

Mr John Christopher Bennett

# Cestria Dental Practice

## Inspection Report

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### Overall summary

We carried out an unannounced responsive inspection on 26 January 2017 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**

Cestria Dental Practice is located in Chester Le Street and provides NHS and private treatment to adults and children.

Wheelchair users or pushchairs can access the practice through a portable ramp at the front of the practice. Car parking spaces are available near the practice.

The dental team is comprised of two dentists, four dental nurses, a dental hygiene therapist, a receptionist and a business manager.

The practice has three surgeries two on first floor and one on the ground floor, a dedicated room for taking Orthopantomogram (OPG) X-rays, a decontamination room for sterilising dental instruments, a staff room/kitchen and a general office.

On the day of inspection we received 23 CQC comment cards providing feedback. The patients who provided feedback were positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be very pleasant and helpful; staff were friendly and communicated well. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

The practice is open:

Monday – Friday 9am – 5pm.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person.

# Summary of findings

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.

## **Our key findings were:**

- The practice appeared clean and well maintained.
- Infection control procedures did not follow published guidance in relation to the validation of equipment.
- Staff had been trained to handle emergencies. The provider did not have in date emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- The practice did not have systems in place manage risks.
- Staff understood safeguarding and knew how to recognise signs of abuse. Evidence of training was inconsistent and policies did not include details of local services.
- Treatment was well planned and provided in line with current guidelines.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- The practice sought feedback from staff and patients about the services they provided.
- Complaints were responded to in an efficient and responsive manner.
- Governance arrangements were in not place for the smooth running of the practice; the practice did not have a structured plan in place to continuously audit quality and safety including infection prevention and control and radiographs.

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

- Ensure the practice's infection control procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Ensure the practice has availability of medicines and equipment to manage medical emergencies giving

due regard to guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

- Ensure the practice undertakes a Legionella risk assessment and implements the required actions giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Ensure the practice knows about their responsibilities in regards to Control of Substance Hazardous to Health (COSHH) Regulations 2002 and ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Ensure the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Ensure systems are put in place for the safe management of medicines, ensure the security of prescription pads in the practice and ensure there are systems in place to monitor and track their use.
- Ensure protocols are implemented regarding the prescribing and recording of prescription only medicines.
- Ensure that all staff undergo relevant training, to an appropriate level, in the safeguarding of children and vulnerable adults and policies and protocol are available with local safeguarding information.
- Ensure the training, learning and development needs of staff members are reviewed at appropriate intervals and an effective process is established for the on-going assessment and supervision of all staff employed.
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities including implementing the actions from the fire risk assessment.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment

# Summary of findings

checks are in place for all staff and the required specified information in respect of persons employed by the practice is held. Ensure induction training and awareness of practice policies is implemented.

- Ensure the practice implements audit protocols of various aspects of the service, such as radiography and infection prevention and control at regular intervals to help improve the quality of service. The practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.

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

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

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the storage of dental care records to ensure they are stored securely.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).

# 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 at the end of this report).

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

We found some emergency medicines past their expiry date and there were no systems in place to identify and replace out of date medical emergency medicines.

Evidence of the receipt of recent MHRA alerts was not available during the inspection.

We were told rubber dam was not used by one of the dentists and no other safety mechanisms were in place.

We found prescription pads and prescription only medicines in the practice were not stored securely and there was no system in place to monitor and track their use.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

We found the risk assessment processes at the practice required improvement and were not totally effective.

Staff knew how to recognise the signs of abuse but we found inconsistent evidence staff had received training in safeguarding patients.

Staff were suitably qualified for their roles but the practice had inconsistent information in regards to the relevant recruitment checks to ensure patient safety.

Infection prevention and control procedures did not always follow recommended guidance from the Department of Health.

The practice did not have a legionella risk assessment completed and no water temperature checks were being carried out.

Requirements notice



### Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made in house referrals for specialist treatment or investigations where indicated.

No action



# Summary of findings

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP).

We found some clinical staff were not up to date with their continuing professional development (CPD).

Informed consent was obtained and recorded.

## Are services caring?

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

Patients were positive about the staff, practice and treatment received. There were 23 responses all of which were very positive, with patients stating they felt listened to.

The staff recognised and respected people's diversity, values and human rights

Not all dental care records were kept securely.

We observed patients being treated with respect and dignity during interactions at the reception desk, over the telephone and as they were escorted through the practice. Privacy and confidentiality were not always maintained at the reception desk for patients using the service on the day of the inspection. We also observed staff to be welcoming and caring towards the patients.

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

Patients commented they could access treatment for urgent and emergency care when required. There were no instructions available for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

Patients had access to telephone interpreter services when required and the practice provided a range of aids for different disabilities such as a ground floor surgery large enough to accommodate wheelchairs and pushchairs, large print information leaflets and braille services where requested.

No action



# Summary of findings

## Are services well-led?

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

There was a clearly defined management structure in place. The principal dentist was responsible for the day to day running of the practice.

Governance arrangements were not fully embed within the practice.

There was inconsistent evidence the practice continuously audited infection prevention and control and radiography. The audits we did review had no action plans or learning outcomes in place.

The practice conducted patient satisfaction survey and there was also a comments box in the waiting room for patients to make suggestions to the practice.

Staff were encouraged to share ideas and feedback as part of their appraisals and personal development plans. All staff were supported and encouraged to improve their skills through learning and development.

The practice held monthly staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues.

## Requirements notice



# Cestria Dental Practice

## Detailed findings

### Background to this inspection

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

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We informed NHS England area team and Healthwatch that we were inspecting the practice; we received some information of concern from them.

During the inspection we spoke with the principal dentist, a dental hygiene therapist, two dental nurses, a receptionist, and the business manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures in place to report, investigate, respond and learn from accidents, incidents and significant events. Staff were aware and understood the process for Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. All staff were aware of the notifications which should be reported to the CQC.

The principal dentist told us they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE) that affected the dental profession. We were told no alerts had been received by the practice within the past 12 months therefore none had been actioned. We discussed that relevant alerts had been available for dental practices within the past 12 months and we were assured they would action this immediately.

### Reliable safety systems and processes (including safeguarding)

The practice had a child's safeguarding policy in place. This was due for review in April 2016 and had no information of local safeguarding teams. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the process they needed to follow to address concerns. There was no policy in place to guide staff in regards to vulnerable adults. There was no information about identifying, reporting and dealing with suspected abuse. We saw inconsistent evidence of two members of staff, as no evidence was available to show they had received safeguarding training in vulnerable adults and children.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had not carried out a sharps risk assessment.

The dentist told us they did not routinely use a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex free

rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons were recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice did not have a whistleblowing policy in place and staff told us they did not feel confident they could raise concerns about colleagues without fear of recriminations.

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date.

### Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The emergency medicines, emergency resuscitation kits and medical oxygen were stored in an easily accessible location. Staff knew where the emergency kits were kept.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

Records showed weekly checks had not been carried out since November 2016; We found emergency medicines past their expiry date including Midazolam (used to mitigate the effects of seizures). Adrenaline (used to control the symptoms of a severe allergic reaction) was not available in the correct quantity for adults and the medical oxygen and cylinders were out of date. No systems were in place to replace these items. This was addressed immediately and an order was placed and seen by the inspector.

### Staff recruitment

The practice had a policy and a set of procedures for the recruitment of staff which included advertising the job, an



# Are services safe?

interview process, seeking two references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of recruitment files and found the recruitment procedure had not always been followed. Immunisation status for all staff was not available, indemnity for one dentist was not present and certificates to show safeguarding adults and children, infection prevention and control or radiography CPD was not available for all members of staff.

The business manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We reviewed a sample of recruitment files and these showed that all checks were in place.

One dental nurse had been working without General Dental Council (GDC) registration and an effective recruitment processes was necessary to prevent this from happening again. All other clinical staff, as appropriate, were qualified and registered with the GDC.

## **Monitoring health & safety and responding to risks**

There was no evidence any risk assessments to cover health and safety concerns to manage and mitigate risks within the practice had been completed: this should include, display screen equipment, waste management and safe storage of materials.

All clinical staff were supported by another member of the team when providing treatment to patients.

The practice had a Control of Substances Hazardous to Health (COSHH) folder. 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. No risk assessments were in place for dental materials used within the practice.

We noted there had been a fire risk assessment completed for the premises in 2013 and we saw the fire extinguishers were regularly serviced. High risk recommendations, including the installation of emergency lighting were

highlighted within the report and these had not been addressed. There was no evidence that fire alarm testing or a fire drill had been undertaken with staff or a discussion about the process reviewed at practice meetings.

We saw the business continuity plan had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

## **Infection control**

There was no infection prevention and control policy available on the day of the inspection. This should include hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

We spoke with dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We also saw the daily and weekly tests were not always being carried out by the dental nurses. The ultrasonic bath had no activity testing in place.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses demonstrated correct procedures for the decontamination of used instruments.

The practice had carried out an infection prevention self-assessment audit in January 2017 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. This audit did not reflect what we found on the day of inspection and did not have an action plan or learning outcomes.

We inspected the decontamination and treatment rooms. The rooms were clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms.

The practice had not completed a Legionella risk assessment. The practice undertook processes to reduce the likelihood of Legionella developing which included

# Are services safe?

running the dental unit water lines in the treatment rooms at the beginning and end of each session and between patients and the use of purified water. We were told no monitoring of hot and cold water temperatures were taking place. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings].

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps and amalgam was collected on a regular basis.

We saw evidence of cleaning schedules that covered all areas of the premises. We found, and patients commented the practice was consistently clean.

## Equipment and medicines

We saw evidence of servicing certificates all equipment. Checks were carried out in line with the manufacturer's recommendations and guidelines.

The practice dispensed antibiotics and high fluoride toothpastes for patients. These were not stored securely. We were told by reception staff they would dispense prescription only medicines without a prescription. There was no system in place to log which prescription only medicine had been dispensed or check when stock was due to go out of date. We follow this process up with the practice to ensure safe systems had been implemented and we were told they had taken action to prevent this happening again.

NHS prescription pads were not stored securely. Again, there was no system in place to monitor which prescriptions had been used. The logs were implemented during the inspection and all items were placed in a secure area.

## Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered. The patients dental records indicated each radiograph was quality assured and the findings reported on as per FGDP guidance. X-rays were stored within the patient's dental care record.

We were told X-ray audits were carried out by the practice annually. No evidence was available to support this during the inspection.

We did not see evidence the dental nursing staff were up to date with their continuing professional development training in respect of dental radiography.

The practice had an OPG (Orthopantomogram) machine. An OPG machine is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth and gives a 2-dimensional representation of these. Access to this was through the decontamination room and no risk assessment had been put in place to ensure safe passage to the X-ray room.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date, detailed dental care records. They contained information about the patient's current dental needs and past treatment. The clinical staff carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). This was repeated at each examination (if required) in order to monitor any changes in the patient's oral health.

We were told patients were recalled on an individual risk based assessment in line with current guidance. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records. In addition, the dentists told us they discussed patients' lifestyle and behaviour, this was recorded in the patients' dental care records.

We spoke with the hygiene therapist who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition. Patients were made aware that successful treatment was dependent upon their own compliance and were provided with patient specific prevention advice regimes. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and reinforced home care preventative advice.

### Health promotion & prevention

The practice focused on preventative care and supporting patients. For example, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental disease in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. Staff told us the dentists would always provide oral hygiene advice to patients where appropriate or refer to the hygiene therapist for a more detailed treatment plan and advice.

The practice had a selection of dental products and health promotion leaflets to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that diet, smoking cessation and alcohol consumption advice was given to patients.

### Staffing

We were told new staff to the practice had a period of induction and a training programme was in place. There was no evidence to support this and staff told us they were unaware of some policies and protocols within the practice.

Staff told us they had annual appraisals where training requirements were discussed at these. We saw evidence of completed appraisals.

### Working with other services

The principal dentist confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice.

Details included patient identification, medical history, reason for referral and X-rays if relevant.

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

### Consent to care and treatment

We spoke with staff about how they implemented informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Patients informed us they were given information and appropriate consent was obtained before treatment commenced.

Staff were clear on the principles of the Mental Capacity Act and the competency assessment for children under 16. The act is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain the treatment options.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We were told staff would take into account the needs of people's diversity, values and human rights.

Feedback from patients was positive and they commented they were treated with care, respect and dignity. We observed staff were always interacting with patients in a respectful, appropriate and kind manner and to be friendly towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality was not always maintained for patients who used the service on the day of inspection. On the day of inspection we witnessed a breach of patient confidentiality where the dentist discussed confidential matters which could easily be overheard by other persons. The layout of the waiting area was not conducive to maintaining confidentiality as conversations at the reception desk could be overheard by those in the waiting area.

We were told if patients wanted to talk in private a room this would be sought.

Patients, who were nervous about treatment, commented they were supported in a compassionate and empathic way.

Dental care records were not visible to the public when in use. Patients' electronic care records were regularly backed up to secure storage. Any paper records were not always securely stored and we found accessible patient records within a public area.

### **Involvement in decisions about care and treatment**

The practice provided patients with clear information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them.

We were told staff responded to pain, distress and discomfort in an appropriate way.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the facilities were appropriate for the services that were planned and delivered.

The practice's had no way to provide patients with information about the range of treatments which were available at the practice and no information was available through the NHS choices website. This was brought to the attention of the business manager as they were unaware there was an issue.

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day. We were told the patients were given sufficient time during their appointment so they would not feel rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

### Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequity to any patient group such as a portable ramp for access.

Staff had access to a translation service with contact details of braille and transcription services also available for staff to refer to should the need arise. We were told patient information was available in different formats and languages.

### Access to the service

The practice displayed its opening hours in the premises but no other way of accessing this information was

available. The practice did not have a practice specific information leaflet and a website. The information leaflet should include details of the staff, dental treatments which are available and a description of the facilities.

We confirmed waiting times and cancellations were kept to a minimum.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so that no patient was turned away. The patients told us when they had required an emergency appointment this had been organised the same day. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

### Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

The principal dentist was responsible for dealing with complaints when they arose. Staff told us they would raise any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially.

We reviewed comments, compliments and complaints the practice had received and found they were responded to appropriately and outcomes were shared with staff to prevent, learn and improve services.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice did not have an effective approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were not in place. For example, there were no risk assessments relating to the use of equipment and infection prevention and control.

### **Leadership, openness and transparency**

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

All staff were aware of whom to raise any issue with and told us they did not feel confident they could raise concerns without recriminations.

The practice held meetings to ensure staff could raise any concerns and discuss clinical and non-clinical updates. If there was more urgent information to discuss, an informal staff meeting would be organised to discuss the matter.

### **Learning and improvement**

We saw inconsistent evidence audits were carried out. These should include clinical audits such as X-rays and infection prevention and control. We were told an X-ray audit had been completed but received no supporting evidence to demonstrate this.

The practice had carried out an Infection Prevention Society (IPS) self-assessment audit in January 2017 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. This audit did not reflect what we found on the day of inspection and this did not have an action plan or learning outcomes.

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

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

The practice had systems in place to involve, seek and act upon feedback from staff and people using the service. These systems included carrying out annual patient satisfaction surveys, comment card in the waiting rooms and verbal feedback. We confirmed the practice responded to feedback.

Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided. The results were not collated or shared with the NHS.

## 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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment</p> <p>How the regulation was not being met:</p> <p>The registered provider failed to assess the risks to the health and safety of service users of receiving the care or treatment. The registered provider failed to do all that is reasonably practicable to mitigate any such risks.</p> <p>The registered provider had failed to review the practice's responsibility in regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and to ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances: including COSHH risk assessments.</p> <p>The registered provider had not implemented any practice risk assessment and the fire risk assessment that had been completed had actions that had not been completed.</p> <p>The registered provider had not ensured the practice undertakes a Legionella risk assessment, giving due regard to guidelines issued by the Department of Health.</p> <p>The registered provider had not ensured all staff had undertaken relevant training, to an appropriate level, in safeguarding of children and vulnerable adults.</p> <p>The registered provider failed to ensure the proper and safe management of medicines.</p> <p>The registered provider had failed to ensure a prescriber had issued a prescription prior to medication being dispensed.</p>



## Requirement notices

### Regulation 12 (1)

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014

Good Governance.

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

How the regulation was not being met:

The registered provider had not ensured checks of all medical emergency medicines and equipment are established to manage medical emergencies, giving due regard to guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

The registered provider had failed to ensure the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The registered provider had not completed the required audit annually for X-rays.

The Infection prevention audit was not effective in highlighting all of the potential risks to service users.

### Regulation 17 (1)



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.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</b></p> <p>The registered provider failed to ensure recruitment procedures were established and operated effectively.</p> <p><b>Regulation 19 (2)</b></p> <p>The registered provider failed to ensure persons employed were registered with the relevant professional body, where such registration is required.</p> <p><b>Regulation 19 (4)</b></p>