

Levine & Leslie Dental Surgeons

# Levine & Leslie Dental Surgery

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 27 April 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

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

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

### **Background**

Levine & Leslie Dental Surgery is situated in Leeds, West Yorkshire. It offers only private dental treatments. The services include preventative advice and treatment, routine restorative dental care and relative analgesia (conscious sedation using a mixture of nitrous oxide gas and oxygen).

The practice has two surgeries, a waiting area and a reception area. All facilities are of the ground floor of the premises. There are toilet facilities but these are not accessible for those in a wheelchair.

There is one dentist, one dental hygienist, two dental nurses and one receptionist.

The opening hours are Monday to Friday from 9-00am to 5-30pm.

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

# Summary of findings

During the inspection we received feedback from 13 patients. The patients were positive about the care and treatment they received at the practice. Comments included that the premises were safe and hygienic and that staff were helpful, friendly and professional. Patients also commented that it was easy to get an appointment.

## Our key findings were:

- The practice appeared clean and hygienic.
- The decontamination process was effective and equipment was appropriately validated and serviced.
- Staff had a limited understanding of what a significant event was.
- Several materials and local anaesthetics in the surgeries were out of date.
- There was no stock control system for antibiotics and we found some antibiotics were out of date and had been prescribed to patients recently.
- Staff had a limited understanding of Control of Substances Hazardous to Health 2002 (COSHH) regulations and the COSHH folder did not have several materials recorded in it.
- Staff were qualified and had received training appropriate to their roles.
- Dental care records lacked detail and did not follow Faculty of General Dental Practice guidance.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed that patients were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks. This was not documented in the dental care records.
- Patients were able to make routine and emergency appointments when needed.
- The practice did not regularly undertake audits of dental care records or the Infection Prevention Society (IPS) audit.
- The practice did not have any arrangements for seeking feedback from patients.

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

- Ensure systems are in place to assess, monitor and improve the quality of the service such as undertaking regular audits of various aspects of the service and ensuring that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure systems are put in place for the proper and safe management of medicines.
- Ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD)
- Ensure the availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the British National Formulary and the Resuscitation Council (UK).

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

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

- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result.
- Review the practice's protocol for identifying and disposing of out-of-date stock.
- Review the practice's waste handling policy and procedure to ensure waste is segregated and disposed of in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review whether the practice is compliant with the Pressure Systems Safety Regulations 2000.
- Review the practice's system for ensuring staff are up to date with their training in relation to the provision of relative analgesia.
- Ensure the dentist has undertaken the appropriate
- Review the arrangement for the zoning of the decontamination area in the hygienist's room.

# Summary of findings

- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review the protocols and procedures for use of X-ray equipment giving due regard to Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's arrangement for seeking feedback from patients.
- Review the arrangement for the documentation of practice meetings.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

Staff had a limited understanding of their responsibilities of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). They also had a limited understanding of what a significant event was.

One member of staff had received training in safeguarding. Staff had a limited understanding of the signs and symptoms of abuse.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients' medical histories were obtained before any treatment took place. The dentist was aware of any health or medication issues which could affect the planning of treatment. Not all staff had received training in medical emergencies. Emergency equipment and medicines were in date and generally in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. Some items were missing from the emergency resuscitation kit.

The X-ray machine in the hygienist surgery had not been critically examined in the last three years. We were told that this machine is not used anymore but it had not been decommissioned.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use.

### **Are services effective?**

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

Patients' dental care records provided limited information about their current dental needs and past treatment. The dentist monitored any changes to the patient's oral health and provided treatment when appropriate.

The dentist followed some current guidelines when delivering dental care. These included National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). The practice provided preventative treatment in line with the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were not actively encouraged to complete training relevant to their roles.

Referrals were made to secondary care services if the treatment required was not provided by the practice.

### **Are services caring?**

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

During the inspection we received feedback from 13 patients. The patients were positive about the care and treatment they received at the practice. Comments included that staff were helpful, friendly and professional.

We observed the staff to be welcoming and caring towards the patients.

We observed privacy and confidentiality were generally maintained for patients using the service on the day of the inspection.

# Summary of findings

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

## **Are services responsive to people's needs?**

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

The practice had an efficient appointment system in place to respond to patients' needs. The appointment book was very lightly booked so that emergency patients could be seen on the same day.

Patients commented they could access treatment for urgent and emergency care when required.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. No complaints had been received in the past 12 months.

The practice had made reasonable adjustments to enable patients in a wheelchair or with limited mobility to access treatment.

## **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 at the end of this report).

There was only a small number of staff and it was clear that they worked well together. The practice owner was responsible for the day to day running of the practice.

Staff were not actively encouraged to complete training and we saw that some members of staff had not completed training in how to deal with medical emergencies, safeguarding and relative analgesia.

The practice held monthly staff meetings to discuss matters relating to the running of the practice. These meetings were not minuted.

The practice did not have a structured plan in place to audit quality and safety.

The practice did not have any formal procedure for seeking feedback from patients.

# Levine & Leslie Dental Surgery

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

During the inspection we received feedback from 13 patients. We also spoke with the practice owner, one dental nurse and the receptionist. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

Staff did not have good awareness of the process for significant event recording and analysis. Staff told us about an accident and incident which had occurred. These had not been documented or acted upon to prevent future occurrences.

Staff were unfamiliar with the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR).

The registered provider received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession.

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

The practice had child and vulnerable adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. There were contact details for both child protection and adult safeguarding teams displayed in the staff room. The practice owner was the safeguarding lead for the practice. They had not completed any safeguarding training in the past three years. Only two members of staff had completed safeguarding training in the past three years.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of re-sheathing devices, a protocol that only the dentist deals with sharps and guidelines about responding to a sharps injury (needles and sharp instruments).

Rubber dam (this is a square sheet of latex used by dentists for effective isolation of the root canal and operating field and airway) was not always used in root canal treatment. When rubber dam was not used the dentist ensured any root canal instruments were secured by using a parachute chain.

We saw that patients' clinical records were recorded on paper. Dental care records were locked away in secure cabinets when the practice was closed.

### Medical emergencies

The practice had emergency medicines and equipment available for staff to use if necessary. This was in generally line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). We noted that the practice did not have any oropharyngeal airways in the emergency resuscitation kit. We also noted the portable suction device was unclean as it had not been kept in a sealed bag.

The emergency resuscitation kits, oxygen and emergency medicines were stored in the staff room. Staff knew where the emergency kits were kept. The practice did not have access to an Automated External Defibrillator (AED) in line with current guidance and had not undertaken and documented a risk assessment as regards its absence. 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.

Records showed weekly and monthly checks were carried out on the oxygen cylinder and the emergency drugs respectively. These checks ensured that the oxygen cylinder was full and the emergency medicines were in date.

### Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed. The practice carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We reviewed records of staff recruitment and these showed that all checks were in place.

The practice also used agency dental nurses when they were short staffed. These dental nurses already had the appropriate recruitment checks done by the agency.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

# Are services safe?

## **Monitoring health & safety and responding to risks**

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, spillage of bloody and mercury and risks associated with Hepatitis B.

Staff had a limited awareness to the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We reviewed the COSHH folder and found several materials were not included in the folder. We looked at and saw that this folder had not been regularly updated to keep it current.

## **Infection control**

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

Staff had received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms to be clean and hygienic. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a daily surgery checklist which the nurses completed to ensure all the tasks had been completed. There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were displayed to support staff in following practice procedures.

We noted that the sharps bins were located close to the floor and could potentially be accessed by children. This was highlighted to the practice owner and we were told that these would be relocated to a safer position. We observed clinical waste was stored in a dedicated bin outside. This bin was locked but not secured to the wall to prevent it from being taken.

Decontamination procedures were carried out in the surgeries. One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice manually cleaned the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in a validated autoclave. The dentist's surgery had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. The hygienist's surgery did not have well defined dirty zones. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

The practice had systems in place for quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in April 2016 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. This audit did not have an action plan associated with it. We also noted that this audit had not been regularly completed every six months in accordance with HTM 01-05. The last time this audit had been completed was in 2012.

Records showed a risk assessment process for Legionella had been carried out in April 2016 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session, monitoring cold and hot water temperatures each month and the use of a water conditioning agent in the dental unit water lines.

## **Equipment and medicines**

The practice arranged for servicing of the autoclaves on an annual basis. We saw certification of these services. These services ensure that the equipment is safe to use. The equipment used in relative analgesia had been serviced on an annual basis to ensure it remained safe to use.



# Are services safe?

The practice had recently had a new compressor fitted. The practice owner was unable to provide us with documented evidence of the installation of the compressor or a written scheme of examination. We were later sent evidence that the compressor had been checked after the inspection.

Portable appliance testing (PAT) had been completed in March 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

During the inspection of the surgeries we noted several materials and local anaesthetics were out of date. We noted two types of local anaesthetic went out of date in January 2013 and March 2014. We noted that several materials and equipment (including filling materials, periodontal gels and irrigation needles) were out of date and these ranged from February 2011 to February 2016.

The practice dispensed antibiotics to patients. These were kept in a locked cupboard in the dentist's surgery. A log was kept of what antibiotics had been prescribed to which patients. When we looked at the stock of antibiotics we noted that one type of antibiotic had expired in March 2016. We checked through the log book and found that these had been prescribed to patients during April 2016. After the inspection we were told by the practice owner that they contacted the patients in question to inform them of the mistake and make an apology. The patients were fine and their infections were subsiding.

## **Radiography (X-rays)**

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. We reviewed the documentation relating to the critical examination of the X-ray machines. The X-ray machine in the dentist's room was critically examined in April 2016. Prior to this it had not been critically examined since June 2012. This critical examination must be completed on all fixed X-ray equipment every three years. The X-ray machine in the hygienist's room did not have a current critical examination. We were told that this machine was never used even though it was still functional. If X-ray equipment is no longer used then it should be decommissioned to ensure that it not used.

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. Local rules were available in the surgeries for staff to reference if needed. We saw from dental care records that a justification and grade for X-rays were not documented.

The practice used an automated X-ray developer. We saw that X-rays were assessed for the quality of processing and when there were signs of the image quality deteriorating the fluids involved in developing the X-rays were changed. Used X-ray developer and fixer were stored in sealed containers and kept in a secure area of the practice until they could be collected for safe disposal.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept paper dental care records. They contained some information about the patient's current dental needs and past treatment. The dentist used a risk based approach to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental decay or gum disease. Neither the patients' risk factors nor the recall interval were documented in the dental care records.

During the course of our inspection we discussed patient care with the dentist and checked dental care records to confirm the findings. Clinical records included some information about the condition of the patient's mouth. For example, the dentist did not always record a full chart of all the restorations (only crowns, bridges and teeth requiring treatment were charted), an extra-oral examination or an intra-oral examination.

The dentist or the dental hygienist carried out a Basic Periodontal Examination (BPE) on patients. A 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.

Medical history checks were updated by each patient when they attended for an examination or an emergency appointment. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The dentist took X-rays to check for dental decay using a risk based approach. This took into account the likelihood of the patient experiencing dental decay and how heavily restored the teeth were.

The practice provided relative analgesia (RA) for some nervous patients. RA is a form of conscious sedation induced by inhaling a combination of oxygen and nitrous oxide. The dentist described to us how patients' medical histories were checked to ensure they were suitable for RA. This included checking whether they had any respiratory problems which would be a contraindication to the treatment. The dentist described to us how they would titrate the dose of nitrous oxide to effect to ensure patients were not over sedated. They described to us the signs

which they look for to check the patient was adequately sedated. The dentist told us that having undergone sedation the patient was discharged with a responsible escort.

### Health promotion & prevention

The dentist and the dental hygienist provided preventative care and support to patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentist provided fluoride treatments to children who attended for an examination. Fissure sealants were also applied to children at high risk of dental decay. Fluoride mouthwash or high fluoride toothpastes were prescribed for patients at high risk of dental decay. We were told that the dentist provided in depth oral hygiene advice including interdental cleaning advice, tooth brushing and dietary advice. We were also told that the dentist would use disclosing tablets for children whose tooth brushing was not adequate. Disclosing tablets highlight where a patient is not brushing adequately due to an accumulation of dental plaque.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist that smoking cessation advice was given to patients where appropriate. There were health promotion leaflets available in the waiting room to support patients.

### Staffing

There had not been any new staff in the practice for approximately 10 years so there had not been any need for an induction policy. However, they were aware of what would need to be covered if a new staff member was ever to join the team. This would include the location of the emergency drug kits and issues relating to health and safety.

Staff were not actively encouraged to maintain the continuous professional development (CPD) and no log was kept to ensure all staff had completed. We saw that

# Are services effective?

(for example, treatment is effective)

several members of staff had not completed training in relation to medical emergencies and CPR within the last year or safeguarding of children and vulnerable adults in the last three years.

The practice used the services of a dental hygienist to assist patients in maintaining good oral hygiene. We saw that the dentist completed a form to ensure that the dental hygienist knew what treatment was required to be done.

## **Working with other services**

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics and oral surgery. Patients were provided with a choice of locations where they could be referred to including a choice of private or NHS services. The practice had a process for the urgent referral of patients with a suspected malignancy.

The dentist completed proformas or referral letters to ensure the specialist service had all the relevant information required. A note was made in the dental care records of when the patient was referred. Letters received back relating to the referral were first seen by the dentist to see if any action was required and then stored in the patient's dental care records.

## **Consent to care and treatment**

We were told that patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. The dentist was aware of Gillick competency and how it would be applied but would always prefer if a child's parent was present in order to provide consent.

Staff had a basic understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began and a treatment plan was signed by the patient which included details of the costs involved with the treatment. We were told that individual treatment options including risks and benefits were discussed with each patient. Details of these discussions were not documented in the dental care records.

# Are services caring?

## Our findings

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

Feedback from patients was positive and they commented that staff were helpful, friendly and professional. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. Dental care records were not visible to the public on the reception desk. We observed the receptionist to be helpful, discreet and respectful to patients. They were aware that no personal details should be discussed at the reception desk to ensure the dignity of patients. We noted that the appointment book was kept on the top of the reception desk which was visible to other patients at the reception desk. There were no personal details (apart from the

patients name and time of appointment) in the appointment book but we felt that the appointment book should be kept in a more discrete position. Patients' dental care records were securely stored in locked cabinets.

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

The practice provided patients with information to enable them to make informed choices. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Each surgery had an intraoral camera in it which was connected to a television. These were used by to demonstrate issues with a patients tooth. This allowed the dentist to give the patient a clearer picture of why a particular treatment was needed. We also saw models of teeth which were used to describe treatments including crowns and bridges.

Patients were also informed of the range of treatments available on the practice's website and on a television in the waiting room. These included details about bridges, gum disease and fillings.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day. We saw that the dentist was very lightly booked to enable any emergency patients to be seen the same day. We also saw that the practice offered emergency appointments for non-registered patients. These would also be seen the same day if possible.

Patients commented that they could always get an appointment at a time which suited them. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

### Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included a removable ramp to access the premises. There were toilet facilities on the ground floor but these would not be suitable for patients in a wheelchair. The ground floor surgeries were large enough to accommodate a wheelchair or a pram.

### Access to the service

The practice displayed its opening hours on the premises and on the practice website. The opening hours are Monday to Friday from 9-00am to 5-30pm.

Patients told us that they could access care and treatment in a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. The dentist had a mobile phone which patients could contact in the event of a dental emergency. If the dentist was ever on holiday then they had a buddy arrangement with a local practice for them to see emergency patients. Details of the out of hours service was available on the practice website.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. The practice owner was in charge of dealing with complaints when they arose. Staff told us they would raise any formal or informal comments or concerns with the practice owner to ensure responses were made in a timely manner. We were told that they had not received any complaints for several years and there was no documentation of any having been dealt with.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within two working days and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice owner was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had an approach for identifying where safety was being affected and addressing any issues. A Health and safety policy was in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to Hepatitis B, the use of equipment and infection control.

### **Leadership, openness and transparency**

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. Staff told us there was an open culture within the practice and they were confident to raise any issues at any time.

Staff were aware of whom to raise any issue with and she told us that the practice owner was approachable, would listen to their concerns and act appropriately. They were also aware of external bodies who they could contact if they felt the issue could not be dealt with in house.

### **Learning and improvement**

Quality assurance processes were infrequently used at the practice. For example, they had not completed an audit

relating to dental care records since 2012. The dental nurse conducted an audit of X-rays. The dental nurse graded the quality of the developing of the X-ray and documented these in a log book. Therefore this audit only focussed on the quality of the developing and did not take into account whether the X-ray was of any clinical use.

They had carried out an Infection Prevention Society (IPS) self- assessment audit in April 2016 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). However, this audit had no action plans derived from it to help ensure the decontamination procedures remained in line with HTM 01-05 guidance. We also saw that this audit had not been regularly completed every six months in line with HTM 01-05 guidance.

As the practice offered relative analgesia (RA) we discussed continuing professional development (CPD) with the dentist. They were unable to demonstrate any CPD had been completed by any of the team associated with RA. The guidelines published by the Standing Dental Advisory Committee: conscious sedation in the provision of dental care; Report of an expert group on sedation for dentistry states that "Evidence of active participation in continuing professional development (CPD) and personal clinical audit is an essential feature of clinical governance".

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

The practice did not have any formal systems in place to seek feedback from its patients. The practice owner told us that if patients had any comments then they would speak to staff directly.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The provider did ensure the proper and safe management of medicines.</li><li>• The provider did not have emergency equipment as detailed in the resuscitation guidelines for dental settings nor a risk assessment to mitigate their absence.</li></ul> <p><b>Regulation 12(1)</b></p>
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><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services)</li></ul> <p><b>Regulation 17(1)</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• Persons employed by the service provider in the provision of a regulated activity must receive such</li></ul>

This section is primarily information for the provider

## Requirement notices

appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

### **Regulation 18 (2)**