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Lancaster University Dental Clinic

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 10 November 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The practice is a single handed dentist situated in the campus grounds of Lancaster University. Staffing for the practice was managed from the provider's sister practice also in Lancaster. There is a dental hygienist who works at the practice every Tuesday and the dentist provides treatment on a Monday, Thursday and Friday. There are no evening or weekend surgery hours available. There is always a receptionist and a dental nurse in the practice when care is being provided. The practice manager is based at the providers sister location.

The dentist is the registered provider for the practice. 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 viewed 11 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. All of the comment cards reflected positive comments about the staff and the services provided. Patients commented that they found the staff very

Summary of findings

friendly and approachable and they found the quality of the dentistry to be excellent. They said explanations were clear and made the dental experience as comfortable as possible.

The practice was providing care which was effective and caring, in accordance with the relevant regulations. However we found that this practice was not always providing safe and well led care in accordance with the relevant regulations.

Our key findings were:

- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle medical emergencies.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice sought feedback from patients about the services they provided.
- There was a lack of appropriate medicines and life-saving equipment was not readily available.
- The practice did not have a system in place which recorded and analysed significant events and complaints and cascaded learning to staff.
- Staff had undertaken training appropriate to their roles and responsibilities. There was no formal system in place to monitor training.
- There was a concern over the practice's infection control procedures and the practice was not following published guidance.
- We could not assure ourselves that patient's care and treatment was planned and delivered in line with evidence based guidelines, and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it. However there were concerns regarding the consent protocol in operation in the practice.
- Patients were treated with dignity and respect and personal confidentiality was maintained but there were concerns regarding the storage of treatment records.
- The practice had some shortfalls in leadership, however staff felt involved and worked as a team.
- Governance systems were not robust. Clinical and non-clinical audits were not undertaken to monitor the quality of services. Where risk assessments had identified concerns these had not been acted upon.
- Practice policies and procedures had not been reviewed periodically.

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

- Assess, monitor and mitigate the risks to the health and safety of patients, staff and visitors.
- Ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way.
- Ensure that the equipment used by the service provider for providing care and treatment to a patient is safe for such use and is used in a safe way.
- Ensure that systems are in place for assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health associated.
- Ensure there is an effective approach for identifying where quality and/or safety is being compromised and steps are taken in response to issues. These include all audits and risk assessments undertaken within the practice.
- Establish systems to support communication about the quality and safety of services and what actions have been taken as a result of audits, concerns, complaints and compliments.
- Ensure that audit processes function well and have a positive impact in relation to quality governance, with clear evidence of actions to resolve concerns.
- Establish processes to actively seek the views of patients and should be able to provide evidence of how they have taken these views into account in relation to decisions.

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 consider:

- Establishing systems which monitor that all staff members receive appropriate support, training and supervision necessary for them to carry out their duties.

Summary of findings

- Ensuring that all policies and procedures for the practice are periodically reviewed and reflect the protocols in place in the practice.
- Ensuring that all equipment checks are performed as required and records kept of these.
- Reviewing procedures for storage of paper records in accordance with the Department of Health's code of Practice for Records Management (NHS Code of Practice 2006) and other relevant guidance about information security and governance.
- Clearly defining job roles and delegating staff relevant responsibilities to involve all staff in the governance framework.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice did not have effective systems and processes in place to ensure all care and treatment was carried out safely.

The practice had not received any complaints in the last 12 months. However we did not see any processes in place for lessons being learnt and improvements being made when things go wrong.

Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to.

Staff were suitably trained and skilled to meet patient's needs. Staff were responsible for their own training portfolio. There were sufficient numbers of staff available at all times

Infection control procedures were not in place however all staff had received infection control training. We found that the premises and equipment were not clean, properly maintained and kept in accordance with current legislation.

Emergency medicines in use at the practice were stored safely but were not formally checked to ensure they did not go beyond their expiry dates. Other equipment required for use in a medical emergency, for example portable oxygen and a defibrillator, were not available. (A defibrillator is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Are services effective?

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

Patients received an assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained. However there was concern about the practice protocol for gaining consent. Consultations were carried out in line with good practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients where recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors noted.

Staff were supported through training; however there was no formal system in place for appraisals and identifying opportunities for development.

Patients were referred to other services in a timely manner. Dental nurses had received training in and understood the Mental Capacity Act 2005 in line with requirements in the dental practice.

Are services caring?

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

Patients were treated with dignity and respect and their privacy was maintained. Patient information and data was handled confidentially but one filing cabinet used for the storage of patient records was not lockable. Although the receptionist was present for the majority of the time, there was a risk that records could be accessed by other patients or visitors.

Summary of findings

We saw that treatment was clearly explained to patients.

Comments on the 11 completed CQC comment cards we received included statements saying the staff were helpful and understanding, great service and pleasant staff and all staff were excellent.

Are services responsive to people's needs?

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

Patients commented they had easy access to both routine and emergency appointments. The practice audited the suitability of the premises annually and identified changes they planned to make to support patients.

There was an effective system in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. Information for patients about how to raise a concern or offer suggestions was available in the waiting room. This included contact details of other agencies if a patient was not satisfied with the outcome of the practice investigation into their complaint.

People with urgent dental needs or experiencing pain were responded to in a timely manner, often on the same day.

Are services well-led?

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

The practice staff were involved in delivering effective care but there was a lack of leadership.

Staff were encouraged to maintain their professional development and skills but there were no formal systems in place to monitor this.

Clinical and non-clinical audits were not taking place. Care and treatment records were not audited to ensure standards had been maintained. The practice was not proactive in seeking the views of patients both with a formal audit and informally. Health and safety risks had been identified, but these were not monitored and reviewed regularly.

Lancaster University Dental Clinic

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.

The inspection took place on the 10 November 2015 and was conducted by one CQC inspector who was accompanied by a dental specialist advisor.

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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with the dental hygienist, one dental nurse, the receptionists, the practice manager and four patients. The dentist was not available on the day of the inspection as they were working at their other practice. We reviewed policies, procedures and other documents. We reviewed the 11 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

We could not assure ourselves that the practice had procedures in place to investigate and respond to significant events. However we were told that there had been no safety or significant incidents in the last year.

Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of all staff. The practice had a no blame culture and policies were in place to support this. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice manager told us that any accident or incidents would be discussed at practice meetings or whenever they arose. We saw that the practice maintained an accident book this documented one accident in the last 12 months which was fully recorded.

There were procedures in place for investigating and responding to complaints. These set out how complaints and concerns would be investigated, responded to and how learning from complaints would be shared with staff. We saw that the practice had received one complaint during the last 12 months which was acted upon in a timely manner. The practice manager was responsible for the handling of complaints.

Reliable safety systems and processes (including safeguarding)

The practice had limited policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. For example, we did not see evidence of a whistleblowing policy; however staff spoken with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations. Records we reviewed showed/ demonstrated that all staff at the practice were trained in safeguarding adults and children. The dentist had a lead role in safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. There had been no safeguarding concerns raised by the practice in the last three years.

We looked at a selection of patients' dental records. They were completed in accordance with the Faculty of General Dental Practice (FGDP) – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. For example, medical histories had been up dated prior to each treatment; soft tissue examinations, diagnosis and consent were recorded in addition to other information such as alerts generated by the dentist to remind them that a patient had a condition which required additional care and advice. However we had concerns with the practice's process for gaining consent. The receptionist asked patients to sign the consent form prior to treatment. This meant that patients did not receive full information about their care needs prior to consenting to the procedure.

Medical emergencies

The practice had basic procedures in place for staff to follow in the event of a medical emergency and all staff had received basic training in life support. Staff we spoke with were able to describe how they would deal with a number of medical emergencies but their knowledge was not in line with up to date guidance. For example, when we asked some staff to turn on the oxygen cylinder we were told that they didn't know how to.

Emergency medicines were available. The practice did not have all the required equipment available for use in the event of an emergency as recommended by the 'Resuscitation Council UK' and 'British National Formulary' guidelines. For example there were no adult airways, no adult self-inflating air bag and a lack of facial oxygen masks for adults. The oxygen cylinder was not of the recommended size and we found fault with the oxygen gauge. There was no portable suction or a defibrillator available.

There was no formal system in place for staff to check medicines and equipment to monitor stock levels, expiry dates and ensure that equipment was in working order. Any checks performed were not recorded.

Staff recruitment

As all staff recruitment was managed at the provider's sister practice we did not see any staff personnel files on this inspection. Although requested we did not see any recruitment documentation in place. We were not shown any documentation which suggested to whether a Disclosure and Barring Service (DBS) check for staff was necessary, however we did see that some staff had put proof of their DBS check in their training file.

Are services safe?

There were sufficient numbers of suitably qualified and skilled staff working at the practice. If there were absences the practice manager would endeavour to get staff from the sister practice to cover extra shifts.

Monitoring health & safety and responding to risks

There was a general health and safety policy. A health and safety risk assessment had been undertaken which was reviewed and monitored by the receptionist on a monthly basis. There were, however, limited policies and procedures in place to manage risks at the practice in the areas of infection prevention and control, control of Legionella, and fire safety procedures.

There were limited processes in place to monitor and reduce these risks so that staff and patients were safe. We saw that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested, and although records in respect of these checks were completed there had been no monthly checks recorded. When we discussed this with the practice manager they explained no one had been allocated this responsibility.

We did not see evidence that the practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. When we discussed this staff told us that it was the landlord's responsibility. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

Infection control

The practice was tidy. However we did find that there was a lack of attention to cleanliness of cupboards and high surfaces. There was a basic infection control policy in place. There was no designated lead for infection prevention and control in the practice.

The cleaning of the premises was shared between the landlord (the university) and the dental nurses. The types of cleaning and frequency were detailed and checklists were available for staff to follow. Although there was a signing off sheet to say that the areas had been cleaned there was no schedule, which detailed what had to be done by whom, available. We saw that the practice had not completed an infection control audit to ensure compliance with HTM 01-05 guidance; however we saw from staff records that all staff had received infection control training.

The premises consist of a treatment room and waiting/ reception area. There were no separate staff facilities for changing or taking breaks in. On the day of inspection we observed that the treatment room was used to prepare beverages, and this seemed to be normal practice.

On inspection of the treatment room we found that the floor was damaged and the dental chair had a tear in its covering. Both these issues could impact on the prevention of cross infection in the practice.

We found that there were adequate supplies of liquid soaps and hand towels in the premises. Staff confirmed these were always readily available. Posters describing proper hand washing techniques were displayed in the treatment room and the toilet facility. Sharps bins were properly located, signed, dated and not overfilled.

A clinical waste contract was in place and we found that waste matter was handled and stored securely until collection.

We looked at the procedures in place for the decontamination of used dental instruments. The practice did not have a dedicated decontamination room as recommended in the HTM 01-05 guidance. The decontamination of instruments took place in the dental surgery. We saw that staff did not wear all appropriate personal protective equipment during the decontamination process which should include disposable gloves, aprons and protective eye wear.

We found that instruments were not being decontaminated in line with published guidance (HTM 01-05). On the day of our inspection, the dental nurse explained the decontamination process to us. The practice cleaned their instruments in an ultrasonic cleaning bath but then instruments were not examined visually with a magnifying glass for cleanliness before being sterilised in an autoclave. At the end of the sterilising procedure not all the instruments were correctly packaged, sealed and stored with their expiry date that met the recommendations from the Department of Health. However we found a number of instruments in the cupboards in the treatment room which were not in sealed pouches. There was no evidence to demonstrate when they had last been sterilised and there

was no process in place to ensure that they were reprocessed as recommended in guidance. However by the end of our inspection the dental nurse had re-sterilised and correctly packed most of these instruments.

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. However there was a lack of daily, weekly and monthly records kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was serviced in line with manufacturers' guidance.

There was a Legionella risk assessment in place. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place. However we could only find evidence that a risk assessment had been carried out in 2011. There was no evidence which suggested this had been updated although there was a recommendation that this was done every two years. The assessment identified the practice as being a 'high risk'.

There were a number of recommendations in the assessment which the practice should have completed to lower the risk. We found that these recommendations had not been actioned. The practice had not conducted regular tests on the water supply. This included maintaining records and monitoring on the hot and cold water temperatures, and the running the water lines in the treatment rooms at the beginning of each session and between patients, water testing weekly and monitoring cold and hot water temperatures each month.

Equipment and medicines

There was no formal system for the monitoring of service contracts. Records we viewed reflected that not all equipment in use at the practice was regularly maintained and serviced in line with manufacturer's guidelines. Portable appliance testing (PAT) for all portable electrical equipment was out of date. We found that this had been last undertaken in 2011. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment. We saw there had been no recorded fire drills. An electric wiring safety certificate was not available.

Medicines in use at the practice were not stored and disposed of in line with published guidance. There were sufficient stocks available for use but we saw that out of date equipment had not been replaced. Emergency medical equipment was not monitored regularly to ensure it was in working order and in sufficient quantities. We did find numerous packages of out to date equipment stored in an unlocked cupboard which had not been disposed of, for example registration paste and impression compounds. There was no process in place, or anyone with the designated responsibility for, the checking of all stock in the practice. However the staff did commence checking all stock prior to our departure.

On the day of our inspection we found that the fridge in the treatment room had not been cleaned and medicines stored had not been checked. A box of Panavia cement was out of date and the packaging damaged by water. (Panavia is used tocementindirect restorations, for example bridges or veneers, to the tooth). There was no thermometer on the fridge so staff were unaware if the fridge temperature was maintained.

Radiography (X-rays)

X-ray equipment was situated in the treatment room and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were displayed in areas where X-rays were carried out.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals.

A specialist company attended at regular intervals to calibrate all X-ray equipment to ensure they were operating safely. Where faults or repairs were required these were actioned in a timely fashion.

The dentist recorded the quality of the X-rays images on a regular basis and records were being maintained. However there was no formal audit of x-rays undertaken to ensure that they were of the required standard and reduced the risk of patients being subjected to further unnecessary

Are services safe?

X-rays as in accordance with the regulations. Patients were required to complete medical history forms and the dentist considered each person's circumstance to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies.

The staff we spoke with told us that each person's diagnosis was discussed with them and treatment options were explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice and general dental hygiene procedures. The patient notes were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations.

Patients requiring specialised treatment such as conscious sedation or orthodontics were referred to other dental specialists. Their treatment was then monitored after being referred back to the practice after it had taken place to ensure they received a satisfactory outcome and all necessary post – procedure care.

We reviewed 11 CQC comment cards. Feedback we received reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The waiting area contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. This included information on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health.

The dental hygienist advised us that they offered patients oral health advice and provided treatment in accordance with the Department of Health's guidance 'The Delivering Better Oral Health' toolkit.

Staffing

From information sent to by the practice, prior to the inspection, we were able to check that all staff were registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a dental professional and its activity contributes to their professional development. The staff training files we looked at showed details of the number of hours training they had undertaken and training certificates were also in place. However there were no formal procedures in place for the practice manager to review and monitor training. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

The practice did not have formal procedures in place for appraising staff performance. Staff spoken with said they felt supported and involved in discussions about their personal development on an informal basis. They told us that the dentist was supportive and always available for advice and guidance.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. This included conscious sedation for nervous patients.

The care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. A referral letter was then prepared with full details of the consultation and the type of treatment required. This was then sent to the practice that was to provide the treatment so they were aware of the details of the treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring. Where patients had complex dental issues, such as oral cancer, the practice referred them to other healthcare professionals using their referral process.

Consent to care and treatment

Staff we spoke with demonstrated an awareness of the Mental Capacity Act (MCA) 2005 and its relevance to their role. The MCA provides a legal framework for acting and

Are services effective?

(for example, treatment is effective)

making decisions on behalf of adults who may lack the capacity to make particular decision. We saw that all staff had received MCA awareness training within the last 12 months.

There was a process in place for patients to give their consent before treatment began. However this was not in line with the guidelines set out by the General Dental Council.

Patients have a right to choose whether or not to accept advice or treatment. For consent to be valid, the patient must have received enough information to make the decision. All members of the dental team have a responsibility to verify that consent has been properly obtained before starting treatment.

We reviewed the treatment records of the five patients who had attended the practice on the day of inspection. We found that although there were consent forms signed by the patient these were not countersigned by the professional providing the treatment. On further investigation we found that consent forms were signed by the patient when they were in the waiting room. This meant that patients could not be giving valid consent as they had not had their treatment explained to them. We discussed this with staff on the day. They were unaware that this process was incorrect however they accepted that the practice needed to cease immediately and reviewed up to date information available from the General Dental Council (GDC) on the internet.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patient's privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. Staff members we spoke with told us that they never asked patients questions related to personal information at reception to maintain patient confidentiality.

We could not evidence that a data protection and confidentiality policy was in place. This policy should cover disclosure of, and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. However we saw that patient records were not held securely. Patients' paper records were stored in two filing cabinets in the waiting/reception area. We found that one of these cabinets was not lockable.

Involvement in decisions about care and treatment

Comment cards completed by patients included positive comments about how professional the staff were and treatments were always explained in a language they could understand. The majority of the patients commented that they felt completely involved in the care and treatment, that they had trust and confidence in the practice and the aptitude of staff.

One comment said that staff always listened to concerns and provided excellent advice and appropriate treatment. One patient reported that it was a very caring practice, and another recorded that the service was always exceptional and could not be faulted. Another recorded that the service had always been extremely professional and efficient and advice and treatment was excellent. All comment cards recorded that patients had trust and confidence in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

Due to the size of the reception and waiting area there was very little space to display information. The complaints procedure, health and safety information, the aims of the practice and general treatment leaflets were available. The practice offered private treatment and the costs were clearly displayed and fee information was accessible.

Appointment times and availability met the needs of patients. The practice was open Monday to Friday 9.00am – 5.00pm. There were no evening or weekend surgery hours available. There had been no complaints made by patients regarding the opening times. Patients with emergencies were seen within 24 hours of contacting the practice, usually the same day. If the dentist was not available patients were advised, if urgent, to contact the providers other practice or the local NHS dental service at the hospital.

Tackling inequity and promoting equality

The practice had policies for anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. For students on the campus there was open access to make an appointment and be seen by the dentist without the need for them to be registered at the practice. The practice also treated patients from outside the university. The reception area and treatment room were fully accessible; however there were no disabled toilet facilities available. Car parking could be difficult for patients with limited mobility as all parking around the surgery was for staff only, however the practice has an agreed protocol with the university to allow people with mobility problems to park.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen usually within hours of their phone call or referred to the sister practice. The patient leaflet informed patients about the importance of cancelling appointments should they be unable to attend to reduce wasted time and resources.

Staff we spoke with told us that patients could access appointments when they wanted them. Patients who completed comment cards confirmed that they were very happy with the availability of routine and emergency appointments.

Concerns & complaints

The practice had a complaint procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Information for patients about how to raise complaints were accessible in the reception area. Staff we spoke with were aware of the procedure to follow if they received a complaint.

There had been no complaints made to the practice during the last 12 months.

<Summary here>

Are services well-led?

Our findings

Governance arrangements

The practice did not have formal arrangements in place for monitoring and improving the services provided for patients. There were limited governance arrangements in place and staff we spoke with were not fully aware of their roles and responsibilities within the practice. We found that staff did not have clearly defined roles in which to participate in governance activities such as audits and quality monitoring.

There were no formal systems in place for carrying out clinical and non-clinical audits within the practice. There was no evidence that findings from audits had been used to change and improve practice. Health and safety related audits and risk assessments were in place and monitored to help ensure that patients received safe and appropriate treatments.

There was not a full range of policies and procedures in use at the practice. Health and safety, infection prevention control, and recruitment policies and procedures had been developed by an outside agency. There was no evidence that these had been reviewed on a regular basis.

Staff were aware of the policies and where they were available for them to access. We found that policies were available in a folder behind reception. We did not see any formal systems in place for reviewing and updating policies. There was no policy file held electronically. The practice manager told us that because all staff worked between the two provider practices, policies and procedures were available in the other practice.

Leadership, openness and transparency

The culture of the practice was informal which supported openness and honesty. Staff told us that they could speak with each other if they had any concerns. All staff were aware of whom to raise any issue with and told us that the dentist would listen to their concerns and act appropriately.

We were told that there was a no blame culture at the practice and that the delivery of high quality care and patient satisfaction was part of the practice ethos. However there was no formal system for raising concerns, for example staff meetings, for the practice taking place. Staff meetings were held at the sister practice but not all of the university dental practice staff were able to attend.

Management lead through learning and improvement

The management of the practice was focused on achieving high standards of clinical excellence and improving outcomes for patients and their overall experience. However the required paperwork and audit systems were not in place to support this. Most of the staff had worked at the practice for a long time and were happy for things to continue as they were if a problem was not identified. There were no clear lines of responsibility for tasks which ensured that these were performed and documented.

The dentist and nurses who worked at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the UK. Staff were encouraged and supported to maintain their continuous professional development (CPD) as required by the GDC.

We could not assure ourselves that the provider had systems and process in place which ensured they were able to meet requirements to mitigate risks relating to the health, safety and welfare of people using the service and others.

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

We were told that patients could give feedback at any time they visited. There was a comments and suggestion box available for patients. However staff we spoke with told that patients seemed reluctant to give feedback. There had been no proactive work by the practice to seek patient views.

The practice did not hold regular staff meetings at the university surgery and staff supervision and appraisals had not been undertaken. We were told, and saw that staff shared information and that their views and comments were sought informally but there was no evidence that their ideas were adopted. Staff did tell us that they felt part of a team and enjoyed working at the practice.

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 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control Regulation 12: Safe care and treatment Care and treatment must be provided in a safe way for service users. The registered person must: Assess the risks to the health and safety of service users of receiving the care or treatment; doing all that is reasonably practicable to mitigate any such risks; Ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way; Ensure that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way; Assess the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated; Regulation 12 (1) (2) (a) (b) (d) (g) (h)

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 Good Governance The provider did not have systems or processes to enable the registered person to—

This section is primarily information for the provider

Requirement notices

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 infection control, the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

Regulation 17 (1)(2)(a)(d)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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