Mr. Riaz Mitha

Dental Design Studio

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 14 November 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

We will be following up on our concerns to ensure they have been put right by the provider.

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

Located in the village of Edgeworth near Bolton, Dental Design Studio offers private general dental treatments and a range of cosmetic treatments for adults and children, including porcelain veneers, teeth whitening, implants and invisible braces. The practice has facilities for people with limited mobility, including an adapted toilet and ground floor treatment room.

Opening times: Mon: 9am-5.30pm; Tue: 9am-5.30pm; Wed: 9am-1.00pm; Thu: 9am-8pm; Fri: closed; Sat: 9am-12.30pm.

The practice owner is registered with the Care Quality Commission (CQC) as an individual. 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.

We reviewed the feedback from 33 patients on the day of our inspection. Patients were extremely positive about the staff and standard of care provided by the practice. Patients commented that they felt involved in all aspects of their care and found the staff to be helpful, respectful and friendly, and were treated in a clean and tidy environment.

Our key findings were

Summary of findings

- The practice was visibly clean and free from clutter.
- A process was in place for recording incidents and accidents.
- The practice had a safeguarding policy and staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
- Staff received annual medical emergency training.
- Patients could access urgent care when required.
- The practice was actively involved in promoting oral health.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks, and were involved in making decisions about their treatment.
- Patients were treated with dignity and respect.
- The appointment system met patient's needs.
- The COSHH file had not been reviewed or updated.
- The Radiation Protection File was incomplete.
- There was no recruitment policy and procedure in place.
- The governance system was not effective, including the portfolio of practice policies and audit activity.
- Confidential paper information was not always stored securely.
- The practice had insufficient risk assessments in place to assess the risks to patients and staff including, Legionella, fire, environmental risks and sharps.
- The practice did not have access to an automated external defibrillator.
- The practice did not have all the emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.

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

- 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 appropriate measures to receive and action Medicines and Healthcare Products Regulatory Authority alerts (MHRA) pertinent to the dental practice environment.
- Ensure the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Ensure that the practice is compliant with its legal obligations under Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.
- Ensure the COSHH file for hazardous materials is reviewed to ensure it is up-to-date and risk assessments are in place for all hazardous materials used or stored at the premises.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Ensure audits of various aspects of the service, such as radiography and dental care records are undertaken at regular intervals to help improve the quality of service. The practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure the practice reviews its policies and procedures to ensure they reflect current guidelines, and develop policies that are not currently in place.
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities, including sufficient assessments and checks to be undertaken to ensure the premises and equipment are clean and safe.
- Ensure the storage of records relating to the management of regulated activities is in accordance with current legislation and guidance.

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

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

Summary of findings

- Review the practice's safeguarding training for staff; ensuring it covers training for both children and adult safeguarding and all staff are trained to an appropriate level for their role and aware of their responsibilities.
- Review availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the storage of medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the practice's waste handling policy and procedure to ensure waste is segregated and disposed of in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Review the availability of an interpreter service for patients who do not speak English as their first language.
- Review responsibilities of the needs of people with a disability and the requirements of the equality Act 2010 and ensure a Disability Discrimination Act audit is undertaken for the premises.

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?

Requirements notice

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

Staff knew how to report incidents, accidents and the process for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

There were sufficient numbers of suitably qualified staff working at the practice.

It was unclear what safeguarding training staff had received so that they knew how to recognize the signs of abuse and report concerns. Staff we spoke with were knowledgeable about safeguarding systems for adults and children.

The COSHH folder for hazardous products used at the practice was not regularly updated or checked to ensure it still contained all the relevant materials used at the practice.

A sharps risk assessment had not been carried out to ensure the safe use of sharps in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

There was no recruitment policy or process in place. Recruitment checks had not been carried out for staff to ensure they were suitable to work with vulnerable patients. Staff were unable to confirm their immunisation status.

The autoclave was not being tested daily to ensure it was working correctly in accordance with recommended national guidance for decontamination. An infection prevention and control audit had not been carried out every six months as required.

A Legionella risk assessment had been not carried out and the temperature of the water in the sentinel taps were not being routinely tested to ensure the water was safe.

A radiation protection advisor had not been identified as a point of contact for expert advice.

Arrangements were not in place for receiving patient safety alerts.

Not all the medicines and equipment to manage a medical emergency were available at the practice. One of the emergency medicines was refrigerated and the temperature of the fridge was not being routinely checked to ensure it was working correctly.

Not all waste products were being segregated and disposed of correctly.

Are services effective?

No action

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

Summary of findings

The dentist referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff obtained consent, communicated appropriately with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Are services caring?

No action 

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

Patients were very positive about the staff, practice and treatment received. We reviewed the feedback from 33 patients, all of which was very positive with patients stating they felt listened to and received the best treatment at that practice.

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

We found documents about patients were not stored confidentially and securely at the reception area.

Are services responsive to people's needs?

No action 

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

The practice had a dedicated slot each day for urgent dental care and every effort was made to see all emergency patients on the day they contacted the practice.

The practice had not had cause to use an interpretation service so had not identified an interpretation service to access if needed.

A Disability Discrimination Act audit had not been undertaken. Reasonable adjustments had been made to provide access to the service for patients who used mobility equipment.

Are services well-led?

Requirements notice 

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

It was not clear who was responsible for the day to day running of the practice.

Staff said there was an open culture at the practice and they felt confident raising any concerns. The practice held monthly staff meetings, which provided an opportunity to openly share information and discuss any concerns or issues at the practice.

Policies had not been reviewed for some time and some policies had not been developed for the practice, such as a recruitment policy.

Summary of findings

Sufficient risk assessment in relation to the provision of safe care and treatment for patients and staff was not in place, such as risk assessments for fire and the safety of the water.

A programme of audit to support continuous improvement was not in place for the practice. The required X-ray audit had not been completed. Only one infection prevention and control audit has been completed when such an audit is required to be undertaken every six months.

Patient satisfaction surveys were not routinely undertaken.

Dental Design Studio

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 14 November 2016. It was led by a CQC inspector and supported by a dental specialist advisor.

During the inspection, we spoke with the practice owner who was also the dentist and two dental nurses. We reviewed policies, protocols, certificates and other documents as part of the inspection.

To get to the heart of patient experience 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 a policy and process in place for managing incidents, including significant events. Staff told us there had not been any accidents or incidents for many years. We noted the last accident recorded in the accident book was in 2010. Staff told us that if there was an incident then this would be discussed at the practice meetings.

The staff we spoke with understood what needed to be reported in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). They said there had not been any incidents at the practice that needed to be reported as a RIDDOR event.

The practice had not received medical alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) as the dentist had not registered to receive alerts. The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.

The staff we spoke with were aware of the need to be open, honest and apologetic to patients if anything should go wrong; this is in accordance with the principles Duty of Candour principle which states the same.

Reliable safety systems and processes (including safeguarding).

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A policy was in place regarding sharps injuries. It had not been reviewed since it was developed in 2012. A safe sharp system was not in place and we were advised that sharps were removed by both the dentist and the nurse. We were not provided with evidence to show that a sharps risk assessment had been completed. Staff told us there had not been a sharps injury since 2010. Staff we spoke with were aware of what action to take in the event of a member of staff sustaining a sharps injury.

The dentist told us they routinely used a rubber dam when providing root canal treatment to patients in accordance 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. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We reviewed the practice policy for both adult and child safeguarding, which contained contact details of the local authority child protection and adult safeguarding. There was not a member of staff identified as the safeguarding lead. The dentist and one of the dental nurses said they had completed safeguarding training but were unsure when this took place and what level of safeguarding training it involved. They were clear about what could constitute a safeguarding concern and how it should be reported. Staff said they had not had cause to make any safeguarding referrals.

The whistleblowing policy for the practice was incorporated in the safeguarding policy. Staff we spoke with understood what whistleblowing meant and were confident they could raise concerns about colleagues without fear of recriminations.

Employer's liability insurance was in place for the practice. Having this insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969 and we saw the practice certificate was up to date.

Medical emergencies

A medical emergency policy was in place and it was last reviewed in 2012. The practice kept medicines and equipment for use in a medical emergency, and all staff were aware of where these were located. Equipment and medicines were not in accordance with the Resuscitation Council UK and British National Formulary (BNF) guidelines. An automated external defibrillator (AED) was not in place at the practice. An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. We were advised that the practice could access the AED at the health centre next door but were not provided with a service level agreement between the practice and health centre which outlined the access arrangements.

In addition, child face masks for administering oxygen were not in place. Medicines were stored in a fridge and we noted temperatures were not being routinely checked to ensure they were within the correct temperature parameters. We found that all emergency medicines

required in accordance with BNF guidelines were not in place. Midazolam 10mg (buccal) was missing; a medicine used to treat seizures. The practice owner provided evidence shortly after the inspection to confirm the required medicine had been ordered.

Staff recruitment

There was no recruitment policy in place for the practice. Three staff worked at the practice, including the dentist who owned the practice and two dental nurses. One of the nurses had worked at the practice since 2009 (the practice registered with CQC in 2011) and the other nurse was recruited in May 2016. There were no dedicated recruitment files in place for staff. We asked and were not provided with evidence that recruitment checks in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been carried out to ensure staff were suitable to work with vulnerable adults. These included references from previous employment and a Disclosure and Barring Service (DBS) check and satisfactory evidence of conduct in previous employment (references). A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children. In addition, the immunisation status of staff could not be confirmed. The practice owner said they interviewed the member of staff recruited in 2016 but a record had not been made of that interview.

Monitoring health & safety and responding to risks

A health and safety policy was in place for the practice but this was not dated. A health and safety statement had been produced in 2009 but had not been reviewed annually in line with the practice policy. Staff advised us that environmental checks to ensure the premises were safe were carried out but not recorded.

A written fire procedure was in place to guide staff in the event of a fire. The procedure was undated so it was not clear when it was produced and whether it had been reviewed. We were provided with evidence to show the fire extinguishers were serviced annually. Staff told us that checks to ensure the fire system was working correctly were not carried out, such as fire alarm and smoke detector checks. Fire drills had not taken place.

We looked at the Control of Substances Hazardous to Health (COSHH) file. COSHH files are kept to ensure providers obtain information on the risks from hazardous substances in a dental practice. Safety data sheets; information sheets about each hazardous product, including handling, storage and emergency measures in case of an accident were in place. Staff told us the COSHH file had not been reviewed on an annual basis or more frequently if new products were introduced. This meant we could not be sure if the file was up-to-date. Some of the cleaning products were stored insecurely in an area accessible to patients. This had not been identified as a risk by staff as part of their environmental checks. We highlighted this to the practice owner who said they would put a lock on the cupboard.

Infection control

We looked to see if the practice was working in accordance with the Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. Produced by the Department of Health, this guidance details the recommended procedures for sterilising and packaging instruments. An infection prevention and control (IPC) policy, IPC risk assessment and decontamination policy were in place. There was not a dedicated lead identified for IPC. One of the nurses showed us how dental instruments were decontaminated, including the process for cleaning, sterilising and storing dental instruments. This process was undertaken in accordance with HTM 01-05. However, the autoclave was not being tested daily in accordance with HTM 01-05 to ensure it was working correctly.

We looked at the decontamination and treatment rooms. The rooms were clean, drawers and cupboards were clutter free with adequate dental materials. Hand hygiene procedures were displayed in the treatment rooms. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

A Legionella risk assessment was not in place and the practice owner said this would be addressed without delay. Legionella is a term for particular bacteria which can contaminate water systems in buildings. Staff advised us dental water lines were flushed at the end of the day rather than at the beginning and end of a session. Processes were not in place, such as monthly temperature checks of water outlets to ensure water temperatures were within safe temperature parameters in order to minimise the risk of Legionella.

Are services safe?

A healthcare waste disposal policy was in place. The practice stored clinical waste securely and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection. Staff advised us that gypsum (main constituent of various forms of plaster) was disposed of in the clinical waste. This was not in accordance with Health Technical Memorandum 07-01: Safe management of healthcare waste. We highlighted this to the practice owner at the time of the inspection who said a separate contract would be put in place for the disposal of gypsum.

Although environmental cleaning schedules were not in place, we noted that the premises were exceptionally clean and well maintained. We observed there was not adequate equipment present or stored correctly to comply with guidance.

An IPC audit had been completed shortly before our inspection, which was in line with the recommended Infection Prevention Society (IPS) audit format. We asked for but were not provided with any previous audits to demonstrate that the practice was auditing its decontamination processes every six months as required. We highlighted this to the practice owner at the time of the inspection.

Equipment and medicines

Equipment checks were not always carried out in line with the manufacturer's recommendations. We found that the X-ray machines had not been serviced since 2009. The ultrasonic cleaner had not being tested according to the manufacturer's instructions or quarterly. Furthermore, the testing of portable electrical appliances had not been undertaken. We highlighted that equipment checks were not up-to-date to the practice owner at the time of the inspection.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Prescription pads and antibiotics were not stored securely as they were in an unlocked cupboard. A log to monitor the stock control and use of antibiotics was not in place.

Radiography (X-rays)

The practice was not working in accordance with the Ionising Radiation Regulations (IRR) 1999 and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. A Radiation Protection Adviser was not identified for the practice. The IR(ME)R certificate for the dentist who was also the Radiation Protection Supervisor was not up to date. Those taking X-rays in dental practice are required to undertake an IR(ME)R course comprising five hours in five years. Local rules were in place and located in the treatment room. An X-ray audit had not been carried out to monitor the quality of X-rays taken.

The dentist used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required but the justification for taking X-rays was not recorded in the patient's records. The grade of quality and report of the X-ray taken was documented in the patient dental care record.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found the dentist was following good practice guidance and procedures for delivering dental care. A medical history was taken for patients and this was checked at every visit. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. The dentist also used the basic periodontal examination (BPE) to check patient's gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are. The dental records we looked at showed us that patients were advised of the findings, treatment options and costs.

The dentist was familiar with the current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon individual risk of dental diseases.

Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention. There was evidence in the dental records we looked at that the dental team applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients. Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable.

The practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion.

Staffing

A new member of staff had been recruited within the last 12 months. An induction policy and induction template was in place. Although the practice owner said the new member of staff had received an induction, the paperwork had not been completed.

All staff working at the practice had received basic life support training within the last 12 months. We were provided with the continuous professional development (CPD) file for one member of staff and it was evident that a wide range of training relevant to the practice had been completed. This included training in managing medical emergencies, basic life support, infection control and safeguarding. We saw this training was up-to-date.

Staff had an annual appraisal and the registered manager provided evidence to show these had taken place. CPD and training needs were discussed at appraisal.

Working with other services

The dentist confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were used to send all the relevant information to the specialist. Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

Consent to care and treatment

We spoke with the dentist about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. The dentist explained how individual treatment options, risks, benefits and costs were discussed with each patient.

The dentist was clear about the principles of the 2005 Mental Capacity Act (MCA) and the concept of Gillick competence. TheMCAis designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 33 responses; all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

We noted that patients were seen in private when they attended for appointments on the day we were inspecting. Conversations could not be heard from outside the treatment rooms which protected patient privacy. The practice was located directly off the front main street and the reception desk was opposite the front door. We observed on two occasions that the front door was unlocked and the reception was unattended when confidential patient information was accessible on the reception desk. We highlighted this to the practice owner at the time of the inspection who advised us that the front door was usually locked when the reception area was unattended.

Dental care records were stored electronically and computers were password protected to ensure secure access. Computers were backed up and passwords changed regularly in accordance with the Data Protection Act.

Involvement in decisions about care and treatment

Review of the CQC comment cards and our observation of dental records demonstrated that patients were involved in decisions about their care. Private treatment costs were available for patients. The practice website provided patients with information about the range of treatments which were available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including the practice opening hours and emergency 'out of hours' contact details. Staff advised us that appointment times were 30-45 minutes each. They told us there was rarely a request for urgent appointments and the practice had the capacity to see a patient urgently on the same day if the need arose. This included if patients contacted the practice out-of-hours. The practice owner and one of the dental nurses were available out-of-hours. Patients could either contact by telephone or email out-of-hours.

Tackling inequity and promoting equality

Although an equality and diversity policy was in place, we were not provided with evidence to show that a Disability Discrimination Act audit had been undertaken for the premises.The practice had made some reasonable adjustments to prevent inequity to any patient group. There were widened doorways to accommodate wheelchairs and mobility scooters. A lowered area at the reception desk was available for patients using mobility equipment and an accessible toilet. There was a step access to the front door but portable ramps were not available, which could mean patients using mobility equipment may not be able to access the premises independently. In addition, staff did not have access to a translation service if needed. A hearing loop was not in place.

Access to the service

Opening hours were displayed in the premises, in the practice information leaflet and on the practice website. Patient feedback indicated there was good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints.

A complaints policy was in place which provided guidance on how to handle a complaint. Information for patients about how to make a complaint was available for patients.

The practice received two complaints in the last 12 months. The practice owner dealt with these complaints effectively and corresponded with the complainants via email.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for the practice were not effective and we found this was linked to the absence of a clear leadership and management structure. For example, there was no member of staff responsible for ensuring policies were up-to-date, risk assessments were completed or that required audits were undertaken.

There was a range of policies and procedures at the practice. The majority had been sourced externally and modified to reflect the operation of the practice. Many of the policies were undated so it was unclear when they had been produced. Not all policies complied with national guidance, such as the infection prevention and control policy. We observed that a staff recruitment policy was not available at the practice.

Sufficient risk assessment in relation to the provision of safe care and treatment for patients and staff was not in place. For example:

- Legionella risk assessment and water line checks
- A sharps risk assessment
- An environmental risk assessment (including fire)
- The COSHH folder was inadequate
- Confidentiality of patient information at reception

We determined the lack of awareness in relation to undertaking risk assessments had led to some of the deficiencies that we found.

Leadership, openness and transparency

Staff told us there was an open culture within the practice and said they were confident to raise any issues at any time with the practice owner. Practice meetings took place once a month and we could see from the meeting minutes that issues in relation to the service provided and potential improvements were discussed.

Learning and improvement

Quality assurance processes were not routinely used at the practice to encourage continuous improvement. There was no clinical audit programme in place, such as an X-ray audit and infection prevention and control (IPC) audit as required. Only one audit had been completed at the practice; an IPC audit completed shortly before the inspection and IPC audits are required to be completed every six months.

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

Staff advised us that a patient satisfaction survey had not been completed for some time. There were a range of cards and letters from patients expressing satisfaction with the care they received.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 HCSA 2008 Regulations 2014 Safe care and treatment** How the regulation was not being met: • The registered provider failed to ensure that the risks associated with handling and dismantling syringes was effective. A safe sharps system was not in place. • The registered provider failed to ensure appropriate measures were in place to receive and action Medicines and Healthcare Products Regulatory Authority alerts (MHRA) pertinent to the dental practice. • The registered provider failed to ensure the Control of Substances Hazardous to Health (COSHH) risk assessments had been reviewed to ensure safety data sheets were in place for all the hazardous products used at the practice. • The registered provider failed to ensure that a Legionella risk assessment had been undertaken for the practice and that routine checks of the temperatures of water outlets were being undertaken. • The registered provider failed to ensure that X-ray equipment had been serviced since 2009. Regulation 12(1)

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 HCSA 2008 Regulations 2014 Good governance**

This section is primarily information for the provider

Requirement notices

The registered person did not have effective systems in place to ensure that the regulated activities at Dental Design Studio were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

- The registered provider failed to ensure an effective system was established to assess, monitor and mitigate the various risks arising from the undertaking of the regulated activities, including sufficient assessments and checks to be undertaken to ensure the premises and equipment were safe.
- The registered provider failed to ensure regular audits were undertaken to monitor and improve the quality and safety of the service. These included a bi-annual Infection prevention and control audit and a radiology audit.
- The registered provider failed to ensure a service level agreement was in place for accessing the AED at a local service.
- The registered provider failed to maintain patient records in a secure and confidential way.

Regulation 17(1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19 HCSA 2008 Regulations 2014** **Fit and proper persons employed** How the regulation was not being met: The registered provider failed to ensure recruitment procedures were established, including ensuring all staff had the necessary checks to ensure that persons employed met the conditions as specified in Schedule 3. These included seeking appropriate DBS checks. Regulation 19(1)