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Queensway Dental Practice

Inspection Report

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Overall summary

We carried out this short notice announced inspection on 05 July 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Queensway Dental Practice is located in Bletchley, a town in Milton Keynes and provides predominantly NHS treatment to adults and children. The practice also offers some private treatments for adults and children.

Access to the practice is only available by climbing a staircase to the first floor of the premises. The premises were therefore not suitable for those who use wheelchairs and those with pushchairs.

Car parking spaces, including some allocated for blue badge holders, are available near the practice in public car parks.

Summary of findings

The dental team includes five dentists, an implantologist and oral surgeon, three dental nurses, two trainee dental nurses, two dental hygienists and a receptionist. A newly appointed practice manager was due to start working at the practice and attended on the day of our inspection.

The practice has four treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 16 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, three dental nurses and the newly appointed practice manager. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday, Wednesday, Thursday and Friday from 8.30am to 5pm, Tuesday from 8.30am to 7pm and Saturday from 9am to 2pm.

Our key findings were:

- The practice appeared clean on the day of our visit although there had been no formal process to monitor the standard of cleaning.
- The provider had infection control procedures which mostly reflected published guidance, although we noted areas for practice review and improvement.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of clear face masks which were obtained after the inspection.
- The practice had some systems to help them manage risk to patients and staff. We found areas that required significant improvement.
- Safeguarding arrangements required review to ensure all staff maintained up to date training and effective monitoring was in place.
- The provider had incomplete staff recruitment procedures at the point of recruitment; this included the checks made on agency staff who had worked in the practice.
- The clinical staff provided patients' care and treatment in line with current guidelines.

- On the day of our inspection, we saw that staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- We noted evidence to support that the practice was providing preventive care and helping patients maintain better oral health.
- The appointment system met patients' needs.
- Staff we spoke with told us they worked well with their fellow colleagues.
- The practice asked patients for feedback about the services they provided.
- The provider dealt with complaints received in a timely manner. We were not provided with evidence to show that staff learning from complaints took place.
- We found leadership and governance arrangements required significant strengthening.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Full details of the regulations the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices. In particular, staff wearing of jewellery and nail varnish.
- Review the need to effectively record caries, periodontal and cancer risks within patients' dental care records, taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the practice's responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.
- Review the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation, take into account relevant guidance, and staff follow them.

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 providing safe care in accordance with the relevant regulations.

We found that the systems and processes designed to support the delivery of safe care and treatment were either not in place or not operating effectively.

The practice did not demonstrate that they used learning from incidents, accidents or complaints to help them improve. The practice had not implemented effective policies and procedures to enable staff to report, investigate and learn from incidents.

Staff received training in safeguarding and knew how to recognise the signs of abuse. Evidence of some training was provided after our inspection as it was not held in the practice during our visit.

The practice had not completed essential recruitment checks for all of their staff, as well as agency workers at the point of recruitment. This included Disclosure Barring Service (DBS) checks, references and evidence of photographic identity. The practice had not implemented a clear process at the time of our inspection for checking that all clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date. The provider took immediate action to strengthen their recruitment processes and obtain documentation in staff files where it was identified as missing.

Premises and equipment were clean and mostly maintained. The practice mainly followed national guidance for cleaning, sterilising and storing dental instruments, although we identified some areas that required review. The provider contacted us after our inspection and provided updates regarding servicing and testing which had been booked.

The practice had mostly suitable arrangements for dealing with medical and other emergencies. We found that some items of equipment were missing on the day of the inspection, these were obtained afterwards.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional and responsive.

We found that improvements could be made in some of the dental care record keeping such as documenting risk assessments carried out for caries, oral cancer, tooth wear and periodontal condition.

No action



Summary of findings

The principal dentist told us that they had made a decision to no longer offer sedation or domiciliary care to their patients. We informed the provider to update their website to reflect the current services being provided. The provider informed us of action they were taking to ensure their website was updated.

The dentists discussed treatment with patients so they could give informed consent but we found that this was not always recorded in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

Clinical staff were skilled in areas including endodontics, orthodontics, sedation and dental implants. One of the visiting dentists was an oral surgeon and another had undertaken an implantology qualification. The practice utilised the skills of two dental hygienists.

The practice systems required review to ensure they were effective in monitoring staff completion of continuing professional development (CPD). The provider sent us information after the inspection to show they had obtained further CPD certification for staff.

Are services caring?

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

We received feedback about the practice from 16 people. Patients were positive about various aspects of the service the practice provided. They told us staff were welcoming, polite and caring.

They said that they were given helpful and informative explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. A number of patients said that staff treated them with dignity and respect.

No action



Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

The practice premises were not suitable for patients who used wheelchairs. Entrance to the practice was only accessible by climbing a staircase. Patients with restricted mobility were advised of other local practices that may be able to accommodate their needs. A number of staff members spoke various languages; staff did not have specific contact details for interpreter services. The practice did not have a hearing loop to assist patients with hearing problems.

No action



Summary of findings

The practice responded to concerns and complaints in an appropriate timeframe. We were not provided with evidence to demonstrate learning outcomes from complaints received.

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 had policies, procedures and risk assessments designed to support the management of the service and to protect patients and staff. We found a number of policies and risk assessments required review to ensure they were up to date and that they were followed operationally. We were informed by the provider after the inspection that systems were being strengthened and all policies being reviewed.

We noted there were significant areas of improvement required in governance arrangements. These included ensuring that all risks were identified and addressed promptly, with appropriate action taken to manage and reduce any risks from recurring.

The practice had information governance arrangements and staff showed awareness of the importance of these in protecting patients' personal information.

There were some systems and processes for learning and continuous improvement.

The practice asked for the views of patients. Staff could feedback informally at practice meetings.

Requirements notice



Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

The practice had some clear systems to keep patients safe; we found areas that required practice review.

Staff we spoke with showed awareness of their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had a safeguarding policy to provide staff with information about identifying, reporting and dealing with suspected abuse. Whilst the policy contained contact information for external safeguarding leads and stated that this should be displayed, we did not find this posted in the practice. The practice manager told us this would be actioned. Following our inspection, the provider sent us a copy of a poster for safeguarding key contacts.

We saw evidence that staff received safeguarding training to the appropriate level to manage safeguarding concerns. The practice were unable to provide us with safeguarding certificates for two clinicians, these were sent to us following the inspection although one of these had expired.

Staff were not specifically aware to also notify the CQC if safeguarding referrals were submitted.

There was a system which could be used to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, or others who require support such as those with a learning disability or a mobility problem.

The practice had a whistleblowing policy. This had just been reviewed by the newly appointed practice manager. We asked some staff about their awareness of the policy and whistleblowing procedures. One member of the team told us they were aware of the policy but had not read it. Another member of the team told us that they did not know that a policy was in place, but would speak to one of their colleagues if they had concerns about any issues.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We saw three kits available in the practice.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. The plan stated it was due for review in April 2017 and included the name of a previous practice manager. As the plan had not been recently reviewed, the practice could not be assured that contact information was up to date. The provider told us they had access to the plan off site as it was held electronically.

The practice had a recruitment policy to help them employ suitable staff. This did not include information regarding the checks to be made for agency and locum staff. Whilst the policy stated that Disclosure and Barring Service (DBS) checks were to be undertaken prior to staff commencing work at the practice, the document did not include information about the requirement to obtain staff photographic identification.

We looked at four staff recruitment records. We saw copies of an email dated 2 July 2018 held on the files. The email was from the provider to staff requesting that they provide documentation to the practice. The list of information included: Hepatitis B status, indemnity, passport, DBS, qualifications, references, basic life support training, Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER) training and safeguarding training.

The files we looked at showed that one of the four staff files contained evidence of one reference. The reference completed did not identify the role/status that the referee held. One of the staff files did not include evidence of photographic staff identity. This was provided to us after the inspection. One of the files did not contain an up to date GDC certificate. Whilst all of the files we looked at had information of DBS checks, we noted that two checks had been undertaken by previous employers. Of these, one of the staff members had started work for the practice in 2016 and the DBS check had been undertaken in 2014. The provider had not undertaken a risk assessment for the staff who had produced ported DBS certificates. Up to date indemnity information was not held in one of the dentist's files we looked at. This was provided to us after the inspection. The provider told us that they had utilised agency/locum staff. We asked to see information that the agency had provided to confirm the suitability of the temporary workers' to work in the practice, but were told that no information could be found. After our inspection,

Are services safe?

the provider contacted the agency to seek assurance about the checks they had in place for agency workers and provided us with evidence of this and copies of documentation.

The practice showed us DBS check applications that they had just submitted for three staff members, where they had been unable to locate or obtain any previous certificates. We informed the practice that clinical staff require an enhanced check to be made, as the paperwork we looked at indicated that a basic level check had been applied for. After our inspection, the practice sent us evidence that they were reviewing all of the recruitment files to ensure information required was held. They also told us that risk assessments would be completed where DBS certificates had been accepted from previous employers.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) although not all the staff files contained up to date registration information or evidence of professional indemnity cover. We were sent evidence of indemnity cover after the inspection for those staff members where we did not see documentation on the day.

The practice ensured that facilities and most equipment were safe and that equipment was maintained according to manufacturers' instructions. We noted that the documentation held regarding one of the compressors stated that it required servicing by 25 June 2018. We were not provided with confirmation on the day of our inspection to show that this had been undertaken. Following our inspection, the provider located the document and provided this to us.

The provider had installed air conditioning in one of the treatment rooms. We found that this was due for servicing. After our inspection, we were informed that this had taken place and were sent a copy of the certificate.

We were provided with evidence to show that five yearly fixed wiring testing and portable appliance testing (PAT) had been undertaken.

Records showed that fire fighting equipment, such as fire extinguishers had been externally inspected within the previous twelve months. We identified that the fire alarm was overdue for servicing as records showed this was last checked in September 2016. The newly appointed practice manager had already identified this. After our inspection,

we were informed that this had been booked. The practice manager told us that they would ensure that staff tested the fire alarm weekly and they would maintain records as previous records could not be traced.

Records showed that staff had last undertaken a fire drill in January 2018. Following our inspection, the provider sent us an updated fire evacuation plan.

The practice mostly had suitable arrangements to ensure the safety of the X-ray equipment. We found that one of the X-ray machines required a rectangular collimator fitting. After our inspection, we were provided evidence to show this had been fitted.

The provider told us that an intra-oral X-ray unit in the X-ray room was not being used; we saw it had not been decommissioned. We spoke with the provider and informed them that it should either be decommissioned or a three yearly equipment performance check undertaken. We were not provided with evidence on the day to confirm that this had been completed within the previous three years. Following our inspection, the provider located the document which showed this had been tested in February 2018. They told us that they would now continue to use the equipment.

The practice met current radiation regulations and had the required information.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. We looked at a sample of 25 radiographs taken. We noted that they were not dated and that they did not identify individual practitioners. This may impact upon the ability to identify any learning points for the practitioner taking the X-ray, as a result.

The practice carried out radiography audits every year following current guidance and legislation.

We saw that most clinical staff completed continuing professional development (CPD) in respect of dental radiography. We were not provided with evidence of this for two of the dentists. After our inspection, we were provided with evidence of radiography training for the two dentists. One certificate was undated, although a dated version was provided afterwards and the other showed the dentist had completed this on the date of our inspection. The provider told us that they would ensure improved monitoring of staff completion of this CPD.

Are services safe?

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety. We identified areas that required review.

A number of the practice's health and safety policies, procedures and risk assessments required review to ensure potential risk was effectively managed. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. We were told that the staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken in April 2016 which required an annual review and more detailed information to be included. We could not locate a sharps policy on the day of our inspection. We were informed that a new policy had been implemented afterwards.

We found that clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. The practice had not held all information on record and requested staff produce this at the point of our inspection.

We found that two of the dentists did not have records to show the effectiveness of the vaccination. Following our inspection, this was provided for both.

One of the dental nurses and two trainees were undergoing their course of injections before their immunity levels could be checked. The provider had not undertaken risk assessments for those staff whose immunity levels were not known. The sharps risk assessment we looked at inaccurately stated that all staff had their immunity levels confirmed.

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

Most emergency equipment and medicines were available as described in recognised guidance. The practice did not hold sizes 0,1,2,3,4 clear face masks for self-inflating bag. The practice told us they had ordered these after our inspection.

Records showed that staff were making checks to ensure equipment and medicines were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with GDC Standards for the Dental Team.

The provider held information regarding substances that are hazardous to health. We found that documentation stored in the file lacked a structured and systematic approach. This meant it may be difficult for a member of staff to obtain information about any products expeditiously. The provider told us after our inspection, that the system had been reviewed and improved.

The practice had an infection prevention and control policy and procedures. They mostly followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. We noted that staff had recently been informed not to wear jewellery and nail varnish or to wear their clinical uniform outside of the practice. We spoke with the newly appointed practice manager and they told us that they had identified this as an issue. They told us they would ensure ongoing monitoring once they had started work formally in their role.

We noted that evidence was not available on the day to show that all clinical staff had completed regular infection prevention and control training updates. For example, we did not see this for three of the dentists.

The practice had mostly suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We looked at a sample of sealed, dated pouched instruments in the decontamination room and found that the colour test had not changed on the back to show they had been sterilised. Information printed on the pouches stated that they should change colour when items are successfully processed. We also found a sample of sealed pouched instruments in the hygienist surgery that did not contain any dated information. The colour test had also not changed to show they had been sterilised.

We discussed this with the provider and informed them to look into the issues further.

The records showed most equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. We were not provided with records to show that the automatic control test for the vacuum autoclave had been undertaken on a daily basis. This checks that the

Are services safe?

sterilisation time and maximum temperatures are in line with the manufacturers guidance. The provider told us after our inspection that a log book was now in place for daily recording.

The records we were provided with showed that the vacuum autoclave required servicing on 3 May 2018. The provider was not able to confirm that this had been undertaken to date. The provider told us after our inspection that this was now scheduled to take place.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Risk assessments had been conducted in July 2016 and again prior to our inspection in July 2018. A report had not yet been issued for the recent assessment.

We found that not all recommendations had been actioned in the 2016 plan as practice staff had not been undertaking monthly water testing. We also found that dip slide testing had not been conducted which would provide assurance that legionella was not present. We looked at the legionella policy. This stated that someone must carry out these checks to ensure controls remain effective.

The newly appointed practice manager told us that she had identified these errors and had instructed staff to undertake immediate remedial action. After our inspection the provider told us that the checks were now in place.

We saw cleaning schedules for the premises. The newly appointed practice manager told us that the practice had utilised an external company for the general cleaning of the premises. They told us they had identified some concerns with the standard of cleaning since they had started in their role and as a result, a new cleaner was in the process of being appointed.

The practice was clean when we inspected.

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

The practice had carried out infection prevention and control audits once a year and not twice annually, as

recommended in guidance. The latest audit in May 2018 showed the practice was meeting the required standards. The audit had not identified any of issues that we found on the day of our inspection. After our inspection, the provider told us that they would undertake an audit every six months.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act).

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This was designed to ensure that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored and kept records of NHS prescriptions as described in current guidance. Prescription pads had been stored securely. Prior to the practice manager starting in their role, record logs had been completed up until May 2017. The practice manager had already reviewed systems in relation to prescription pad logs and showed us a newly implemented system. This showed how prescription pad numbers were now being effectively monitored.

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

Track record on safety

There were risk assessments in relation to safety issues.

Are services safe?

The practice was unable to demonstrate that it had a good safety record.

The practice told us that they had an accident book; this could not be located on the day of our inspection. Staff we spoke with were unable to provide us with any examples of accidents that had been reported or advise us where accident reporting forms may be held. The practice were therefore unable to demonstrate that they had effective processes for reporting and investigating accidents, if or when they occurred. After our inspection, the provider told us that a new accident book had been purchased.

Lessons learned and improvements

We located a significant incidents policy. The practice had procedures to record significant events when they occurred. We found that not all the staff we spoke with were aware of the incident reporting policy and procedure. For example, a more recently recruited member of staff that we spoke with, did not recall being informed about incident reporting since they had worked in the practice.

Staff told us they were not aware of any significant events or untoward incidents within the previous 12 months. The practice was unable to demonstrate that there were adequate systems for reviewing and investigating when things went wrong. We were not provided with evidence to show that they understood all of their risks or that they had implemented any safety improvements as a result of any incidents that had occurred. Following our inspection, we were provided with a newly implemented policy for reporting and managing incidents and near misses.

There was a system for receiving and acting on patient safety alerts. Alerts were sent to a practice email address. We were informed that reception staff received these and passed them on to the principal dentist. The principal dentist told us that they took action if any alerts were relevant to the dental setting. They recalled the details of some alerts that had been issued. A log had not been maintained of alerts to show that they had been checked and any action taken as necessary.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The principal dentist told us that they did not undertake domiciliary visits to care homes or to patients' home addresses. Their website included information about domiciliary care being offered. We were informed that this service used to be provided over twelve months ago but the provider had now made a decision to discontinue this. We informed the principal dentist to remove this information from their website. They took action to update this after our inspection.

We asked the principal dentist if they offered sedation to patients. We were told that this was provided historically and not within the previous twelve months. We were told that they had made a decision to stop providing sedation. During the day of our inspection, we found evidence that intravenous sedation had been provided in January 2018. We also noted that this service was still advertised on the practice's website. We informed the principal dentist to remove this information from their website. They took action to update this after our inspection.

The practice offered dental implants. These were placed by the one of the visiting dentists who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance. We noted that a policy had not been implemented for those who had lost teeth due to periodontal disease and those who smoked. We were informed that an audit had not yet been completed as we were told that there had been insufficient numbers of patients who had received dental implants.

The practice had access to intra-oral cameras, a single-lens reflex (SLR) camera and magnification loupes. X-rays and images were shown on a large screen to patients. This helped enhance the delivery of patient care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The practice was situated in an area of higher social deprivation levels.

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

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments.

The practice website included health information videos. This included one to help those with diabetes and periodontal disease.

The practice had a selection of dental products for sale and told us they printed health information leaflets to help patients with their oral health. We were shown an example of a leaflet held on the practice computer system.

The practice was aware of national oral health campaigns to support patients to live healthier lives. They directed patients to these schemes when necessary. We did not see a variety of health promotional information available in the patient waiting areas.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice told us they obtained consent to care and treatment in line with legislation and guidance. The practice team told us they understood the importance of obtaining and recording patients' consent to treatment. We found that consent forms were available in other languages such as Polish, Egyptian, Urdu and Romanian. We looked at a small sample of patient records and found that whilst written consent had been obtained, verbal consent had not been noted. We looked at records for two patients who had

Are services effective?

(for example, treatment is effective)

received dental implants. The implantologist used a specific consent form for patients receiving implants. The records we looked at included scanned copies of consent forms which were held on the computer system. We found that neither of the two forms had been signed by the patients or by the dentist.

Following our inspection, the provider contacted us and stated that a practice meeting had been held and consent discussed. They said that they would start monitoring each other's record keeping in relation to this and undertake a further audit in due course.

The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. We noted that the principal dentist had recently completed training in the Act. Records were not available to show that two of the dentists as well as other clinical staff had completed training in the Act.

The principal dentist understood their responsibilities under the Act for when they treated adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The dentist was aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept mostly detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. We found that some of their current dental needs were not always recorded in a sample of dental care records that we looked at. For example, the risk assessments carried out for caries, oral cancer, tooth wear and periodontal condition were not always documented.

Information we looked at and discussions held with staff showed that they assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

We saw documentation to support that some of the staff had the skills, knowledge and experience to carry out their roles. For example, the principal dentist had undertaken a variety of continuing professional development that included study in endodontics, orthodontics, sedation and dental implants. One of the visiting dentists was an oral surgeon and another had undertaken an implantology qualification. The practice utilised the skills of two dental hygienists.

Staff new to the practice had a period of induction based on a programme. We were not provided with documentation to confirm that all clinical staff had completed the continuing professional development (CPD) required for their registration with the General Dental Council. For example, we did not see evidence of updates for radiography and infection prevention and control training for all the dentists.

We saw evidence that staff had discussed their training needs at annual appraisals. We saw evidence of completed appraisals.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals which were made online to make sure they were dealt with promptly.

The practice website showed that it was a referral clinic for periodontics, oral surgery, sedation and dental implants. The website had not been updated to reflect that sedation was no longer offered through referral. After our inspection, we were sent a copy of an email from the website team from the provider requesting that sedation information be removed from the website.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness and respect.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were welcoming, polite and caring.

We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff listened, explained things and were very thorough. A number of nervous patients said that staff put them at ease and were empathetic to their needs.

Patients could choose whether they saw a male or female dentist when they registered.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the separate waiting areas provided some privacy when reception staff were dealing with patients. We noted that it was possible for some conversations to be overheard however when patients queued at the reception desk.

Staff told us that if a patient asked for more privacy they could take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. The practice used electronic digi-pads and paper records still held were stored securely.

Involving people in decisions about care and treatment

Staff told us that they helped patients be involved in decisions about their care. We found that awareness of the requirements under the Equality Act could be improved.

- Practice staff were not specifically aware of contact details of interpretation services for patients who did not have English as a first language. Staff spoke a number of other languages; these included Bengali, Hindi, Malayalam, Romanian and Iranian. We were told they could assist patients with translation if required.
- The practice told us that if a patient had particular needs such as sight problems, hearing problems or a mental health condition, they would be invited to bring an escort or chaperone with them. The principal dentist told us that they were aware of how to access easy read materials if they were required.

Following our inspection, the practice sent us a newly implemented Equality and Diversity policies for patients and staff. The policy for patients stated that the practice was committed to creating a culture of respect and understand and recognise the value of individual diversity. It identified the steps it would take to ensure inclusiveness and stated that the policy would be reviewed for effectiveness. We were also provided with a certificate to show that one of the dentists had completed training in Equality and Diversity on 4 July 2018.

The practice gave patients information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice. This required update to remove information about the services no longer offered. We looked at the practice information leaflet. This required updating as it referred to the name of a previous practice manager and external agencies that were no longer in operation under the names referred to.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included photographs, models, videos, X-ray images and an intra-oral camera. These helped the patient and relative better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

Staff told us they would provide emotional support to patients when delivering care. For example, acclimatising nervous patients to the practice environment and providing reassurance. Staff told us they had helped patients with mobility problems climb the stairs.

Patients described their satisfaction with the responsive service provided by the practice. Comments in CQC comment cards included that patients were always seen quickly.

The practice premises were not suitable for patients who used wheelchairs. Entrance to the practice was only accessible by climbing a staircase. The principal dentist told us they had looked into modifying the building to help accommodate those with wheelchairs but was unable to gain approval for potential changes from the local authority. The principal dentist told us they would advise patients who used wheelchairs of other local practices in the area that included NHS providers. The practice information leaflet advised patients that the premises may not be suitable for those with restricted mobility. We did not find that the website also included this information.

A patient toilet was available on the first floor of the building. The practice did not have a hearing loop to assist those with hearing problems. The practice had not previously considered obtaining one.

Staff told us that they contacted patients a day before their scheduled appointment to remind them to attend. Reminders were also issued to patients to book their check-up appointments.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. We were informed that the next

available appointment to see a hygienist was the following working day. There was also a range of appointments available to see a dentist within the following two working days. The practice was open late on Tuesdays and opened Saturday mornings and early afternoon once a month.

Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments appeared to run smoothly on the day of the inspection and patients were not kept unduly waiting.

The practices' information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients confirmed they could make routine and emergency appointments easily.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them with intention to resolve issues that had occurred.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet and information posted on a wall in the practice explained how to make a complaint. We found that the documents required review and up to date contact information included for external agencies such as NHS England.

The principal dentist was responsible for dealing with complaints. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The practice information leaflet told patients that they aimed to settle complaints in-house.

We looked at a sample of complaints the practice received within the previous twelve months. All complaints we reviewed showed that the practice had responded to concerns raised. The practice did not provide us with documented evidence to show that outcomes from complaints were discussed with staff to share learning and improve the service. We identified a potential trend in some of the complaints we looked at, particularly when

Are services responsive to people's needs?

(for example, to feedback?)

viewed in conjunction with some feedback left on the NHS Choices website. We also identified issues that should have been recorded as untoward incidents and investigated as such; yet we found that none had been recorded.

Are services well-led?

Our findings

Leadership capacity and capability

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

The newly appointed practice manager had the experience, capacity and skills to deliver the practice strategy and address risks to it. Prior to their appointment, there had been inconsistent management arrangements. The role had been undertaken by different managers and had also been vacant at other times. This had impacted upon the provider leadership arrangements.

The practice had not yet demonstrated that they had embedded effective processes to sustain leadership capacity and skills in the longer term.

Vision and strategy

There was a vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

Culture

During our discussions with staff, one staff member told us that positives of working in the practice included that they liked working with their fellow colleagues. A staff member told us they did not feel valued by the leadership and fragmented changes in management had negatively impacted upon the positive work ethic in the practice.

Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The principal dentist had been responsible for the day to day running of the service, until the appointment of the new practice manager. Staff knew the management arrangements. We found that it was not always clear who had responsibilities for tasks. For example, legionella management and ensuring that recommendations were followed in the risk assessment.

The practice had policies, procedures and risk assessments designed to help support the management of the service and to protect patients and staff. We found a number of policies and risk assessments required review to ensure they were up to date and that they were followed operationally. For example, the legionella and staff

recruitment policy were not complied with in practice; the sharps risk assessment had not been followed as not all staff had the effectiveness of the Hepatitis B vaccination held on their records at the time of our inspection.

An effective policy and procedure framework was not in operation to enable staff to report, investigate and learn from untoward incidents and significant events. Whilst a policy was available, not all staff were aware of it and we found that there had not been any incidents reported within the previous twelve months. In addition, the practice was unable to locate an accident reporting book and staff were not aware of any accident reports that had been made.

There were limited arrangements to monitor the quality of the service and make improvements as a result. We noted there were significant areas of improvement required in governance arrangements. These included ensuring that all risks were identified and addressed promptly, with appropriate action taken to manage and reduce any risks from recurring. Following our inspection, the provider sent us documentation to show that they were now managing the issues identified.

Appropriate and accurate information

The practice did not demonstrate that it had always acted on appropriate and accurate information. Recommendations in risk assessments were not always complied with. Information was not always recorded, such as untoward incidents and accidents; this meant the provider could not be assured that the necessary steps had been taken to mitigate risks from recurring.

The practice had information governance arrangements and staff showed awareness of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We were told about an example of a suggestion from patients the practice had acted on. For example, the practice was open longer to accommodate those who had difficulty attending during usual working hours.

Are services well-led?

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings and informal discussions.

Continuous improvement and innovation

There were some systems and processes for learning and continuous improvement.

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had records of the results of audits and the resulting action plans and improvements.

The principal dentist told us they were committed to wanting to make improvements in the service.

The whole staff team had annual appraisals. They discussed learning needs and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We noted staff had completed annual training in medical emergencies and basic life support. We were not provided with documentation to show that other 'highly recommended' training as per General Dental Council standards had been updated for all relevant staff. For example, infection control, safeguarding and radiography training. After our inspection, the provider sent us evidence to show that staff had started to update their CPD.

The General Dental Council also requires clinical staff to complete continuing professional development. We saw evidence of this in the sample of files that we looked at.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were limited systems or processes established to enable the registered person to assess, monitor and improve the quality and safety of services provided. In particular:</p> <ul style="list-style-type: none">• An effective policy and procedure framework was not in operation to enable staff to report, investigate and learn from untoward incidents, significant events, accidents and complaints. <p>There were limited systems or processes established to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Risk assessments were ineffective in relation to legionella and sharps as they were not complied with operationally.• Risk assessments were not completed for staff who had produced DBS checks from previous employers or for staff whose Hepatitis B immunity information was unknown.• Policies were not subject to regular review.• The provider had not implemented a monitoring system to ensure that all clinical staff had completed CPD and that they all had suitable indemnity cover which was up to date.
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p>

Requirement notices

There were limited procedures established and operated effectively to ensure that persons employed are of good character. In particular:

- Disclosure Barring Service (DBS) checks had not been completed for all staff working in the practice at the point of recruitment.
- The provider was not assured that agency staff were suitable to work in the practice at the point of recruitment at the point of recruitment.

Information had not been made available in relation to each person employed as specified in Schedule 3 at the point of recruitment. In particular:

- Proof of identity including a recent photograph and satisfactory evidence of conduct in previous employment.