Care Quality Commission

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Alexandra Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 04 July 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this practice was 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

Alexandra Dental Practice is located in Epsom, Surrey. The practice is based on the ground level of a residential property. There are two treatment rooms, a decontamination room, a reception area, a large waiting room, a patient toilet, an office and a staff room with a kitchen. The practice also has an outside staff toilet and a lockable shed that is used for storing clinical waste.

The practice provides mainly NHS dental services to adults and children and has a small list of patients that receive private treatment. The practice offers a range of dental services including routine examinations and treatment, crowns, dentures and bridges.

The practice staffing consisted of two dentists, two dental nurses, a dental hygienist, a receptionist and a financial business manager. One of the dentists is the provider and the dental hygienist has been the acting practice manager since September 2015.

The practice opening hours are Monday to Friday 8:00am to 5:00pm.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual provider. 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 inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

Before the inspection we sent CQC comments cards to the practice for patients to complete to tell us about their experience of the practice. Five patients provided

Summary of findings

feedback about the service. Patients were positive about the care they received from the practice. They commented that treatments were explained fully and staff were polite and courteous.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- The practice appeared clean and tidy and free from clutter
- There were effective systems in place to reduce and minimise the risk and spread of infection with the exception of an infection prevention and control audit which had not been completed.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances Not all staff had completed the formal training.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients indicated they felt they were listened to and that they received good care from a helpful and caring practice team.
- The staff told us they were well supported by the provider and felt listened to if they raised any concerns.
- Governance arrangements and audits were not always effective in improving the quality and safety of the services.

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

- Ensure there are robust processes for reporting, recording, acting upon and monitoring incidents and significant events and learning points are documented and shared with all relevant staff.
- Ensure that all practice risk assessments are updated and accurately reflect potential hazards to both patients and staff and comply with the Control of Substances Hazardous to Health 2002 (COSHH) regulations.
- Ensure the practice undertakes a Legionella risk assessment and implements the required actions giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Ensure the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Ensure audits of various aspects of the service, such as radiography and infection control are undertaken at regular intervals to help improve the quality of service.

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

- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping. Review stocks of medicines and equipment and the system for identifying and disposing of out-of-date stock.
- Review the protocols and procedures for use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.

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?

No action

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

The practice had arrangements in place to deal with medical emergencies at the practice and staff received annual training in using the emergency equipment. There were effective systems in place to reduce the risk and spread of infection within the practice with the exception of an infection control audit which had not been carried out recently. We found that the equipment used at the practice was regularly serviced and well maintained. There were suitable arrangements in place to ensure the safety of the X-ray equipment.

We found areas where improvements must be made by the provider with regards to having proper arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations and reporting and learning from incidents and accidents within the practice.

Are services effective?

No action

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

The practice provided evidence-based care in accordance with relevant published guidance. The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers.

We found areas where improvements should be made by the provider with regards to having sufficient staffing in place to meet the needs of the practice.

Are services caring?

No action

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

We received positive feedback from patients through five CQC comment cards. Patients commented that treatments were explained fully and staff were polite and courteous. We observed staff were welcoming and helpful when patients arrived at the reception desk for their appointment.

We found that dental care records were stored securely and patient confidentiality was well maintained.

Are services responsive to people's needs?

No action

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

Summary of findings

The practice had a system in place to schedule enough time to assess and meet patient's needs. Patients could access routine treatment and urgent or emergency care when required. The practice offered dedicated emergency appointments each day enabling effective and efficient treatment of patients with dental pain. There was a system in place to acknowledge, investigate and respond to complaints made by patients.

Are services well-led?

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

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the provider. They were confident in the abilities of the provider to address any issues as they arose.

We found the practice did not always have effective systems and governance arrangements in place to ensure and improve quality for the safety and well-being of patients.

Requirements notice 

Alexandra Dental Practice

Detailed findings

Background to this inspection

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

We carried out an announced, comprehensive inspection on 04 July 2016. The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We reviewed information received from the provider prior to the inspection. During our inspection we reviewed policy documents and spoke with the principal dentist (who was the provider), the associate dentist, acting practice manager (who was also the hygienist), dental nurse and receptionist. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. The dental nurse demonstrated how they carried out decontamination procedures of dental instruments.

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

Significant events and incidents were not fully logged. There were three events reported of these two were recorded fully but did not have any learning documented, these occurred in November 2012 and July 2013. The third incident only recorded the name of the person involved in December 2014. The Dental nurse said she had a few incidents involving matrix bands but these were not recorded. The incidents that had been reported were regarding patients feeling dizzy or faint. No learning was discussed in meetings. We saw there was a rip in the dentists' chair and during the feedback session the dentist said it was an accident caused by a Bunsen burner. We noted that no incident had been recorded. The nurse told us there were some incidents involving sharp instruments which had not been recorded.

Staff were aware of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). They confirmed there had not been any such incidents in the past 12 months.

Reliable safety systems and processes (including safeguarding)

The practice had clear policies and procedures in place for child protection and safeguarding vulnerable adults. This included contact details for the local authority safeguarding team and social services.

We saw evidence that all staff had completed safeguarding training to the appropriate levels and were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had been no safeguarding issues reported by the practice to the local safeguarding team.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. Staff told us they were confident about raising such issues internally with the provider or the practice manager.

The practice had not always followed national guidelines on patient safety regarding risk assessments and protocols. For example, the practice did not have a sharps risk assessment in place or adequate safety protocols to avoid sharps injuries that may occur from dental instruments such as matrix bands, probes and needles. We found there were only two needle guards used in each treatment room to help prevent injuries from needles. The provider informed us after the inspection they had increased the needle guards to four per treatment room. The practice did not have clear protocols in place for other sharp instruments that dental nurses were reporting they were in contact with daily, such as matrix bands. We had spoken to one member of staff that told us they had received injuries in the past from matrix bands. We saw no evidence of these being recorded or any actions taken to avoid further injuries to staff.

The provider told us they did not always use rubber dam for root canal treatments 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 and protect the airway. They told us they used gauze as an alternative to prevent the accidental inhalation of sharp dental instruments. During our inspection of the dental treatment rooms we found the box of rubber dam had expired in 2015. The provider told us they had not used these for some time and shortly after the inspection we received evidence informing us they had replaced the rubber dam.

Medical emergencies

The practice had most of the arrangements in place to deal with medical emergencies at the practice. The majority of emergency medicines held were in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. We found there was only one ampule of adrenaline held in the kit. We discussed this with the provider and they sent us evidence after the inspection informing us they had purchased additional ampules in line with guidance. We also noted that NHS England had advised the practice to action this after their visit in September 2015. 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]. Medical oxygen and other related items, such as manual breathing aids and portable suction, were available in line with the Resuscitation Council UK guidelines.

Are services safe?

The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff.

Staff received annual training in using the emergency equipment. The most recent staff training sessions had taken place in November 2015.

Staff recruitment

The practice staffing consisted of two dentists, two dental nurses, a dental hygienist, a receptionist and a financial business manager. One of the dentists is the provider and the dental hygienist has been acting practice manager since September 2015. One of the dental nurses worked part-time. The dental hygienist told us they worked as a dental nurse on some days alongside the principal dentist. We noted that the practice did not have cover if one of the nurses was unable to work on the day the hygienist was treating patients. When we spoke to the provider they told us they had trouble recruiting an additional dental nurse but they were actively looking to employ someone full-time. The last dental nurse had left in January 2016.

There was a recruitment policy in place and we reviewed the recruitment records for all staff members. We saw that relevant checks to ensure that the person being recruited was safe and competent for the role had been carried out. This included DBS checks for all members of staff, a check of registration with the General Dental Council (GDC), references, ID checks and employment profiles. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All staff were up to date with their Hepatitis B immunisations and records were kept on file.

Monitoring health & safety and responding to risks

The practice had carried out the standard risk assessments for dental practices that included the risks and actions to avoid injuries. For example we saw a risk assessment document for autoclave, biological agents, electrical equipment, eye injury, fire, hazardous substances, manual handling, radiation ionising, waste disposal and slips, trips and falls, however this had not been reviewed since 2010. We saw the risk assessment was not implemented in all areas of the practice. For example, there was no detailed risk assessment for the various sharp instruments in use daily; and the risk assessment for hazardous substances was incomplete.

There were insufficient arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. COSHH is the law that requires employers to control substances that are hazardous to health by carrying out risk assessments and planning for emergencies. When we reviewed the file for COSHH we noted that risk assessments were not completed for each dental medicine although template forms were available to use. We saw for example no risk assessments detailing how to respond to an adverse reaction to corsodyl (mouth wash), citanest and lidocaine (anaesthetic medicines).

The staff we spoke with had a lack of understanding of COSHH and told us the provider was responsible.

The provider told us they received Medicines and Healthcare products Regulatory Agency (MHRA) advice via email. MHRA issue alerts to healthcare professionals, hospitals and GP surgeries to tell them when a medicine or piece of equipment is being recalled or when there are concerns about the quality that will affect its safety or effectiveness. Although the provider reviewed these via email there was no formal system in place to demonstrate how the practice responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. The provider had no evidence of any relevant MHRA alerts where the practice may have taken action.

The practice had completed a fire risk assessment in December 2015 and reviewed the fire evacuation policy in February 2015. We noted there was an action to record fire drills carried out by the practice. NHS England had also requested this action to be in place by December 2015 but this was not being completed. Although there were template forms in place on file next to the fire assessment records there were no entries recorded. Staff were unable to comment on when the last fire drill had been practiced.

We observed that the staff room and area outside the decontamination room had suffered damage due to water leaks. The practice manager told us these had been investigated and fixed by plumbers but it was possible that it could be an ongoing problem. We saw no risk assessment in place for floods or damp. The practice did not have an up to date business continuity plan in place to ensure continuity of care in the event that the practice's premises could not be used for any reason such as a flood or fire.

Infection control

Are services safe?

There were systems in place to reduce the risk and spread of infection within the practice. It was demonstrated through direct observation of the cleaning process and a review of protocols that the practice was generally following 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)'.

We observed dental treatment rooms, the waiting area and the reception were clean, tidy and clutter free. Clear zoning marked clean from dirty areas in all of the treatment rooms. Hand washing facilities including liquid soap and paper towels were available in each of the treatment rooms. Hand washing protocols were displayed appropriately in various areas of the practice and bare below the elbow working was observed.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a dedicated decontamination room with the appropriate facilities for cleaning and decontaminating dental instruments. We noted there was a chair with material covering in the room and when we spoke to staff it was removed. The dental nurse showed us how they used the clean and dirty zones in the room and demonstrated a good understanding of the correct processes. They wore appropriate personal protective equipment, such as heavy duty gloves and eye protection. Items were manually cleaned and an illuminated magnification device was used to check for any debris during the cleaning stages. Items were then placed in an autoclave (steriliser). Once instruments were sterilised they were placed in pouches and a date stamp indicated how long they could be stored for before the sterilisation became ineffective.

The autoclaves were checked daily for their performance, for example, in terms of temperature and pressure tests. A log was kept of the results that demonstrated the equipment was working effectively.

The drawers and cupboards of both treatment rooms were inspected. All of the instruments were placed in pouches. We found one pouched instrument containing forceps had not been date stamped and one rubber dam forceps that was correctly pouched and date stamped but was observed to be rusty. The provider removed these from the treatment rooms. The practice had not carried out infection control audits in accordance with HTM 01-05 guidance which should be at six monthly periods. There were no audits for 2015 or 2016. When we discussed this with the provider they had not prioritised completing these in light of our findings. They informed us by email after the inspection they planned to complete an audit by 29 July 2016.

Each treatment room had the appropriate routine personal protective equipment such as gloves, aprons and eye protection available for staff and patient use.

The practice used a system of individual consignments and invoices with a waste disposal company. Waste was being appropriately stored and segregated. This included clinical waste and safe disposal of sharps.

Records showed that a Legionella risk assessment had been carried out by an external company in March 2011. The report recommended a review two years later. A review assessment was completed in October 2013. The assessment reported medium risk to the practice and recommended that; monthly temperature checks and sample tests must be completed. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The practice had not acted upon advice to minimise any risks. For example, they could not demonstrate they were consistently testing and recording hot and cold water temperatures on a regular basis. We saw some evidence of inconsistent recorded temperatures in 2011, June to December 2015 and January to February 2016. The practice had also not completed a review of the risk assessment in October 2015 as recommend in the previous report. NHS England had advised the practice to complete this by December 2015 and the practice had not prioritised this action.

The premises appeared clean and tidy. There was a supply of cleaning equipment which was stored appropriately. This took into account national guidance on colour coding equipment to prevent the risk of infection spreading. We noted the mops smelt unpleasant and looked unclean when we saw them hanging up. The provider told us after the inspection the cleaning company had informed them that the mop heads were changed every two weeks. The provider was satisfied with the response.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents which showed the air compressor, autoclaves and X-ray equipment had all been inspected

Are services safe?

and serviced in 2015/2016. Portable appliance testing (PAT) had been completed in August 2014. PAT is the name of a process during which electrical appliances are routinely checked for safety. The microwave and a lead in the reception area had failed the test and there was no further details reported therefore we were unable to investigate this further.

The expiry dates of medicines, oxygen and equipment were monitored using a check sheet which enabled the staff to replace out-of-date drugs and equipment promptly.

Radiography (X-rays)

The practice had followed most of the Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER) guidelines. They kept a radiation protection file in relation to the use and maintenance of X–ray equipment.

There were arrangements in place to ensure the safety of the equipment. We noted the local rules relating to the equipment did not have the named radiation protection supervisor (RPS) and were held in the file. The provider was the radiation protection supervisor (RPS).

The procedures and equipment had been assessed by an external radiation protection adviser (RPA) in May 2016 which was within the recommended timescales of every three years.

We saw audits had been completed for the quality of radiographs taken by the dentists from 2013 to 2016. The last audit in May 2016 highlighted some issues with the quality of X-rays taken by the principal dentist. We noted there were no follow up or re-audits planned.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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 dentists demonstrated they were aware of the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health Toolkit when considering care and advice for patients.

We found that the dental records were not consistent and varied in the level of detail recorded. For example, medical history was not always recorded, treatment options, costs and prescription numbers were missing or not detailed. There was no evidence of a record keeping audit that would help identify where improvements were necessary.

When we spoke to the dentists they described how they always checked the patients' medical history and medicines prior to treatment and regularly assessed patient's gum health and soft tissues (including lips, tongue and palate). They took X-rays at appropriate intervals, as informed by The Faculty of General Dental Practice (FGDP) guidance issued nationally.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. The principal dentist told us they discussed oral health with their patients, for example, effective tooth brushing and dietary advice. They identified patients smoking status and recorded this in their notes. This prompted them to provide advice or consider how smoking status might be impacting on their oral health.

We observed that there was a range of health promotion materials displayed in the waiting area for patients to take away and read.

Staffing

Staff told us they received appropriate professional development and training. We checked the training records for four staff and saw the training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies, safeguarding, infection control and X-ray training.

There was a written induction programme for new staff to follow and we saw evidence in the staff files that this had been used at the time of their employment.

Staff told us they were engaged in an appraisal process on a yearly basis. This reviewed their performance and identified their training and development needs. We reviewed some of the notes kept from these meetings and saw that individual members of staff had the opportunity to put a development plan in place.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure the quality of care for their patients. The dentists used a system of onward referral to other providers if the treatment needed was beyond the scope of their practice. For example, the practice referred patients for orthodontic treatment.

We reviewed the systems for referring patients to specialist consultants. A referral letter was prepared and sent to the specialist with full details of the dentist's findings and a copy was stored on the practices' records system. When the patient had received their treatment they were discharged back to the practice. Their treatment was then monitored after being referred back to the practice to ensure patients had received a satisfactory outcome and all necessary post-procedure care. A copy of the referral letter was always available to the patient if they wanted this for their records.

Consent to care and treatment

The staff told us they ensured valid consent was obtained for all care and treatment. Formal written consent was obtained using standard NHS treatment plan forms. Patients were asked to read and sign these before starting a course of treatment.

Staff we spoke with were aware of the general principles of Mental Capacity Act 2005 (MCA) and were able to explain how they would manage a patient who lacked the capacity to consent to dental treatment. If there was any doubt about a patient's ability to understand or consent to the treatment, they would then involve the patient's family or carer responsible for the care of the patient, to ensure that the best interests of the patient were met. The Mental

Are services effective?

(for example, treatment is effective)

Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The five CQC comments cards we received from patients all commented positively about staff's caring and helpful attitude.

We observed staff were welcoming and helpful when patients arrived at the reception desk for their appointment.

Staff understood the importance of data protection and confidentiality. They described systems in place to ensure that confidentiality was maintained. The receptionist's computer screens were positioned in such a way that they could not be seen by patients in the waiting area. Staff also told us that patients could request to have confidential discussions if they wanted as there was an office available.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area which gave details of NHS dental fees.

The staff told us they spent time answering patients questions and gave patients a copy of their treatment plan. The patient feedback we received via the CQC comment cards confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the care and treatment given by staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patient's needs. The staff at reception gave a clear description about which types of treatment or reviews would require longer appointments. The dentist used the patient's notes to indicate the type of treatment required so that the receptionist knew the length of appointment needed. The dentist also specified the timings for some patients when they considered that the patient would need an appointment that was longer than the typical time.

Tackling inequity and promoting equality

Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. We noted there were no aids available for patients with visual impairments or hearing problems. The staff told us they did not find any problems when communicating with patients because they were usually accompanied by someone who could help translate. Staff told us they would book longer appointments for patients where more time for communication was needed.

The practice did not have a translation service for languages because they did not have many patients that attended the practice where English was not their first language and could not communicate in English. The provider told us if there was a need for this they would use a telephone translation line.

Access to the service

The practice opening hours are Monday to Friday 8:00am to 5:00pm.

We asked the staff at reception about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message gave details on how to access out of hours emergency treatment by calling 111.

Staff told us the dentist kept some gaps in their schedule on any given day so that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated.

We saw the practice had access for patients with mobility problems that used a wheelchair and mothers using a pram.

Concerns & complaints

There was a complaints policy which described how the practice handled formal and informal complaints from patients. Information about how to make a complaint was displayed in the waiting area. The staff explained if patients were not happy they would discuss the issues with the principal dentist so the problem could be resolved quickly and amicably.

The practice shared the four complaints they received in the 12 months. The complaints were dealt with appropriately by the principal dentist or practice manager and the concerns were raised in the team meetings for staff to discuss and learn from.

Are services well-led?

Our findings

Governance arrangements

We found the practice did not always have effective systems and governance arrangements in place to ensure and improve quality of service provision. There was a system of template policies and procedures in place covering the clinical governance criteria expected in a dental practice however these policies and procedures were not always implemented or kept up to date. Staff were not always aware of the governance arrangements. For example; the procedure for reporting incidents was not fully implemented, the COSHH file was incomplete, the practice risk assessment had not been reviewed since 2010, there were no infection control audits from 2015, the last radiograph audit had not been completed sufficiently and had not been used to improve practice and the provider had no business continuity plan.

The practice had not always followed national guidelines on patient safety regarding risk assessments and protocols. This applied to risk assessments particularly for sharps injuries and the practice health and safety risk assessments.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with the provider or practice manager. They felt they were listened to and responded to when any concerns were raised.

The staff we spoke with all told us they enjoyed their work and were well-supported by the provider.

Learning and improvement

Significant events and incidents were not fully logged with a view to learning and avoiding repeated events. There was no effective system in place for recording training that had or had not been completed by staff working within the practice. There was no evidence of the induction programme being formally documented and completed by new staff although staff told us they had completed this. The provider had no evidence that the practice had an ongoing programme of clinical audit in place.

The practice manager told us they had regular formal and informal meetings where they discussed different dental related subjects. We saw meeting notes from June 2016, April 2016, January 2016 and November 2015. There were discussions from example, about complaints received and the appointment system.

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

The practice had collected feedback through the Friends and Family cards. The feedback from patients was overall positive and most patients were likely to recommend the service to friends and family. We reviewed the feedback for May and June 2016. Out of the 31 cards that were completed by patients only one patient had indicated they would not recommend the practice.

The practice did not always act on suggestions from patients. We noted that feedback from patients survey conducted in December 2014 had suggested a practice website to be implemented. The provider had not implemented this at the time of the inspection.

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 Regulation 17 (1) How the regulation was not being met: The provider did not have systems in place to: • Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). • Assess, monitor and mitigate the risks relating to the health, safety and welfare of staff and patients who may be at risk which arise from the carrying on of the regulated activity. • Seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. • Evaluate and improve their practice in respect of the processing of the information referred to in the above.