

Rodericks Dental Limited

Yeovil Dental Practice

Inspection Report

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Overall summary

We carried out an unannounced comprehensive inspection on 19 January 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 this practice was not providing safe care in accordance with the relevant regulations

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Yeovil Dental Practice is centrally located close to the town centre and is an old character building with uneven

levels and narrow staircases in places. It has five surgeries which are used by four dentists and a hygienist. It provides general dentistry, including endodontics and restorative services, to NHS patients, but will also treat private patients. There is car parking at the side of the practice and local public car parks near-by. Provision has been made for wheelchair access to the two downstairs surgeries.

The practice had four dentists and a hygienist who were supported by eight trainee dental nurses / receptionists and a practice manager. There was no registered manager at the practice. 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 is open Monday & Wednesday, 08.15am to 5.15pm; Tuesday & Thursday 08.15am – 7.15pm; Friday 08.15 – 1.15pm. The practice is closed at weekends.

We spoke with six patients during the inspection and asked about their experience of the services provided. Feedback from patients was positive about the care they received from the practice. They commented staff put them at ease, listened to their concerns and they had confidence in the dental services provided.

Our key findings were:

Summary of findings

- The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example from the Faculty of General Dental Practice (FGDP). Patient dental care records were detailed and showed on-going monitoring of patients oral health.
- The practice was not meeting the Essential Quality Requirements of the Department of Health guidance, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)' national guidance for infection prevention control in dental practices. There was no clear designated lead professional for infection prevention and control.
- The management of sharps was not in accordance with the current EU regulations with respect to safer sharps (Health and Safety Sharp instruments in Healthcare Regulations 2013).
- Dentists maintained their continuing professional development and had undertaken training appropriate to their roles. However they did not feel well supported in their work. There were limited records to evidence monitoring of trainee dental nurses.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had been checked for effectiveness and serviced.
- Patients commented they felt involved in their treatment and that it was fully explained to them. We spoke with six patients who told us they felt that they received very good care in a clean environment from a helpful practice team.
- The practice had an efficient appointment system in place to respond to patient's needs. Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.

- Staff knew how to report incidents and how to record details of these so that the practice could use this information for shared learning.
- There was no evidence the results of recent audits had been reviewed and an action plan implemented to address issues identified.
- The practice had an accessible and visible manager with means of sharing information with staff.

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

- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities in a timely way.
- Ensure the practice fully meets the Essential Quality Requirements of the Department of Health guidance, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)' as soon as is practically possible.
- Provide training and competency assessment for staff about infection prevention and control and ensure all processes adhere to the national guidance HTM 01-05.
- Ensure dental sharps are managed in accordance with the current Health and Safety Sharp instruments in Healthcare Regulations 2013 and staff are appropriately trained.
- Ensure appropriate systems are in place to meet health and safety regulations including risk assessment.
- Plan and implement a system of audit as soon as practically possible for infection control dental X-rays and other such audits as expected by the General Dental Council standards and as advised by the Faculty of General Dental Practice.
- Provide and support good governance of the practice and assess service delivery to ensure quality, patient centred treatment and care, supported by learning and innovation, and promote an open culture.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). The impact on clinical care is minor.

There were systems in place to help ensure the safety of staff and patients in relation to safeguarding children and adults from abuse and responding to medical emergencies. Systems, processes and practices were not in place to ensure all care and treatment was carried out safely. The practice did not have in place robust arrangements for managing infection prevention and control at the practice.

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

There were sufficient numbers of suitable qualified and skilled dentists, however all the dental nurses were unqualified trainees and had only just enrolled on a course of training for their role. They had received some 'in house' training but there were no clear systems to monitor and address any shortfalls in practice to ensure learning had taken place and improvements implemented in practice.

Are services effective?

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

The practice kept detailed electronic and paper records of the care given to patients including comprehensive information about patient's oral health assessments, treatment and advice given. They monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required.

The practice was proactive in providing patients with advice about preventative care and supported patients to ensure better oral health. Patients spoken with and comments seen in a recent patient satisfaction survey reflected patients were satisfied with the assessments, explanations, the quality of the dentistry and outcomes they experienced.

Staff we spoke with told us they had accessed training in the last 12 months to maintain their continuing professional development. However they did not have personal development plans which identified specific training to assist them in developing their knowledge and skills.

Are services caring?

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

We reviewed the recent patient satisfaction survey results and spoke with six patients on the day of the inspection. Comments were positive about how they were treated by staff at the practice. Patients commented they felt involved in their treatment and that it was fully explained to them by caring and competent staff.

The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients booking in for their appointment. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

Summary of findings

Are services responsive to people's needs?

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

Patients had access to the service which included information available via the practice website. There was a practice leaflet with relevant information for patients. The practice offered routine and emergency appointments each day. There were clear instructions for patients requiring urgent care when the practice was closed. The practice supported patients to attend their forthcoming appointment by having a reminder system in place. Patients who commented on this service reported this was helpful.

The practice had audited the suitability of the premises for patients with mobility difficulties and ensured they were able to accommodate them. There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients.

Are services well-led?

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

We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The practice had a newly appointed manager who provided accessible and visible leadership with structured arrangements for sharing information across the team, including holding regular meetings which were documented for those staff unable to attend.

The practice had some clinical governance and risk management structures in place but these had not always been followed to ensure the service provided was assessed and monitored effectively to improve the quality and safety of services provided. For example the fire alarm had not been tested in the last 12 months to ensure it was working effectively and no action had been taken to address the risks identified in the fire risk assessment.

A system of audits was being implemented to monitor performance, however for completed audits there were no action plans or evidence shortfalls identified in the audit had been addressed. Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the practice manager. They were confident in the abilities of the manager to address any issues as they arose. However, improvements could be made to strengthen the governance structures and protocols, for example, by ensuring staff training needs were reviewed and infection control audits were carried out in line with published guidance.

The practice had systems in place to seek and act upon feedback from patients using the service.

Yeovil Dental Practice

Detailed findings

Background to this inspection

This inspection took place on 19 January 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We informed NHS England area team we were inspecting the practice. We received information of concern from them regarding the extraction rate; patient re-attendance and patient recall intervals. NHS England told us they had met with the provider in November 2015 to discuss these issues of concern.

We had also received whistleblowing information from three separate sources in which the following were alleged:

- a lack of qualified nurses and unqualified staff providing advice to patients about pain relief
- The decontamination room was dirty and messy and there generally poor infection prevention and control processes for the safety of patients

During the inspection we reviewed the latest statement of purpose describing their values and objectives, a record of

any complaints received in the last 12 months and details of staff members together with their qualifications and proof of registration with the appropriate professional body.

We also toured the premises and spoke with practice staff including, the dentists, trainee dental nurses and receptionists. 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

The practice had systems in place to learn from and make improvements following any accidents or incidents. The practice had accident and significant event reporting policies which included information and guidance about the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). Clear procedures were in place for reporting adverse drug reactions and medicines related adverse events and errors.

The practice maintained a significant event log and all events once recorded were sent to the provider's head office for monitoring. We were told of a recent sharps injury and saw the accident form had been appropriately completed. We saw evidence the incident had been managed in accordance with the company policy and infection control guidelines for the safety and protection of patients and staff.

The dentists told us if there was an incident or accident that affected a patient; they would give an apology and inform them of any actions taken to prevent a reoccurrence. Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty.

The practice responded to national patient safety and medicines alerts that affected the dental profession. The lead dentist and practice manager told us they reviewed all alerts and spoke with staff to ensure they were acted upon. A record of the alerts was maintained and accessible to staff.

Reliable safety systems and processes (including safeguarding)

The practice had up to date child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to a flow chart of how to raise concerns and contact details for both child protection and adult safeguarding teams in the local area.

The practice manager was the safeguarding lead professional in the practice and all staff had undertaken safeguarding training in the last 12 months. Staff we spoke with told us they were confident about raising any concerns.

We observed the practice was re-sheathing needles and not using a safety system to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. We saw the policy relating to the management of sharps (instruments and needles) was due for review in June 2014 and had not yet been reviewed.

Staff were aware of the company and practice policy in relation to raising concerns about another member of staff's performance (a process sometimes referred to as 'whistleblowing'). Staff told us they would not feel able to raise concerns with the current manager as they had been in post a short time and were getting to know them. They did not know they could contact the Care Quality Commission (CQC) if any concerns remained unaddressed.

We asked to see the practice risk assessments. We were shown the Fire risk assessments that had been completed by the provider's designated person in December 2015 with four medium risks identified and one high risk. The manager told us they were not aware of any action taken or plans to address these safety risks.

We observed the fire extinguishers had not been serviced in December 2015 as planned. We also saw that no action had been taken to address the recommendations from the external risk assessment, undertaken in December 2014, for more emergency lighting in the practice for the safety of patients.

The manager showed us a practice risk assessment which had been completed in June 2014 but had not been signed for accountability purposes and with a review date of September 2014. There was no evidence to demonstrate the risks in the practice had been reviewed since that date.

We saw a number of policy documents which reflected current activity in the practice and the most recent guidance from the provider.

Are services safe?

Staff files contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) and there were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

Rubber dams were used in root canal treatment in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.

Medical emergencies

The practice held emergency medicines, in line with guidance issued by the British National Formulary, for dealing with common medical emergencies in a dental practice. These medicines were all in date and fit for use.

The practice had an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). Oxygen and other related items, such as manual breathing aids, were also available. The emergency medicines and equipment were stored in a central location known to all staff.

Records showed weekly checks were carried out to ensure emergency medicines were within their expiry date. Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months and told us they felt confident they could use the equipment effectively.

One member of staff was trained in first aid and a first aid box was available in the practice.

Staff recruitment

There were clear recruitment and selection procedures in place that described the process for employing new staff. They included seeking references, proof of identity, immunisation status and checking qualifications and professional registration. The practice's policy was to carry out Disclosure and Barring service (DBS) checks for all newly appointed 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 looked at the recruitment files for some of the most recently employed members of staff and found that these were all complete and recruitment was robust.

We saw all relevant staff had personal indemnity insurance (this is an insurance professionals are required to have in place to cover their working practice) In addition there was employer's liability insurance which covered all employees working in the practice and was valid. The staff professional registration with the General Dental Council (GDC) was checked annually. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

Monitoring health & safety and responding to risks

The practice had systems to monitor health and safety and deal with foreseeable emergencies. There were health and safety policies and procedures in place to support staff, including for the risk of fire and patient safety. There were no records to demonstrate fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested. Staff told us fire drills had not taken place. We asked the practice manager about this and they told us the alarms were not being tested as no one in the practice knew how they worked and no one from the company had been able to help them.

The provider had a risk management process for the practice manager to implement, including a detailed log of all risks identified, to ensure the safety of patients and staff members. For example, we saw a fire risk assessment and a practice risk assessment had been completed. They identified significant hazards and the controls or actions needed to mitigate the risks but the actions had not been completed.

The practice manager told us the risk assessments would be reviewed annually. The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations which was comprehensive and provided information for many of the products used in the practice.

The practice had a business continuity plan to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included staffing, electronic systems and environmental events.

Are services safe?

Infection control

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

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

All the dentists and some trainee nursing staff spoken with told us they were aware of the guidance document HTM01-05. However they were not aware the decontamination processes they were following were not fully in line with the essential standards. For example they were not aware that the cluttered and dirty decontamination room with rusting autoclaves did not meet the essential requirements of HTM01-05. We observed all instruments were manually cleaned as the practice did not have an ultrasonic cleaner or washer disinfectant as advised by the standards.

The decontamination room while spacious had an inadequate air flow which lead to the walls becoming damp and plaster was seen to be crumbling away. We observed the three autoclaves were rusted outside and inside the doors. The floor of the room was dirty and required a deep clean and the flooring was not coved and impervious as required. None of this meets the essential requirements of HTM 01-05. We also observed there were no wall mounted hand wash products as required by HTM01-05.

We asked one of the dental nurses to describe to us the end-to-end process of infection control procedures at the practice. The protocols described demonstrated the practice had mostly followed the guidance on 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)' given the environmental constraints already mentioned.

Instruments were transported to the dirty area of the decontamination room where they were manually scrubbed then inspected under a light magnification device to ensure no debris remained. Clean instruments were placed in the autoclave. When instruments had been sterilised, they were pouched and labelled with an expiry date and then transported back to the surgeries where they were stored appropriately. All of the pouches we checked had a date of sterilisation and an expiry date.

We saw there were systems in place to ensure the autoclave was working effectively. These included, for example, the automatic control test and steam penetration test. It was observed that the data sheets used to record the essential daily validation checks of the sterilisation cycles were complete and up to date.

In discussion with staff members we were shown the recorded daily checklists for preparing the surgeries or closing them down. The staff members we spoke with were able to describe the correct process and showed us evidence this was followed for the safety of patients. We reviewed records of the checks and tests carried out on the autoclaves and the records were in line with current national guidance.

A legionella risk assessment for the practice had been completed as required by HTM 01-05. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings].

We were told an audit of the infection control processes had been completed in accordance with HTM01 05 guidelines in July 2015 however there were no plans for a re-audit. Regular audit is recommended by HTM01-05 to monitor the quality of the systems and processes in relation to infection control.

We found although staff told us they had received recent update training in infection control they were either not fully conversant with the essential requirements of HTM01-05, or felt unable to challenge poor practice and implement their learning and their awareness of the essential standards. We were shown a hand washing audit which had recently been completed and some staff had

Are services safe?

only achieved 80%. We saw a further audit had been planned for March 2016 but no action plan had been drawn up to address with the staff the shortfalls identified in the audit.

It was noted the waiting area and reception were generally visibly clean. In one surgery we observed the floor was not sealed against the wall as required and dirt was trapped in the gap providing a breeding ground for bacterial growth. In the same surgery we observed the door had fallen off the cupboard which contained the suction unit. The practice manager showed us an email they had sent to the company appointed person for repairs in December 2015. However they told us they had not received a reply and there was no evidence to demonstrate when action would be taken. This does not meet the essential standards of HTM01-05.

There were sufficient stocks of personal protective equipment such as gloves, face masks and aprons and staff observed and spoken with demonstrated they used this equipment appropriately for the patient's or their own protection. However we did observe it was not always used appropriately in the decontamination room for example staff were observed not wearing aprons and gloves when decontaminating instruments.

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

Equipment and medicines

There were systems in place to check equipment had been serviced regularly, including the compressor, autoclaves, X-ray equipment and fire extinguishers, however they were not robust and some equipment checks were overdue. Records showed contracts were in place to ensure annual

servicing and routine maintenance work mostly occurred in a timely manner. A portable appliance test (PAT – this shows electrical appliances are routinely checked for safety) had been carried out annually by an appropriately qualified person to ensure the equipment was safe to use.

The practice had policies and procedures regarding the prescribing, recording, use and stock control of the medicines used in clinical practice. The dentists used the on-line British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored safely and staff kept a detailed record of stock in each treatment room.

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

Radiography (X-rays)

The practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IR(ME)R). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. X-rays were digital and images were stored within the patient's dental care record. We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were maintained; a radiation risk assessment was in place.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) good practice guidelines. The justification for taking X-rays was recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered and X rays taken had been reported upon. Staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended training. An X ray audit had been completed in 2015 but there was no evidence to demonstrate results were shared and any learning discussed. There was no planned date for re-audit.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed paper and electronic records of the care given to patients. The practice manager told us they are slowly moving to all electronic records. We reviewed the information recorded in nine patient dental care records to corroborate information received and found they provided comprehensive information about patient's oral health assessments, treatment and advice given.

They included details about the condition of the teeth, soft tissues lining the mouth and gums and an extra oral assessment. For example we saw details of the condition of patients gums were recorded using the basic periodontal examination (BPE) scores. The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. These were reviewed at each examination in order to monitor any changes in the patient's oral health.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure every NHS patient gets fair access to quality treatment.

Medical history checks were updated at every visit and patient dental care records we looked at confirmed this. This included an update about patients health conditions, current medicines being taken and whether they had any allergies. Patients spoken with and comments received from patients demonstrated they were satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The practice had a focus on preventative care and supporting patients to ensure better oral health in line with 'The Delivering Better Oral Health toolkit' (This is an evidence based toolkit used by dental teams for the

prevention of dental disease in a primary and secondary care setting). For example, fluoride applications for children, high concentrated fluoride toothpaste and oral health advice were provided.

The medical history form patients completed included questions about smoking and alcohol consumption. Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice.

The practice provided health promotion information to support patients in looking after their general health using leaflets, posters, and a patient information file and via their noticeboard situated in the waiting room. This included making patients aware of the early detection of oral cancer. Patients we spoke with told us they found the noticeboard and patient information leaflet informative.

Staffing

The practice team consisted of four dentists, a hygienist, eight trainee dental nurses / receptionists and a practice manager. The practice manager told us that as all the dental nurses were trainees they tried to ensure they worked with the same dentist for continuity of practice and support. The trainee dental nurses we spoke with told us they occasionally worked with other dentists in the practice to gain experience.

All the dentists told us they received appropriate professional development and training. We checked their training records and saw they had engaged in continuing professional development (CPD) with a view to meeting the requirements of the General Dental Council. This included responding to emergencies, infection control, safeguarding training and radiography and radiation protection training. Staff had access to policies which contained information that further supported them in the workplace. All clinical staff who were required to maintain an ongoing programme of continuing professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff.

There was an induction programme for new staff to follow to ensure they understood the protocols and systems in place at the practice. We were also shown the 'in house' training documents used for the trainee dental nurses. We reviewed these records for two of the trainee dental nurses and saw an induction checklist had been completed for

Are services effective?

(for example, treatment is effective)

each person. In one of these records we saw there was an induction template which had the boxes ticked but was not labelled with the employee's name. The member of staff who had carried out the induction had dated the document when completed but had not signed for accountability purposes. It was therefore not possible to evidence whose induction had taken place.

In one of the staff recruitment files for a trainee dental nurse we observed a 'surgery practice assessment' had been undertaken by one of the company's nurse trainers from another area. There is no nurse trainer located in the practice or local area to support and oversee the trainee dental nurse practice. The assessment had highlighted some areas of practice that were not meeting the appropriate standard but no action plan or personal development plan had been identified to address the issues. There had been no further assessment recorded and no review date planned.

There was no appraisal system in place to identify training and development needs or evidence of personal development plans for members of staff.

Working with other services

The practice worked with other professionals 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. The practice completed a detailed proforma and referral letter to ensure the specialist service had all the relevant information required. The dentists told us they had good access to urgent dental care services and could make

telephone contact initially with the specialist service to ensure patients were seen quickly. Dental care records contained details of the referrals made and the outcome of the specialist advice.

Consent to care and treatment

Staff explained to us how valid consent was obtained for all care and treatment. The practice consent policy provided staff with guidance and information about when consent was required and how it should be recorded. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental treatment. Staff explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met. Staff had received specific MCA training and had a good working knowledge of its application in practice.

All dentists spoken with were also aware of and understood the use of the Gillick competency test in relation to young persons (under the age of 16 years). The Gillick competency 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.

We reviewed a random sample of nine dental care records to corroborate the dentist's descriptions regarding treatment recording. Treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Consent to treatment was recorded. Feedback from patients we spoke with confirmed they were provided with sufficient information to make decisions about the treatment they received.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We reviewed the most recent patient satisfaction survey and spoke with nine patients on the day of the inspection. Comments from patients were positive about how they were treated by staff at the practice. Patients commented they were treated with respect and dignity and that staff were friendly and reassuring. We observed positive interactions between staff and patients arriving for their appointment and how staff were helpful and discreet to patients on the telephone.

The practice manager told us they would act upon any concerns raised by patients regarding their experience of attending the practice.

To maintain confidentiality electronic dental care records were password protected and paper records were securely stored. The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients booking in for their appointment. Policies and procedures in relation to data protection, security and confidentiality were in place and staff were aware of these.

There were two waiting areas that were separate from the reception area. Staff were aware of the importance of providing patients with privacy and told us they would wait until a dental treatment room was available if patients wished to discuss something with them away from the reception and waiting areas in privacy. All treatment room doors remained closed during consultations.

Involvement in decisions about care and treatment

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

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in the practice leaflet and via the website. The services provided included preventative advice, treatment and routine and restorative dental care.

Patients we spoke with told us they had flexibility and choice to arrange appointments in line with other commitments. We observed the practice arranged appointments for family members at consecutive appointment times for their convenience.

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

Tackling inequity and promoting equality

The practice had an equality and diversity policy in place and provided training to support staff in understanding and meeting the needs of patients.

The practice had disability access into the building from the rear and we saw there were two treatment rooms on the ground floor which were accessible for patients with reduced mobility. Parking was available in the nearby public car park.

Staff had access to translation services via an online or telephone translation service. Dental care records included alerts about the type of assistance patients required.

Access to the service

The practice displayed its opening hours on the door to the practice, in the premises and in the practice information leaflet. Opening hours were Monday & Wednesday, 08.15am to 5.15pm; Tuesday & Thursday 08.15am – 7.15pm; Friday 08.15 – 1.15pm. The practice is closed at weekends.

Staff told us patients were seen as soon as possible for urgent care during practice opening hours and this was

normally within 24 hours. Appointments were available each day to accommodate this. Patients spoken with felt they had good access to routine and urgent dental care. There were clear instructions in the practice and via the practice answer machine for patients requiring urgent dental care when the practice was closed. The out of hour's number was also clearly displayed on the practice door.

The practice supported patients to attend their forthcoming appointment by having a reminder system in place. This included telephoning patients and sending text message reminders. Patients we spoke with told us this was very helpful.

Concerns & complaints

The practice had a complaint policy which provided staff with clear guidance about how to handle a complaint. Staff told us they had not been able to raise any formal or informal comments or concerns as there had not been a practice manager until recently.

Staff told us despite requests materials and equipment were not easily accessible and they did not feel their requests were responded to appropriately and in a timely manner. For example one dentist told us they had asked for the surgery walls to be painted to reflect a better environment for patients repeatedly and no action had been taken.

The practice had received 15 complaints in the last 12 months. We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients.

We found there was a system in place which ensured a timely response and sought to address the concerns and effect a satisfactory outcome for the patient. Information for patients about how to raise a concern or offer suggestions was available in the reception area and practice information leaflet.

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Our findings

Governance arrangements

The practice had some governance arrangements in place to ensure risks were identified however they had not been managed appropriately. The new practice manager was working to ensure they were robust to ensure services provided were assessed, monitored and improvements identified and actioned to ensure quality provision.

We saw some risk assessments but few control measures had been put in place to manage those risks, for example fire and health and safety. Staff we spoke with were aware of their roles and responsibilities within the practice but did not always feel empowered by the provider to wholly fulfil their duties.

Health and safety and risk management policies were in place however the staff were unable to implement actions and processes to ensure the safety of patients and staff members. Staff told us they had requested that the provider renewed the décor to promote a clean and caring environment but they had not received any response or timeframe.

We also saw an email from the practice manager dated 10 December 2015 requesting repair work to be completed in one of the surgeries where a cupboard door had fallen off. They told us they had not received a response as to when this might be completed despite having followed it up. The email had also requested help from the company to assist the practice manager to complete two required tests that they did not know how to complete. The manager told us they had not yet received a response and the tests remained incomplete.

We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw there were some risk assessments but only limited control measures had been put in place where risk assessment had been undertaken. However lead roles, for example safeguarding, supported the practice to identify and manage risks and helped ensure information was shared with all team members. Unfortunately there was no lead professional for infection control to support the practice to identify and manage risks relating to this area of practice and meet the essential standards required.

There were relevant policies and procedures in place to govern activity. There was a full range of policies and procedures in use at the practice and accessible to staff on the practice computers and in paper files. Staff were aware of the policies and procedures and acted in line with them in as far as possible. These included guidance about confidentiality, record keeping, managing violence and aggression, inoculation injuries and patient safety. There was a clear process in place to ensure all policies and procedures were reviewed as required to support the safe running of the service.

There had been regular monthly practice meetings to discuss practice arrangements and audit results as well as providing time for educational activity and discussion. We saw minutes from a practice meeting held in December 2015 where issues such as complaints, incidents, infection control and patient care had been discussed.

Leadership, openness and transparency

The practice had a statement of purpose that described their vision, values and objectives. Staff told us there was an open culture within the practice which encouraged candour and honesty. There were not clearly defined leadership roles within the practice. The new manager was seeking to embed clearly defined roles and an ethos of providing high quality dental care to their patients. The practice manager and dentists told us patients were informed when they were affected by something which went wrong, given an apology and told about any actions taken as a result.

There were structured arrangements for sharing information across the practice team, including holding regular meetings which were documented for those staff unable to attend.

Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice maintained their continuing professional development (CPD) as required by the General Dental Council (GDC). Records showed professional registrations were up to date for all staff and there was evidence continuing professional development was taking place.

We saw there was a system to monitor the quality of the service. The practice manager showed us they had a

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detailed programme of clinical and non-clinical audits planned for the coming months and not completed as they had been in post only a short time. These included audits of record keeping, radiographs, the cleanliness of the environment and reception duties such as maintaining up to date patient details including medical histories.

Where areas for improvement had been identified in the audits, action had not been taken. There was no evidence of repeat audits to monitor improvements had been maintained.

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

The practice had systems in place to seek and act upon feedback from patients using the service which fed into the provider's system of continuous feedback and monthly analysis. We saw the results for this practice showed 90% of patients were completely satisfied with the service they received. The practice had a compliments book in the waiting area which had a number of very positive comments recorded.

Patients were encouraged to complete the NHS Friends and Family Test but no data was available. This is a national programme to allow patients to provide feedback about the services provided.

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 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider had not taken action to mitigate fire and health and safety risks identified for the safety of patients and staff. The provider did not have effective governance, systems in place which assessed monitor and drove improvement in the quality and safety of services provided.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Staff did not receive regular appraisal of their performance in their role from an appropriately skilled and experienced person.