

Fogg, Whittingham and Casserley Roch Valley Dental

Inspection Report

23 Roch Valley Way
Rochdale
Greater Manchester
OL11 4PZ

Tel: 01706 524469

Website: www.rochvalleydental.com

Date of inspection visit: 15 May 2018

Date of publication: 26/06/2018

Overall summary

We carried out this announced inspection on 15 May 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

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

Roch Valley Dental is in Rochdale and provides NHS and private treatment to adults and children.

There is a ramp at the side of the premises for people who use wheelchairs and those with pushchairs. The practice has a free car park, which includes spaces for blue badge holders.

The dental team includes seven dentists (two of which are foundation dentists), 20 dental nurses (four of which are trainees), three dental hygiene therapists, three receptionists and a practice manager. The practice has seven treatment rooms. Roch Valley Dental is a

Summary of findings

foundation training practice. Dental foundation training is a post-qualification training period, mainly in general dental practice, which UK graduates need to undertake in order to work in NHS practice.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Roch Valley Dental was the practice manager.

On the day of inspection we collected 13 CQC comment cards filled in by patients.

During the inspection we spoke with four dentists including a foundation dentist, a dental hygiene therapist, dental nurses, receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

We returned to the practice on 17 May to review their progress in relation to the concerns identified.

The practice is open:

Monday to Friday 8:30am to 5:45pm

Our key findings were:

- The practice was refurbished to a high standard and appeared clean and well maintained.
- The practice staff had infection control procedures which broadly reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership.
- Staff felt involved, supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the availability of, and process for checking equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Review the practice's protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services safe?

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

We identified concerns which the practice took immediate action to risk assess and take the appropriate action. The likelihood of them occurring in the future is low. We will be following up on our concerns to ensure they have been put right by the provider.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Not all staff had received training in safeguarding; they demonstrated they knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

The premises were renovated to a high standard; equipment was clean and properly maintained.

The practice broadly followed national guidance for cleaning, sterilising and storing dental instruments. Recommended tests were not carried out on some equipment used in the decontamination process and consistent evidence of satisfactory sterilisation cycles were not recorded. A new infection prevention and control lead was in the process of implementing these.

The immunity status of staff was not checked, or risk assessed where individuals were a low responder or their status was unknown.

Improvements were needed to assessing risks relating to COSHH, sharps and Legionella. Previous sharps injuries had not been acted upon in line with the practice procedures.

Improvements were needed to the processes for checking equipment for dealing with medical and other emergencies.

The practice did not have appropriate local rules or processes for the appropriate use of radiographic equipment.

The systems to ensure the security of prescriptions could be improved.

No action



Are services effective?

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

The practice offered dental implants and orthodontic treatment on a private basis. These were in accordance with national guidance.

No action



Summary of findings

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

Staff supported local and national oral health campaigns and created bespoke interactive oral health displays throughout the practice which they changed and updated regularly. Three dental nurses had received extended duties training and provided fluoride varnish clinics.

The practice occasionally carried out conscious sedation for patients who would benefit. Improvements were needed to the processes and how staff documented sedation.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. The practice had a system to incentivise and reward staff for undertaking additional training to expand their role. Staff spoke highly of the support and encouragement offered to help them to expand and develop their skills.

The staff were involved in quality improvement initiatives such as good practice certification scheme and peer review as part of its approach in providing high quality care. The partners attended regular education supervisor network events and meetings.

Are services caring?

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

We received feedback about the practice from 13 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring and listened with respect.

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Staff helped patients be involved in decisions about their care and were aware of the

Accessible Information Standards and the requirements under the Equality Act.

The provider could improve the information informing patients for what purpose CCTV was in use and to make them aware of their right of access to footage which contains their images.

No action



Summary of findings

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

The practice had a system to identify patients who could attend appointments at short notice. The system enabled the practice to quickly notify them if an appointment became available.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

During the inspection the provider was open to discussion and responsive to feedback. We returned to the practice on 17 May to review their progress in relation to the concerns identified.

The practice had taken immediate action to prioritise and act on the concerns identified during the inspection.

Systems were not in place to effectively identify and manage risks, issues and performance. In particular, staff immunity, the provision of sedation, use of radiographic equipment, COSHH, legionella and the segregation of waste.

The governance systems required improvement. For example, to ensure staff accessed appropriate care and occupational health advice in the event of a sharps injury. Policies, standard operating procedures and local rules were not in place for radiography equipment. An overarching sedation policy and procedure was not in place and the system to ensure prescription security was not followed.

There was a clearly defined management structure and staff felt supported and appreciated. Staff stated they felt respected, supported and valued. They were proud to work in the practice and felt empowered to work as a team and gain additional skills.

Requirements notice



Summary of findings

The practice team kept patient dental care records which were clearly written or typed and stored securely. We found gaps in record keeping in relation to sedation treatment.

The systems to monitor clinical and non-clinical areas of their work to help them improve and learn were inconsistent. Staff did not carry out radiographic audits.

The practice obtained and listened to the views of patients and staff.

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Not all staff were up to date with safeguarding training. Despite this, staff demonstrated they knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on records. For example, children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of reprimand.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at staff recruitment records. These showed the practice followed their recruitment procedures.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC). We saw evidence that dentists and dental therapists all had appropriate professional indemnity cover in place. It was difficult to

ascertain whether the dental nurses had professional indemnity cover. We were provided with evidence that all dental nurses had appropriate indemnity immediately after the inspection.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw evidence of satisfactory electrical installation and testing. A gas safety certificate was in place, this did not include servicing and maintenance of the gas appliances.

A fire risk assessment was in place and regularly reviewed. Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. Emergency evacuation procedures were clearly displayed and staff practiced these regularly.

The provider had arrangements to ensure the safety of the X-ray equipment. They had a radiation protection file, which included access to a Radiation Protection Advisor service (RPA).

They had registered their practice's use of dental X-ray equipment with the Health and Safety Executive in line with the Ionising Radiation Regulations 2017 (IRR17).

On the day of the inspection, evidence of critical examinations and acceptance testing was not available for two of the four intra-oral X-ray machines. Test certificates were displayed in clinical areas but these did not match the equipment installed. Evidence of routine testing could only be produced for two of these devices. The practice took immediate action to contact the service engineer who provided evidence that all equipment had been satisfactorily tested.

Local rules were available but these were not applicable to the equipment in use.

The practice had a handheld X-ray machine; We saw evidence that the manufacturer had provided a Radiation Protection Advice (RPA) service as part of the purchase. They recommended the practice consulted their own RPA in relation to risk assessment, use and quality assurance of the equipment. There was no evidence the practice had acted upon this. Policies, standard operating procedures and local rules were not in place.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography. Five of

Are services safe?

the dental nurses had received training in radiography and a further two nurses were in the process of completing their radiography qualification. We were told the dental nurses used the handheld device under the supervision of a dentist. They were unsure whether the dental nurses' training had included the use of handheld equipment. We discussed this with the practice Radiation Protection Supervisor who took immediate action to contact their RPA to seek advice and support to risk assess and ensure the appropriate use of radiography equipment.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice did not carry out radiography audits following current guidance and legislation.

Risks to patients

Improvements were needed to the systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice manager carried out a weekly safety check of the premises. We noted that a window in the upstairs waiting area could be opened wide and could be easily reached and opened by patients by means of a step directly in front of the windowsill. We later saw evidence that a device had been fitted to limit the opening of the window.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulations when using needles and scalpels, underpinned by a sharps risk assessment. Other sharp dental items were not included on the risk assessment. Staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles where necessary in order to minimise the risk of inoculation injuries to staff. Staff were not clear who was responsible for dismantling matrix bands. We discussed this with the practice manager who gave assurance this would be more thoroughly risk assessed and discussed with staff.

Protocols and risk assessment documents were in place to ensure staff accessed appropriate care and occupational health advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries. We reviewed the most recent sharps injuries reported by

staff. The practice could not provide evidence that their processes had been followed. Four sharps injuries were documented, the most recent being January 2017. There was no evidence that the practice had risk assessed these, obtained appropriate occupational health advice or ensured staff accessed follow up testing.

The registered provider told us they ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. Evidence of this could only be produced for 17 clinical staff members. There was no evidence that three clinical staff members had received these vaccinations and it appeared that one member of staff had not completed their primary course of vaccinations. The practice staff were not aware of this. Individual risk assessments were not in place. The practice manager later sent evidence that they had risk assessed individuals at risk and restricted their duties to prevent accidental exposure. They had also sought the services of their occupational health provider to establish the levels of protection for all clinical staff.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) with airway management every year. Evidence of up to date training was not available for 10 members of staff. The practice manager gave assurance that staff had attended the training and the team discussed additional medical emergency scenarios at staff meetings. They told us they would locate the evidence of up to date training but this was not provided.

Emergency equipment and medicines were broadly available as described in recognised guidance. Staff told us they kept records of weekly checks to make sure these were available, within their expiry date, and in working order. We noted there was no child-sized self-inflating bag and mask, oropharyngeal airways had expired and glucagon, which is required in the event of severe low blood sugar, was kept with the emergency drugs kit but the expiry date had not been adjusted in line with the manufacturer's instructions. We raised these areas with the practice manager who gave assurance these areas would be addressed.

A dental nurse worked with the dentists and dental therapists when they treated patients in line with GDC Standards for the Dental Team.

Are services safe?

The provider had carried out some product safety information to minimise the risk that can be caused from substances that are hazardous to health. Control of Substances Hazardous to Health (COSHH) risk assessments were not in place. We discussed this with the practice manager who gave assurance that all hazardous substances would be risk assessed.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. One of the dental nurses was the infection prevention and control lead. They were being supported in this role and were in the process of completing additional training in decontamination.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated and used in line with the manufacturers' guidance. Staff did not carry out automatic control tests or ensure that consistent evidence of satisfactory sterilisation cycles were recorded. We discussed this with the decontamination lead who had recently become aware of this during training and had a plan to implement these processes in the practice.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice did not have a risk assessment to reduce the possibility of Legionella or other bacteria developing in the water systems. They had systems to maintain and manage the cleanliness of dental unit water lines. The practice manager took immediate action to arrange a full practice legionella risk assessment and gave assurance that any recommendations would be acted on.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual. We noted that re-usable towels were in use in the staff bathrooms.

The practice had policies and procedures in place to ensure clinical waste was stored appropriately. We

observed that staff did not have a system to effectively segregate waste in line with guidance. For example, bin liners in clinical areas were not appropriately or consistently colour coded. The practice manager took immediate action to implement a consistent system and discuss this with all staff.

The practice carried out infection prevention and control audits twice a year. The latest audit did not include an action plan and had not identified the issues we found during the inspection.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice manager told us they were responsible for the security of prescriptions and that all prescription pads were stored securely were never pre-stamped. We located a pad of pre-stamped prescriptions in one of the treatment rooms and the practice manager was not aware of this. Staff kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Are services safe?

An antimicrobial prescribing audit had recently been carried out by one of the foundation dentists. This demonstrated the dentists were following current guidelines.

Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

We saw evidence that the most recent incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. For example, after a fire alarm test it was identified that some members of staff were not familiar with how to operate the system.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the two dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

One of the dentists provided orthodontic treatment on a private basis. They carried out assessments in line with recognised guidance from the British Orthodontic Society (BOS). During the inspection, the dentist realised and informed us that there were some gaps in the patient records where patients had attended the provider's other dental practice for some parts of their treatment, this was discussed with the provider who confirmed they would review and act to address this.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. The partners attended regular education supervisor network events and meetings. They were also a member of a 'good practice' certification scheme.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay. Three dental nurses had received extended duties training and provided fluoride varnish clinics. We saw the practice was recently congratulated by NHS England for fluoride varnish on 76% of children compared with the locality rate of 59%.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients

during appointments. Staff supported local and national oral health campaigns and created bespoke interactive oral health displays throughout the practice which they changed and updated regularly. Children were provided with goody bags containing oral health products to encourage them to maintain their oral health. Patients' comments confirmed that the dentists were very informative and gave them information to improve their oral health.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The dentists and a dental therapist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care and preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

Are services effective?

(for example, treatment is effective)

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

The practice occasionally carried out conscious sedation for patients who would benefit from this. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment.

The practice did not have an overarching sedation policy or procedure. We saw that pre-operative checks were carried out and documented before, but not always during and after treatment. For example, staff told us that vital signs including pulse, blood pressure, breathing rates and the oxygen saturation of the blood were checked before the surgery and intervals thereafter but this was not evident in the notes. Appropriate emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training were in place. They also included information such as consent and discharge. We noted that emergency contact information was included in the pre-treatment consent form but not the post-operative instructions provided to the patient or their escort.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The operator-sedationist was supported by a suitably trained second individual. The name of this individual was recorded in the patients' dental care record.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The practice had a system to incentivise and reward staff for undertaking additional training to expand

their role. For example, four dental nurses had received additional training in the application of fluoride varnish and seven had received, or were in the process of receiving additional training to take radiographs. Two members of staff had received sedation training. Staff spoke highly of the support and encouragement offered to help them to expand and develop their skills.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. At the time of the inspection, the practice manager was in the process of reviewing the induction process to meet the changing roles in the team.

Staff told us they discussed training needs at annual appraisals, at one to one meetings and during clinical supervision. The foundation dentist told us they regularly spent time with the education supervisor discussing clinical cases and their progress, they felt well supported. We saw evidence of completed appraisals, personal development plans and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring and listened with respect. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and that staff were kind and helpful when they were in pain, distress or discomfort.

Practice information, magazines and thank you cards were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

The layout of reception and ground floor waiting area did not provide privacy when reception staff were dealing with patients but the receptionists were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients and if a patient asked for more privacy they would take them into another room.

The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the

Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given.

Interpretation services were available for patients who did not have English as a first language. Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models, videos; X-ray images of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

The provider had installed a closed-circuit television system, (CCTV), internally in the reception and the external car park. The provider had not displayed adequate information informing patients for what purpose the CCTV was in use and to make them aware of their right of access to footage which contains their images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they were unable to access the first floor treatment rooms or if they required a translator.

A Disability Access audit had not been completed. The practice had made reasonable adjustments for patients with disabilities. These included a ramp at the side of the premises providing step free access, and an accessible toilet with baby changing facilities, hand rails and a call bell.

Patients could choose to receive appointment reminders by text message or email. Staff told us that they telephoned all patients who were booked for long treatment appointments in advance to make sure they could get to the practice. Staff also telephoned patients after complex treatment to check on their well-being and recovery.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting. The practice had a system to identify patients who could attend appointments at short notice. The system enabled the practice to quickly notify them if an appointment became available.

The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information explaining how to make a complaint was displayed in the waiting areas and available on the practice website.

The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

Staff at the practice had the capacity and skills to deliver high-quality, sustainable care.

The management team had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Managers at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice manager had recently been appointed; they had been supported by the partners to access additional training relevant to the role.

Vision and strategy

The practice had been purpose built to meet the needs of the local population; staff were knowledgeable about the high needs of patients in the locality. There was a realistic strategy and supporting business plans to achieve priorities. This was in line with health and social priorities across the region. The practice planned its services and skill mix of the team to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice and felt empowered to work as a team and gain additional skills.

The practice focused on the needs of patients.

Managers and staff acted on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support governance and management.

The partners had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. We found when reviewing these, some key requirements had not been identified as having been overlooked.

On the day of the inspection, it was difficult to ascertain whether the practice had carried out essential checks and tests. For example, pressure vessel testing, acceptance and routine tests of X-ray equipment. The provider was not aware whether the dental nurses had appropriate indemnity in place. After discussions with contractors, staff and the indemnity provider, they were able to provide evidence that these were in place, but they had not been aware of these until we asked about their arrangements.

The governance systems required improvement. For example, protocols and risk assessment documents were in place to ensure staff accessed appropriate care and occupational health advice in the event of a sharps injury. The practice could not provide evidence that their processes had been followed.

Policies, standard operating procedures and local rules were not in place for radiography equipment. An overarching sedation policy and procedure were not in place and the system to ensure prescription security was not followed.

Systems were not in place to effectively identify and manage risks, issues and performance. For example:

- The practice was not aware of the immunity status of clinical staff, or taken action to risk assess low

Are services well-led?

responders. They had not followed up anyone with an unknown status, obtained appropriate occupational health advice or ensured staff accessed follow up testing or booster vaccinations where appropriate.

- Systems were not in place to ensure that sedation was documented appropriately; essential checks of vital signs were not consistently recorded in patient records.
- The radiation protection supervisor had not acted on advice to consult their own RPA in relation to risk assessment, use and quality assurance of the X-ray equipment.
- The provider did not have a system to effectively segregate waste in line with guidance.
- A risk assessment was not in place to reduce the possibility of Legionella or other bacteria developing in the water systems.
- The provider did not ensure staff carried out automatic control tests or ensure there was consistent evidence of satisfactory sterilisation cycles.
- A system was not in place to assess the risk from hazardous substances used in the practice and ensure these were stored and used in line with the manufacturer's instructions.

During the inspection the provider was open to discussion and responsive to feedback. The practice took immediate action to prioritise and act on the concerns identified during the inspection.

We returned to the practice on 17 May to review their progress in relation to the concerns identified. The management team had discussed the findings and liaised with staff and external providers to obtain evidence and arrange for checks to be carried out. For example, a full legionella risk assessment, evidence of equipment checks, RPA advice and the input of a specialist occupational health provider. They gave assurance that all areas would be acted on as soon as practicable and that systems would be implemented to prevent re-occurrence.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient feedback, social media and verbal comments to obtain staff and patients' views about the service. They had extended their opening hours in response to patient feedback.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The latest results showed that 96% of the most recent respondents would recommend the practice.

The practice gathered feedback from staff through regular management and team meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of antimicrobial prescribing dental care records for one clinician and infection prevention and control. They had clear records of the results of these audits. The infection prevention and control audit had failed to identify issues found as part of the inspection and did not include an action plan. The practice did not complete radiographic audits. The practice manager had recently carried out a basic checklist review of radiographic quality but this was not operator specific and did not include any findings or action plan for improvement.

The registered manager and partners showed a commitment to learning and improvement, they were open to discussion and feedback to address the concerns

Are services well-led?

identified and took immediate action to address these and provide evidence of improvement. They valued the contributions made to the team by individual members of staff.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This

included undertaking medical emergencies and basic life support training annually. Evidence could not be provided that all staff had received appropriate safeguarding or basic life support training. Staff also took part in team building events and activities.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

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>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Policies and processes were not in place to ensure that radiographic equipment was maintained and used appropriately by staff. There were no processes to monitor the quality of radiographs in the practice.• The provider had not ensured that clinical staff had appropriate immunity, taken action to risk assess low responders, or follow up anyone with an unknown status.• The provider did not have systems in place to ensure that sedation was documented appropriately; essential checks of vital signs were not consistently recorded in patient records.• The provider had not ensured that advice to consult their own RPA in relation to risk assessment, use and quality assurance of the X-ray equipment had been acted upon.• The provider did not ensure that a system was in place to effectively segregate waste in line with guidance.• The provider had not ensured a risk assessment was in place to reduce the possibility of Legionella or other bacteria developing in the water systems.• The provider did not ensure staff carried out automatic control tests or ensure there was consistent evidence of satisfactory sterilisation cycles.• A system was not in place to assess the risk from hazardous substances used in the practice and ensure these were stored and used in line with the manufacturer's instructions. <p>There was additional evidence of poor governance. In particular:</p>

This section is primarily information for the provider

Requirement notices

- Evidence could not be provided that all staff had received appropriate safeguarding or basic life support training.
- The provider had not ensured that policies and procedures to risk assess and obtain appropriate advice and testing after contaminated sharps injuries were followed.
- The provider did not carry out audits of radiographic quality. The processes to audit infection prevention and control, and act on the findings were not effective.