patients commented the service was efficient, staff were friendly and helpful and the dentists were excellent.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentists and felt listened to and respected. Staff described to us how they involved patients relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Dental care records we looked at reflected this.

Patients were given a copy of their treatment plan and associated costs. This gave patients clear information about the different elements of their treatment and the costs relating to them. They were given time to consider options before returning to have their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was open from 8.45am – 1:00pm and 2.00pm -5.00pm Monday to Thursday and 8.45am – 1:00pm on Friday; it was closed at the weekends. Staff told us the appointment times were reflective of patient's needs. Patients who provided feedback were satisfied with the opening times.

The practice provided patients with information about the services they offered in the practice leaflet and in the waiting room. The services provided include preventative advice and treatment and routine and restorative dental care together with oral health promotion and orthodontic treatments**.**

Patients booked in with the receptionist on arrival and they kept patients informed if there were any delays to appointment times.

Patients experiencing pain and in need of an urgent appointment were offered an appointment either on the same day if possible or within 24 -48 hours. Parents and children told us the dentists they saw were able to use age appropriate language and responded to children's anxieties and wishes while providing care and treatment.

Staff told us they had enough time to treat patients, and patients could generally book an appointment in good time to see the dentist of their choice. The feedback we received from patients confirmed they could get an appointment within a reasonable time frame and they mostly felt they had adequate time scheduled with the dentist to assess their needs and receive treatment.

Tackling inequity and promoting equality

Staff told us the patient population was quite diverse. The receptionist told us they took account of the varying needs of patients and made reasonable adjustments to ensure all patients had equal access to the service. This included providing information in other languages if required.

The clinical area of the practice was set out over two levels. There was a downstairs surgery that was accessible for patients with mobility restrictions.

Staff had access to translation services via an online translation service. The staff team were also multi-lingual with staff speaking a range of languages including Arabic and Hindi.

Access to the service

The practice had a comprehensive practice leaflet with information about their services, treatments, opening times and contact details. Opening times were displayed on the practice door. There was a patient leaflet with detailed information for patients outlining treatment costs and services.

Staff told us patients were seen as soon as possible for urgent care during practice opening hours and this was normally within 24 hours. Appointments were available each day to accommodate this. CQC comment cards reflected patients felt they had good access to routine and urgent dental care. There were clear instructions in the practice and via the practice answer machine for patients requiring urgent dental care when the practice was closed.

If patients required an appointment outside of normal opening times they were advised to call the NHS 111 service. The details of the service were on the practice answer machine message and contact numbers were also displayed by the entrance to the practice.

Concerns & complaints

The practice had a complaint procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel their concerns were not treated fairly. Details of how to raise complaints were included in the practice leaflet given to all new patients and accessible in the reception area. Staff we spoke with were aware of the procedure to follow if they received a complaint.

There had been no complaints recorded in the past year.

Are services well-led?

Our findings

Governance arrangements

The registered provider also managed the practice. We saw and evidenced there was an overall lack of clear systems and process to effectively lead and manage the practice.

There was a variety of policies, policy statements and other documents the practice used to govern activity. For example, the fire policy, the equality and diversity policy statement as well as the complaint policy. We looked at a number of these documents and saw several were not dated so it was not clear when they were written or when they came into use. Other policies seen were dated but not signed for accountability purposes and did not contain current best practice guidance for the safety of patients. The practice was unable to demonstrate they had a system to help ensure all governance documents were kept up to date.

We asked the provider about the fire safety of the practice and were told no fire risk assessment of the building had been completed. We identified it had smoke detectors, however there were no records to demonstrate these were regularly tested to ensure they were in working order for the safety of patients and staff.

We observed there was no risk assessment for the management of sharps or compliance with the latest EU directive of 2013. This demonstrated there were no systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

Leadership, openness and transparency

There was ineffective leadership locally in the practice and by the provider. There was a limited system of clinical governance in place to underpin the quality of clinical care provided by the practice however it was not being managed effectively.

Staff showed limited awareness of current guidelines with respect to infection control, and the importance of clinical audit in monitoring the quality of care provided. The provider told us they were aware of a number of gaps in the governance of the practice.

We heard from staff there were practice meetings sometimes with staff from the provider's other location however there were no minutes or record of when these meetings had taken place. There was no clear pathway for ensuring practice staff who were not present at the meeting received the information discussed for the safety of patients.

There were no clearly defined leadership roles within the practice and staff assumed the provider took the lead role in all required areas. However the provider told us they are only in the practice three days a week and no arrangements had been made for others to take the lead roles when he was not available.

We were shown the practice had a number of policies which included guidance about confidentiality, record keeping, incident reporting and consent to treatment. Staff we spoke with knew where to find these policies if required.

Staff told us they enjoyed their work and working at the practice but were aware of the large amount of work the provider had to address. In discussion with the provider during the inspection they told us were committed to maintaining a good quality of service provision.

Management lead through learning and improvement

All clinical staff told us they were up to date with their continuing professional development (CPD) requirements; however there was limited documentary evidence to corroborate their comments. Staff told us they were supported in their learning through the ongoing provision of training in the practice

We found there was no programme of clinical and non-clinical audits taking place at the practice. Normally this would include important areas such as infection prevention control, clinical record keeping, and X-ray quality. We were shown by the provider the record keeping audit they had undertaken for their own records, but it was not practice wide. The audit and re-audit results demonstrated the provider had recognised areas of deficiency in their record keeping and had taken steps to address them. The latest audit had demonstrated some improvements but not all records were meeting the General dental Council required standard. While staff were aware of how to undertake an audit due to the lack of

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leadership and clearly defined roles staff did not have a sense of responsibility to work with the provider to ensure standards of service were monitored and any identified shortfalls addressed.

The practice demonstrated they had recently commenced a system of appraisal for staff working in the practice. We were shown a blank appraisal proforma which had space for staff support needs and areas for development.

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

The practice had forms and a box on the wall by reception for patients to feedback their views. However there were no comments in the box and none had been received for some time. We were told the practice had not actively sought patient feedback for some time and there was no recent or past patient satisfaction survey available to demonstrate the practice sought feedback from its patients.

The practice was currently participating in the NHS Friends and Family Test survey and we saw forms and a box available on the reception desk. However the staff had not opened or looked in the box to see what feedback had been given. Feedback gathered from the 12 patients we spoke with was generally very positive and patients were mostly satisfied with the service they received.

During our feedback to the provider at the end of the inspection they told us they would be taking action to address the issues and concerns for safety and well-being of patients and staff.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **Regulation 13 Safe care and treatment:** **Health and Social Care Act 2008 (regulated activities) Regulation 2014** **How the regulation was not being met:** **13(2) Systems and processes were not well established to recognise and prevent abuse to patients.** **The provider must ensure staff have received training to the appropriate level and have robust procedures and processes to prevent people who use the service from being abused.** **The provider should ensure staff have an understanding of the Mental Capacity Act 2005 and its application in practice for the protection of patients.**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19 Fit and proper persons employed** **Health and Social Care Act 2008 (regulated activities) Regulation 2014** **How the regulation was not being met:** **19(2)(3)(a) Schedule 3 People who use services and others were not protected against the risks associated with recruitment processes The provider must evidence they employ 'fit and proper' staff who are able to provide care and treatment appropriate to their role and to enable them to provide the regulated activity.**

This section is primarily information for the provider

Enforcement actions

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 Safe care and treatment: Health and Social Care Act 2008 (regulated activities) Regulation 2014 How the regulation was not being met: 12(2)(c) the provider must ensure persons providing care or treatment to service users have the qualifications, competence and skills to do so safely by ensuring they have appropriate evidence of qualifications and competence. 12(2)(h) The provider was not: assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.

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 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance. How the regulation was not being met: Regulation 17(1)(2)(a)(b)(c)(d)(e)(f). Systems and processes were not established or operated effectively to ensure compliance with the requirements in this Part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 20014). The provider did not have systems and processes in place to enable the: assessment, monitoring and improvement of the quality and safety of the services provided in the carrying on of the regulated activity.

This section is primarily information for the provider

Enforcement actions

Experiences and risks for service users were not assessed, monitored and mitigated in relation to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

The provider must evaluate and improve their performance in respect of the processing of the information referred to in sub-paragraphs (a) to (e).