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P & J Noble Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 12 December 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

P & J Noble Dental Practice is in Greenfield, Oldham and provides NHS and private treatment to adults and children. The practice is also contracted to provide NHS orthodontic treatment.

The premises has steps to the front and rear of the premises making it inaccessible to wheelchair users. A car park is available behind the premises, including spaces for blue badge holders.

Summary of findings

The dental team includes the principal dentist, an associate dentist and an orthodontist who attends as required, four dental nurses, a dental hygienist, a practice manager and a receptionist. The practice has three treatment rooms.

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 P & J Noble Dental Practice is the principal dentist.

On the day of inspection, we collected 48 CQC comment cards filled in by patients. Patients were positive about all aspects of the service the practice provided.

During the inspection we spoke with the principal and associate dentists, dental nurses, the dental hygienist, the receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Tuesday 9am to 1pm and 2pm to 7pm,

Wednesday 9am to 1pm and 2pm to 6pm,

Thursday and Friday 9am to 1pm and 2pm to 5pm.

Our key findings were:

- The premises were clean, tidy and well maintained.
- The provider had infection control procedures which reflected published guidance.

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The systems to identify and manage risk required improvement.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider 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 provider was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The provider had systems to deal with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

We identified regulations the provider was not complying with. 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 is not meeting are at the end of this report.

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.

The practice had systems and processes to provide safe care and treatment. They had systems to report and learn from incidents to help them improve.

Staff received training in safeguarding people and 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.

Premises and equipment were clean. The practice followed national guidance for cleaning, sterilising and storing dental instruments. Decontamination equipment were overdue for servicing and validation. Immediate action was taken to address this.

The practice had suitable arrangements for dealing with medical and other emergencies.

Improvements were needed to identify and manage risks effectively.

No action



Are services effective?

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

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. Patients praised the service and treatment they received.

The orthodontic dental professional assessed patients' needs and provided care and treatment in line with recognised guidance. Treatment was discussed 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.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



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 48 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, professional and caring.

No action



Summary of findings

Patients commented that they were involved in discussions about their care, 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.

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.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone 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 had systems to respond 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 provider showed a commitment to learning and improvement, and valued the inspection as an opportunity to review practice processes. They were open to discussion and feedback during the inspection, and took immediate action where possible to address the concerns highlighted.

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. There was a clearly defined management structure and staff felt supported and appreciated.

Systems to identify and manage risks were not operated effectively to improve the quality and safety of the services. For example, in relation to assessing hazardous substances, patient safety alerts, sharps safety, Legionella and hot water temperatures and the immunity of staff.

Decontamination equipment were overdue for their annual service and validation.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

Requirements notice



Summary of findings

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. There was no evidence that the results of the recent infection prevention and control audit had been reviewed. Audits of radiographic quality were not carried out.

The practice asked for, 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)

The practice had systems to keep patients safe.

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. We saw evidence that all staff received safeguarding training to level two. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We discussed the requirement to notify the CQC of any safeguarding referrals made as staff were not aware.

There was a system to highlight vulnerable patients on records e.g. 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 felt confident they could raise concerns without fear of recrimination.

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 documented in the dental care record and a risk assessment completed.

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

The practice had a recruitment policy and procedure to help them employ suitable staff. Essential checks were in place and documented, these reflected the relevant legislation. We looked at staff recruitment records for the most recently recruited members of staff. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had appropriate professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. Regular visual examinations of equipment were carried out to ensure electrical appliances and equipment were safe to use.

Staff had carried out a fire safety self-assessment. Records showed that fire detection equipment, such as smoke detectors were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. Evacuation plans and exit signs were in place. Staff were clear on emergency evacuation procedures. There were plans to obtain portable torches for emergency lighting in the event of a power failure.

The practice had arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. They had registered their practice's use of dental X-ray equipment with the Health and Safety Executive (HSE) in line with the Ionising Radiation Regulations 2017 (IRR17).

The practice had an OPG (Orthopantomogram) which is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth and gives a 2-dimensional representation of these.

We saw evidence that the dentists justified, graded and reported on the radiographs they took.

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

Risks to patients

There were some 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 had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken but

Are services safe?

this not include processes to dismantle dental matrices, and arrangements to ensure that orthodontic wires were cut and disposed of appropriately. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries. The practice manager told us that this would be reviewed and risk assessed more thoroughly.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. One member of staff was a known non-responder to the Hepatitis B vaccine, they provided evidence of annual testing. A risk assessment was in place for this individual to ensure that all risks had been reviewed and reduced where possible. The staff records we reviewed highlighted a further two members of staff who were low responders to the Hepatitis B vaccine. There were recommendations made by occupational health services to receive a further dose of the vaccination and a booster after five years. The practice was not aware of this and therefore no risk assessments were in place for these individuals. The practice was not aware whether the individuals had acted on the advice within the reports. We discussed this with the practice manager who took immediate action to ensure that staff affected had acted on the advice provided, evidence of this was provided after the inspection.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Staff were aware of recent national guidance relating to the shortage of emergency adrenaline and had acted accordingly.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. A risk assessment was in place for the dental hygienist who worked without chairside support.

We asked to see evidence that hazardous substances in use had been risk assessed appropriately. A selection of product safety data sheets were available but we could not be assured that these included all hazardous substances. Individual risk assessments were not in place to minimise

the risk that can be caused from substances that are hazardous to health. We discussed this with the practice manager who gave assurance that all hazardous substances would be identified and 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.

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 were validated, maintained and used in line with the manufacturers' guidance. The sterilisers and washer disinfectors were overdue for their annual service and validation by three months and six months respectively. Staff were unable to confirm whether sterilisers had been pressure vessel tested until the servicing company was contacted for advice.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place. We noted that the hot water temperatures were consistently over 60 degrees centigrade. We highlighted the risk of scalding to the manager. Staff were using a water purifying device; we noted there was a visible biofilm in the water collection vessel. Staff were not aware of the need to ensure the water collection vessel was cleaned and left dry at the end of each day. This was discussed with the principal dentist who confirmed this would be addressed. The practice had purchased a reverse osmosis water unit which was scheduled to be installed. The principal dentist confirmed a new legionella risk assessment would also be carried out.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

Are services safe?

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits annually. The practice manager had recently become aware that these should be completed on a six-monthly basis and a new audit had been carried out just prior to the inspection. The latest audit showed the practice was meeting the required standards. There was no evidence that the results of the recent audit had been reviewed to identify if any action was required. We noted that some questions appeared to have been answered incorrectly as they did not reflect what we saw on the day.

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 complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) 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 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. We identified one pack of anaesthetic cartridges that had expired in November 2018 in one of the surgeries. This was removed from the surgery immediately.

The practice stored and kept records of NHS prescriptions as described in current guidance.

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

Track record on safety

The practice had a good safety record.

There were risk assessments in relation to safety issues. The practice had systems to ensure staff reported any incidents or equipment faults or failures. In the previous 12 months there had been no safety incidents.

Lessons learned and improvements

There were adequate systems for reviewing and investigating when things went wrong. Policies clearly described how incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

The system to receive and act on relevant safety alerts should be reviewed. We saw evidence that safety alerts were received by email until 2017, and staff were aware of some more recent alerts. For example, relating to the safe operation of emergency oxygen cylinders, and emergency adrenaline shortages. We highlighted a recent alert that was relevant to the batteries required for the AED in place at the practice. The device was checked against the alert and we were able to confirm that the battery pre-dated those affected. The practice manager gave assurance that they would ensure that future alerts are received, acted upon and retained for reference.

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 patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice provided orthodontic treatments and had systems to keep dental professionals up to date with current evidence-based practice. Detailed assessments were carried out and treatments were provided in line with recognised guidance. Patients were recalled at suitable intervals for reviews of the treatment.

Orthodontic staff described the patient referral system and treatment journey. The practice used an Orthopantomogram (OPG) machine which gives a 2-dimensional representation of the upper and lower jaws to enhance the delivery of care.

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 prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish based on an assessment of the risk of tooth decay.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives.

The dentists and dental hygienist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording 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 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 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 give 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. Patients confirmed that they were involved in discussions about their care.

Monitoring care and treatment

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 the practice audited patients' dental care records to check that the dentists recorded the necessary information. We highlighted where a minor improvement could be made to ensure preventative advice given to patients was documented.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, one of the dental nurses had undertaken additional training in radiography.

Are services effective?

(for example, treatment is effective)

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals, at one to one meetings and informal discussion. We saw evidence of completed appraisals 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 to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems 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 were positive about all aspects of the service the practice provided. They told us staff were friendly, professional and caring. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone. Many patients commented on the warm and welcoming atmosphere at the practice. They praised individual members of staff for their compassion and care.

Patients said staff were compassionate and understanding, they could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Magazines and information folders were available in the waiting room for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas did not provide privacy when reception staff were dealing with patients but the receptionist was 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 where possible.

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 placed on NHS services to make sure that patients and their carers can access and understand the information they are given. To support this:

- 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. Patients were asked about their communication preferences.

The practice gave patients clear information to help them make informed choices about their treatment. 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 and an intra-oral camera. The intra-oral camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

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.

They shared examples of how the practice met the needs of more vulnerable members of society such as patients with dental phobia, mobility impairments or other long-term conditions. Staff described how, where possible, they escorted vulnerable patients straight in to the surgery on arrival to avoid them having to wait.

The practice, 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 surgery. Staff assisted some patients with the outside stairs if necessary.

The practice had a Disability Access audit, they made reasonable adjustments for patients with disabilities. These included installing a front door bell to notify staff that assistance was required, grab rails at the front entrance and in the toilet, a hearing loop and a range of seating in the waiting room.

Patients could choose to receive text message or email reminders for forthcoming appointments. Staff telephoned some patients before their appointment to make sure they could get to the practice. Staff telephoned some patients before their appointment 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 could 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 information leaflet and on the NHS

Choices website. The opening hours were not included on the practice website. The practice manager told us the website was under review and that opening hours would be included.

The practice had an efficient appointment system to respond to patients' needs. Patients who requested urgent advice or care were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with some other local practices and the 111 out of hour's service. Patients confirmed they found it easy to arrange urgent care, including weekends.

The practices' 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.

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 policy providing guidance to staff on how to handle a complaint. The practice displayed information for patients on how to make a complaint.

The practice manager and principal dentist were responsible for dealing with these. Staff would tell them about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager 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 not satisfied with the way the practice dealt with their concerns.

There had been no complaints received in the past 12 months. The practice manager was aware of the need to document actions taken in relation to verbal complaints.

Are services well-led?

Our findings

Leadership capacity and capability

The team had the capacity and skills to deliver high-quality, sustainable care.

They had the experience, capacity and skills to deliver the practice strategy.

They were knowledgeable about issues and priorities relating to the quality and future of services. We highlighted some areas for improvement. The practice manager took immediate action to address these areas of risk and provide us with evidence of this.

Leaders 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.

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting plans to achieve priorities. For example, relocating the OPG machine into one of the treatment rooms.

The practice planned its services 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.

The practice focused on the needs of patients.

Leaders and managers had systems to take effective action to do deal with poor performance.

Openness, honesty and transparency were demonstrated when responding to concerns we highlighted during the inspection. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could 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 good governance and management.

The principal dentist 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.

A dental clinical governance compliance package was in use to help them to meet the required standards. A compliance professional had provided support and training a week before the inspection took place. They discussed how staff could make more effective use of the package. For example, by using the task and reminder system. We discussed how this could be used to set up reminders for the servicing of equipment.

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.

The processes for identifying and managing risk required improvement. For example:

- The sterilisers and washer disinfectors were overdue for their annual service and validation by three months and six months respectively. Staff were unable to confirm whether sterilisers had been pressure vessel tested until the servicing company was contacted.
- Hazardous substances were not risk assessed.
- There was inconsistent evidence that MHRA alerts were received and actioned if required.
- Hot water temperatures had not been reviewed to avoid scalding.
- The sharps risk assessment did not include the risk from all sharps.
- Systems were not in place to ensure that expired medicines were identified and disposed of.
- Two low responders to the hepatitis B vaccine had not been identified, risk assessed or followed up to ensure the correct action was taken to receive further doses of vaccine.
- Staff were not aware of the need to ensure the water collection vessel of the water purification unit was cleaned and left dry at the end of each day to prevent the build-up of biofilm.

Are services well-led?

On the day of the inspection, all staff were open to feedback, immediate actions were taken to address the concerns raised during the inspection and evidence of this was provided to confirm that action had been taken. For example, the companies who provided equipment servicing were contacted and immunity was discussed with individual members of staff affected. They demonstrated a commitment to continuing the work and engagement with staff and external organisations to make further improvements.

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 surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, installing grab rails at the front entrance and opening the doors earlier at lunchtimes to avoid patients being kept waiting outside the premises.

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 practice gathered feedback from staff through meetings 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 quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and infection prevention and control. There was no evidence that the results of the recent infection prevention and control audit had been reviewed to identify if any action was required. Audits of radiographic quality were not carried out. We discussed with the principal dentist how the practice clinical record software could be used to support them in this process.

The principal dentist and practice manager showed a commitment to learning and improvement and 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 completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. 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">• The provider had not identified all low responders to the hepatitis B vaccine. As a result, the provider was not aware whether two individuals had followed advice to receive further doses of vaccine and risk assessments were not in place.• The sterilisers and washer disinfectors were overdue for their annual service and validation by three months and six months respectively. Staff were unable to confirm whether sterilisers had been pressure vessel tested until the servicing company was contacted for advice.• Hot water temperatures of 60°C had not been reviewed to avoid scalding.• The sharps risk assessment did not include the risk from all sharps. For example, arrangements for dental matrices and orthodontic wires.• Systems were not in place to ensure that expired medicines were identified and disposed of.• The provider did not ensure that staff cleaned the water collection vessel of the water purifying machine to prevent the build-up of biofilm. <p>There was additional evidence of poor governance. In particular:</p> <ul style="list-style-type: none">• Hazardous substances were not risk assessed in line with Control of Substances Hazardous to Health Regulations 2002.

This section is primarily information for the provider

Requirement notices

- There was no evidence that the results of the recent infection prevention and control audit had been reviewed to identify if any action was required. Audits of radiographic quality were not carried out.
- There was inconsistent evidence that MHRA alerts were received and actioned if required.

Regulation 17 (1)