

Patient First Dental Practice

Patient First Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 5 August 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

Patient First Dental Practice is a dental practice situated in Grays, Essex.

The practice has four treatment rooms, a waiting room and a reception area. Decontamination takes place in a dedicated decontamination room (Decontamination is the process by which dirty and contaminated instruments are bought from the treatment room, washed, inspected, sterilised and sealed in pouches ready for use again).

The practice is a partnership between two dentists. Four associate dentists, a hygienist, six qualified dental nurses, one trainee dental nurse and one receptionist are employed at the practice.

The principal dentist 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.

The practice offers NHS and private general and cosmetic dental treatments to adults and children. The opening hours of the practice are 9 am to 5 pm Monday to Friday and 9 am to 2 pm on Saturdays. The practice offers late evening appointments up to 9 pm on Thursday evenings. Appointments are available throughout these times, including lunch times.

Summary of findings

We left comment cards at the practice for the two weeks preceding the inspection. 12 people provided feedback about the service in this way. All of the comments spoke highly of the dental care and treatment that they received and the professional and helpful attitude of the dentists and dental nurses.

Our key findings were:

- The practice had systems in place for investigating and learning from safety incidents or accidents. However learning from complaints was not used to make improvements where this was required.
- The practice was visibly clean and clutter free. However Infection control practices did not meet national guidance. There were limited systems in place to minimise the risk of legionella and no infection control audits were carried out.
- There were systems in place to help keep people safe, including safeguarding vulnerable children and adults. However there were no health and safety risk assessments in place.
- There were systems in place to ensure that X-ray equipment was tested and maintained safely. Staff did not have access to training or information to ensure that X-rays were carried out safely and that risks to patients and staff were minimised.
- Dental care and treatments were carried out in line with current legislation and guidelines.
- Staff did not receive all the relevant training in respect of their roles and responsibilities within the practice.
- Patients reported that they were treated with care and compassion and staff were polite and helpful.
- Patients were involved in making decisions about their care and treatments.
- The practice provided a flexible appointments system and could normally arrange a routine appointment within a few days or emergency appointments mostly on the same day.
- The practice kept medicines and equipment for use in medical emergencies. These were in line with national guidance and regularly checked so that they were fit for use.
- Effective governance arrangements were not in place for the smooth running of the service. There were limited measures in place to ensure that the policies and systems within the practice were monitored, reviewed as needed and adhered to by staff,
- Patient's views were sought. However these were not used to make improvements to the service where these were identified.

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

- Ensure that all of the appropriate checks are carried out when recruiting new staff to work at the practice.
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities. This includes assessing and managing the risks associated with the use of X-ray equipment and exposure to ionising radiation, infection control including legionella. It also includes reviewing safety alerts and taking any relevant action to mitigate risks to patients and reviewing safety related incidents and using learning from these to make necessary improvements.

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

- Review its procedures for dealing with medical emergencies to determine the need for portable suction equipment.
- Review the arrangements for the Control of Substances Hazardous to Health (COSHH) so that this information is updated to include any new materials used / any changes to information about currently used substances.
- Review the systems for monitoring prescription pad use and recording details of prescriptions issued.
- Review the records in relation to cleaning and decontamination procedures so that these include a record of checks carried out at start and close of day.
- Review staff records so that they accurately reflect training undertaken.
- Review the procedures for obtaining patient consent so that these include reference to the Mental Capacity Act 2005 and making best interests decisions where patients lack capacity to give consent or make informed decisions about their care and treatment.
- Review and monitor patient waiting times and improve on these where this is practicable.
- Review the arrangements for advising patients about the practice complaints procedures and how they can make complaints.

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).

The practice had systems and processes in place to provide safe care and treatment and to assess and minimise risks. There were some risk assessments in place including fire safety. However there was no health and safety risk assessment and infection control audits had been carried out since 2014. A legionella risk assessment had been carried out in September 2015 and this identified areas of risk. However the appropriate actions from this risk assessment had not been carried out including checking hot and cold water temperatures.

The practice had procedures in place to safeguard children and vulnerable adults. However there was no safeguarding lead identified to oversee and monitor the safeguarding procedures and a number of staff did not have training appropriate to their roles and understood their responsibilities in this area.

The practice was visibly clean. The cleaning and decontamination of dental instruments was carried out in line with current guidelines.

Equipment within the practice was regularly checked, serviced and maintained according to the manufacturer's instructions. However there was no radiation protection supervisor identified to oversee and monitor safety in relation to X-rays and X-ray equipment.

There was a range of equipment and medicines for use in medical emergencies and these were in line with national guidance. Staff had undertaken appropriate training. Medicines and equipment were stored appropriately, accessible and regularly checked.

New staff had not been appropriately recruited In line with the practice recruitment procedures.

Requirements notice



Are services effective?

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

Consultations were carried out in line with good practice guidance from the National Institute for Health and Care Excellence (NICE). On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was regularly reviewed and used to plan patient care and treatment. Patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors recorded.

No action



Summary of findings

Patients were offered options of treatments available and were advised of the associated risks and intended benefits. Patients were provided with a detailed written treatment plan which detailed the treatments considered and agreed together and the fees involved.

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

The principal dentists and dental nurses were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development activities. However staff did not have an appraisal of their performance from which personal development needs were identified and staff did not undertake training relevant to their roles and responsibilities within the practice.

Are services caring?

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. A private room was available should patients wish to speak confidentiality with the dentist or reception staff. Staff had access to policies around respecting and promoting equality and diversity.

Each of the three patients we spoke with said that they were treated with respect and kindness by staff. Comments on the 12 completed CQC comment cards we received also reflected that patients were satisfied with how they were treated by staff. Patients indicated that staff were helpful and treated them with kindness. They said that staff were understanding and sensitive particularly when patients were experiencing pain or anxiety.

Patients said that they were able to be involved in making decisions about their dental care and treatment. They said that they were allocated enough time and that treatments were explained in a way that they could understand, which assisted them in making informed decisions.

Comments on the 12 completed CQC comment cards we received included statements by patients saying they were involved in all aspects of their care and found the staff to be professional and caring.

No action



Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. Appointments could be booked in person or by telephone. The practice operated

No action



Summary of findings

a triage system to help identify and prioritise urgent same day access for patients experiencing dental pain which enabled them to receive treatment quickly. Patients we spoke with told us that the dentist offered a flexible service including lunchtime appointments.

The practice was open and offered appointments between 9 am and 5pm on Mondays to Fridays and between 9 am and 1 pm on Saturdays. The practice offered late night appointments up to 9 pm on Thursdays. Patients were provided with information about accessing emergency dental treatment when the practice was closed.

The practice premises were accessible. Staff had access to language translation services if these were required.

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them. Information about how to raise complaints was displayed within the waiting area, but not available within the patient leaflet or on the practice website.

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 Enforcement Actions at the end of this report).

There were limited systems for keeping up to date with reviews and changes to current guidance and ensuring that these were implemented in the practice.

There was a lack of governance arrangements and leadership within the practice to ensure that appropriate systems were in place to monitor and improve the quality and safety of services.

The practice did not carry out regular audits to monitor its performance and help improve the services offered. For example, X-ray audits which are mandatory were not carried out. Patients' dental care records audits were not routinely carried out and improvements made as needed.

The dental care records were maintained appropriately giving due regard to guidance provided by the Faculty of General Dental Practice (FGDP) regarding clinical examinations and record keeping.

There were limited measures in place to ensure that training was accessible. Learning and development needs of staff was not reviewed at appropriate intervals and staff did not receive appropriate appraisal or supervision.

The practice sought feedback from patients however this was not used to improve the quality of the service provided.

Enforcement action



Patient First Dental Practice

Detailed findings

Background to this inspection

The inspection was carried out on 5 August 2016 and was led by a CQC inspector. The inspection team also included a dental specialist advisor.

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

During the inspection we spoke with dentist partners, two dental nurses and three patients. We reviewed policies, procedures and other records relating to the management of the service. We reviewed 12 completed Care Quality Commission comment cards.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from significant events and complaints. Staff were unaware of any reporting procedures including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The principal dentists told us any accident or incidents would be discussed at practice meetings or whenever they arose. However we saw that accident records were not completed fully and the minutes from practice meetings did not include details of accidents or incidents, or any learning arising from when things went wrong.

The principal dentists were unaware of their responsibilities under the duty of candour and there were no policies or procedures in place in relation to this. However the practice had a patient safety policy and this described if there was an incident or accident that affected a patient they would be contacted and offered an apology and an explanation of what actions had been taken to address the issues.

The principal dentists told us that they did not receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. There were no systems in place for obtaining and reviewing relevant alerts.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These included the contact details for the local authority's safeguarding team, social services and other relevant agencies. There was no identified safeguarding lead within the practice and some members of staff had not undertaken safeguarding training in adults and children.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in accordance with the guidance issued by the British Endodontic Society. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex

sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient. The use of a rubber dam was recorded where appropriate within patient notes, which we viewed.

The practice did not carry out regular patient dental care record audits in accordance with the Faculty of General Dental Practice (FGDP) guidance – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. The record audits were reviewed periodically and those we saw demonstrated that patient records were maintained in line with the guidance.

The practice had a whistleblowing policy which the staff were aware of. They told us they felt confident they could raise concerns without fear of recriminations.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All members of staff undertook regular training updates in training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines and included oxygen, a range of airways and masks. However the practice did not have portable suction equipment. All staff knew where the emergency items were kept. We saw that the practice kept records which indicated that the emergency equipment, emergency medicines and oxygen and the AED were checked regularly. We checked the emergency medicines and found that they were of the recommended type and were in date.

Staff recruitment

The practice had a recruitment policy, which included the process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies, taking up references and conducting interviews. We reviewed the personnel files for seven members of staff including two who had been employed within the previous 12 months, which confirmed that the

Are services safe?

processes had not been followed. Employment references had not been sought, interviews had not been conducted and there was no documentary proof of identity obtained in line with the practice recruitment procedure.

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

We saw that all relevant members of staff had personal insurance or indemnity cover in place. These policies help ensure that patients could claim any compensation to which they may be entitled should the circumstances arise. In addition, there was employer's liability insurance which covered employees working at the practice

Monitoring health & safety and responding to risks

The practice had some policies and procedures and risk assessments to cover the health and safety concerns that might arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy. However

no health and safety risk assessment had been carried out to identify and assess risks associated with the practice premises and equipment. There was a detailed fire risk assessment and this was reviewed regularly. There were procedures for dealing with fire including safe evacuation from the premises. Fire safety equipment was regularly checked and was last tested in October 2015.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw the practice did not have a system in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance.

Infection control

The practice manager was the infection control lead and there was an infection control policy which was reviewed regularly. All members of staff undertook annual infection control training including decontamination of dental

instruments and hand hygiene. We saw that the practice had not carried an infection control audit to test the effectiveness of the infection prevention and control procedures since 2014. All staff had access to and used appropriate protective equipment including disposable gloves and protective eyewear.

All areas of the practice were visibly clean and uncluttered. There were systems in place for cleaning in the dental surgery, reception and waiting areas. Cleaning schedules were used and these were maintained and reviewed regularly.

The decontamination of dental instruments was carried out in a dedicated decontamination room. The practice procedures for cleaning and sterilising dental instruments was carried out in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01- 05), decontamination in primary care dental practices. We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). One dental nurse demonstrated that they followed the correct procedures. The designated 'clean' and 'dirty' areas within the decontamination areas were clearly identified and staff followed the work flow from 'dirty' to 'clean' when carrying out decontamination procedures.

Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly. However other records were not maintained including those in respect of the checks that should be carried out the start and end of each day.

There were adequate supplies of liquid soap and paper hand towels in the surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sink. Paper hand towels and liquid soap was also available in the toilet. We observed that the gel hand sanitisers in the patient waiting area were empty and the practice manager told us that they were waiting for batteries for these.

The practice had procedures in place for handling sharps including needles and dental instruments, and dealing with needle stick and other sharps related injuries. These

Are services safe?

procedures were displayed in the dental surgery. All members' staff who we spoke with were aware of and followed these procedures. For example they told us that in event of a needle stick injury they would contact occupational health or the A&E department. Records showed that all relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We saw that the sharps bins were being used correctly and located appropriately in the surgery. Clinical waste was stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

There were procedures in place for assessing and managing risks of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. However these procedures were not routinely followed. A legionella risk assessment had been carried out at the practice in September 2015. This identified a number of areas of risk including lack of hot and cold water temperature monitoring, lack of staff training and a build-up of lime scale on taps. We saw that all staff had undertaken training around legionella awareness. However staff we spoke with could not demonstrate that they had a good understanding of legionella risks. We found that there was no hot and cold water temperature monitoring and there were no monthly tests of waterlines to help detect the likely hood of any contamination. We also found a build-up of lime scale on the taps in the dental surgeries.

Equipment and medicines

Portable Appliance Testing (PAT) was undertaken annually for all electrical equipment. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) We saw that the last PAT test had taken place in March 2016. The practice displayed fire exit signage and had appropriate fire fighting equipment in place, which was regularly checked and serviced.

Records were kept in respect of checks and maintenance carried out for equipment such as the autoclaves which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Local anaesthetics and emergency medicines were stored appropriately and accessible as needed. There were procedures in place for checking medicines to ensure that they were within their expiry dates. Other than local anaesthetics and emergency medicines, no medicines were kept at the practice. However there were no systems in place for monitoring prescription pads to minimise the risk of misuse. There were no systems for recording and monitoring prescriptions issued. For example there were no records in respect of the patient details, prescription number, medicine, dosage and frequency.

Radiography (X-rays)

The practice did not have an effective radiation safety policy.

There was no radiation protection supervisor identified to oversee the radiation procedures within the practice. There was no radiation protection file available. The dentists told us that the X-ray equipment had been tested however they could not provide any documentary evidence to support this.

There were no local rules available. Local rules state how the X-ray machine in the surgery needs to be operated safely. The dentists and other relevant staff could not evidence that they were up to date with their continuing professional development training in respect of dental radiography.

The patient records we reviewed showed that X-rays were justified and graded. However the practice did not carry out audits of their X-rays in accordance with the National Radiological Protection Board (NRPB) guidelines to help ensure that X-rays are appropriately justified and correctly graded to an acceptable standard.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

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

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

Health promotion & prevention

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

The dentists advised us they provided advice in accordance with the Department of Health's guidance 'The Delivering Better Oral Health' toolkit. Treatments included applying fluoride varnish to the teeth of patients who had a higher risk of dental decay. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay. The dental care records we reviewed confirmed this.

Staffing

The dentists and dental nurses working at the practice were currently registered with their professional body and the trainee dental nurse was being supported to work towards their professional registration. Staff training records contained documents which showed that they were maintaining their continuing professional development (CPD) to maintain update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

The practice had ineffective systems in place for monitoring and supporting staff to carry out their roles and responsibilities. There were no systems in place to appraise staff performance and only one member of staff had an appraisal within the previous two years. Staff learning and development needs were not identified, reviewed or monitored. A number of staff had not undertaken training in areas including safeguarding children and adults, MCA or radiation protection. There were no measures in place to ensure that staff understood the training they received. For example staff had undertaken legionella awareness training however those staff we spoke with were unaware of their responsibilities in relation to assessing and managing risks in relation to this.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations.

The dentist explained that they would refer patients to other dental specialists for minor oral surgery and orthodontic treatment when required. The referrals were based on the patient's clinical need. In addition, the practice followed the two week referral process to refer patients for suspected oral cancer.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

The practice had policies and procedures in place for obtaining patients consent to their dental care and treatment. These procedures did not include reference current legislation and guidance including the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions. Records showed that had not received MCA training and staff could not demonstrate that they understood their responsibilities in relation to this.

The dentists described how they would obtain consent from patients who they thought would experience difficulty in understanding their treatment and / or consenting to this. They told us that if a patient was unable to give their consent that they would rely on that being given by a family member. The process described was not consistent with the provisions of the MCA.

Both dentists demonstrated that they were aware of the need to determine parental responsibilities when obtaining consent in relation to the treatment of children. Regular audits were carried out to ensure that patient consent was obtained and recorded appropriately.

Patients and staff told us that the intended benefits, potential complications and risks of the treatment options and the appropriate fees were discussed before treatment commenced. Patient records which we viewed showed that treatment options, intended benefits and potential risks had been discussed with the patients and that consent had been obtained before their treatment commenced. Patients said that they were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

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

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

Comments made by patients we spoke with on the day and on the 12 completed CQC comment cards were complimentary about the service received. People told us that the dentists, nurses and receptionists were polite, helpful and respectful. Some patients said that the dentists were caring and gentle particularly when treating patients who were experiencing anxiety or dental pain.

Involvement in decisions about care and treatment

Each of the three patients we spoke with said that the dentists involved them in making decisions about their dental care and treatment. Patients told us that the dentists explained their treatments in a way that they could understand. They said that the intended benefits, risks and potential complications were explained so that patients could make informed decisions about their dental care and treatment. Comments made by 12 patients who completed the CQC comment cards also confirmed that patients were involved in their care and treatment.

The dentists demonstrated that they understood the principles of the Gillick competency test and applied it. The test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. They also understood their roles and responsibilities to determine parental responsibilities when treating children. Staff told us that patients with disabilities or in need of extra support were given as much time as was needed to explain and provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the waiting area described the range of services available, the practice opening times and how to access emergency treatment when the practice was closed. Information was also available explaining the practice's complaints procedure. A range of information leaflets on oral care and treatments were available in the practice and information was also available on the practice website.

The practice was open and offered appointments between 9 am and 5 pm Monday to Friday and 9 am to 2 pm on Saturdays. The practice offered late evening appointments up to 9 pm on Thursday evenings. Appointments are available throughout these times, including lunch times.

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. The dental practice was located on ground floor of a purpose adapted building. The premises had disabled access toilet facilities and sufficient space to accommodate patients who used wheelchairs. There was step free access from street level into the surgery via a ramp at the rear of the property.

We saw that the practice had equality and diversity policy and staff demonstrated that they understood this and adhered to this. Staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

The practice staff told us that they had access to a translation service for patients whose first language was not English.

Access to the service

Patients who we spoke with told us that they could usually get an appointment that was convenient to them. They said that they had been able to access an appointment on the same day if they needed urgent treatment. Patients

who completed CQC comment cards also said that could access the service in a timely way. The dentists told us that priority would be given to patients who required urgent dental treatment.

Staff and patients told us that appointments usually ran to time. However some patients who we spoke with and those who completed comment cards indicated that on occasions they had to wait for long periods (sometimes up to one hour) to be seen. The dentists told us that they advised patients if they were running behind time. They confirmed that while their computerised system was capable of monitoring waiting times that this was not routinely carried out.

For NHS patients in need of urgent care out of the practice's normal working hours they were directed by answerphone message to the NHS 111 service. Callers would then be directed to the relevant out of hour's dental service for treatment. Patients who paid for their dental treatment privately were provided with a telephone number to access out of hour's emergency treatment, which was provided by the practice 'on-call' service.

Concerns & complaints

The practice had a complaints policy and procedures. This was in line with its obligations to investigate and respond to complaints and concerns.

Information which described how patients could raise complaints was displayed in the waiting. There was no information about the complaints process either in the practice patient leaflet or on the practice website.

Records we viewed showed that complaints were processed in accordance with its complaints policy. We saw that an acknowledgement letter and a copy of the practice complaints code were sent to patients within three days of receipt of complaints. A full response and an apology was sent once the complaint had been investigated. Patients were made aware of their rights to escalate their complaint should they remain dissatisfied with the outcome or the way in which their complaint was handled.

Are services well-led?

Our findings

Governance arrangements

The practice had limited governance arrangements in place for monitoring and improving the services provided for patients. For example, a number of policies and procedures including the recruitment policy, health and safety policy and an infection prevention and control policy were not followed consistently. Many policies and procedures were not practice specific and did not reflect the day to day running of the practice.

We found the practice did not carry out audits of various aspects of the service such as X-ray audits in accordance with the guidelines or infection control audits.

The systems and processes in place to assess monitor and mitigate the risks relating to the health, safety and welfare of service users were not effective. Risks associated with the premises, X-rays and X-ray equipment and legionella had not been assessed. There were limited systems in place for recognising and acting on when things went wrong; and ensuring that learning from such incidents was shared and reviewed to help minimise risks.

Leadership, openness and transparency

There was a lack of leadership and oversight at the practice. While some lead roles had been identified, such as staff leads for infection control, safety, risk assessment and equipment there were no systems in place for monitoring these areas. There were no leads identified for overseeing safeguarding and there was no identified radiation protection supervisor for the practice.

The dentists could not demonstrate that they understood and discharged their responsibilities to comply with the duty of candour, however they told us if there was an incident or accident that affected a patient the practice would act appropriately and offer an apology and an explanation.

Learning and improvement

The Dentists could not demonstrate that there was a culture of learning and improvement within the practice. Staff records showed that staff did not have an annual appraisal of their performance, personal development plans and that some staff had not undertaken training in areas such as safeguarding, Mental Capacity Act 2005, radiation and IRMER 2000 regulations. We saw that regular staff meetings were held. However the minutes from these did not show that where any areas for improvement arising from complaints, audits and monitoring or changes to legislation or guidance were discussed or acted on to improve the services.

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

The practice did not have effective systems for acting on patient or staff feedback. The practice participated in the NHS Friends and Family and the results from this were submitted to NHS England on a monthly basis. However there were no systems for monitoring or acting on patient feedback from these. The practice did not conduct any patient satisfaction surveys for patients who paid privately for their treatments.

Regular staff meetings were held however the minutes from these did not demonstrate that staff views were sought or used to review and make improvements to the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed There was a lack of systems in place for ensuring that all of the appropriate checks including proof of identity and employment references (where relevant) were obtained before staff were employed to work at the practice. Regulation 19 (1) (2) (3)

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice did not have effective governance systems in place to monitor and improve where required the quality and safety of services provided. For example;</p> <p>Relevant safety information was not sought and used to monitor procedures at the practice.</p> <p>Safety incidents, accidents and complaints were not reviewed or learned from to improve the quality and safety of the services provided.</p> <p>There were insufficient procedures in place to ensure that staff followed policies and procedures around infection control practices including managing the risk of legionella, carrying out infection control audits and following guidance in relation to needle stick injuries.</p> <p>Regulation 17(1)</p>