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# Danesholme Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 18 October 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

#### **Background**

Danesholme dental practice is a general dental practice situated in a residential area of Corby, Northamptonshire. The practice is situated on ground floor premises which allows for wheelchair access via a ramp to assist with the front step.

The practice staff consists of the principal dentist, dental nurse and receptionist, and they offer general dental treatment to adults and children funded privately. The practice carries out occasional domiciliary visits to patients in their own homes.

The practice is open from 9 am to 5.30 pm on Monday, Tuesday, Thursday and Friday, and is open for enquiries only on a Wednesday from 9 am to 1 pm.

The practice has a reception and waiting area, a treatment room, an X-ray room and a dedicated decontamination room.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received feedback from patients by way of comment cards which were available at the practice for two weeks prior to our visit. 31 patients provided feedback in this way and their comments were overwhelmingly positive about the service they received.

# Summary of findings

## Our key findings were:

- The practice was visibly clean and mostly clutter free.
- Patients reported that the practice staff were always professional and caring and that time was taken to ensure that treatment options were explained to them in detail.
- Infection control standards met national guidance.
- A new patient appointment could normally be secured within a week of contacting the practice and in an emergency the practice would endeavour to see patients on the day they contacted it.
- The practice had emergency medicines and equipment in line with national guidelines.
- The practice had not taken adequate steps to assess the risks within the practice.
- The practice had not met the recommendations of the Legionella risk assessment which had been completed in January 2016. Although the practice were addressing this at the time of the inspection.
- The practice did not have appropriate systems in place to identify the servicing and testing requirements of certain equipment.
- The practice had appropriate systems in place to ensure the practice employed fit and proper persons.
- The practice had not taken steps to ensure they remained informed of any alerts or recalls relevant to the service.

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

- Ensure effective systems are established to assess, monitor and mitigate the service against the Health and Social Care Act 2008 (Regulated Activities) 2014.

For example, this includes the management of significant events, implementing and responding to risk assessments, ensuring policies within the practice are reviewed and updated and systems to ensure equipment is appropriately serviced and tested are effective.

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 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).
- 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 use of rectangular collimators on X-ray machines to further reduce the radiation dose to patients.
- Review the availability of an interpreter service for patients who do not speak English as their first language.
- Review the current legionella risk assessment and implement the required actions giving due regard to the 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.

# 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.

The practice had medicines and equipment in place in line with recognised national guidance, although the oxygen cylinder was out of date.

The practice carried out appropriate pre-employment checks on prospective members of staff to ensure they employed fit and proper persons.

Infection control procedures within the practice met with recognised national standards.

The practice did not have adequate risk assessments in place to identify risks to staff, patients and visitors to the service. Where a risk assessment had been completed in respect to Legionella risk, the recommendations of the report had not been implemented at the time of the inspection.

No action



### Are services effective?

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

Staff were appropriately registered in their roles and had access to ongoing training and support.

Staff demonstrated a clear understanding of the process of consent and dental care records we were shown detailed conversations highlighted the options available to patients.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and its relevance in obtaining consent for patients who may lack capacity to consent for themselves, but did not seem so confident in assessing the competence of minors to consent for themselves.

No action



### Are services caring?

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

Patients commented that practice was welcoming and caring and staff were professional and considerate of the needs of their patients.

The practice had a process in place to contact new patients, or patients that had undergone complex procedures the day after their appointments to ensure that they had no concerns or queries.

Patients' records were secured in lockable cabinets.

No action



# Summary of findings

## Are services responsive to people's needs?

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

A new patient appointment could be secured at the practice within a week.

Appointments scheduling was such that appropriate time was given to patients for assessment and discussion of their needs.

The practice allowed for wheelchair access to the treatment room, with the use of a ramp to assist with the front step.

No action



## 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).

The practice had systems in place to support the governance within the service, but these were not always effective. For example; systems to identify testing and servicing needs of equipment failed to recognise certain servicing and testing requirements.

Risk assessments were not always in place to assess, monitor and mitigate risk.

Policies designed to assist in the smooth running of the service were frequently undated or out of date. This meant that staff could not be assured that information contained therein was up to date.

Clinical audits for example in infection control did not highlight concerns which were identified during the inspection.

Requirements notice



# Danesholme Dental Practice

## Detailed findings

### Background to this inspection

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

We carried out an announced, comprehensive inspection on 18 October 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection, we asked the provider for information to be sent. This included the complaints the

practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies. We spoke with two members of staff during the inspection.

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 did not have a system in place to report, investigate and learn from significant incidents, although staff informed us that they had not had such an incident. Staff did report that across this small team they discussed many matters pertaining to the practice. An accident book was used to record accidents; the last report made was in February 2002. Following the inspection the practice informed us that they had implemented a system of reporting significant events.

The practice staff were aware of their responsibilities regarding the Duty of Candour. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

The practice were aware of their responsibility in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC).

The practice were not receiving national alerts, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). These would highlight any equipment or medicines that were recalled or faulty and without these alerts the practice could not be assured of being kept up to date on such matters. We directed the practice principal to a recent alert pertaining to automated external defibrillators, the make and model of which he used in the practice.

Following the inspection the practice signed up to receive these alerts.

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

The practice had policies in place for safeguarding vulnerable adults and child protection, which were dated November 2013. A flow chart detailing the actions a staff member may take if concerned was displayed in the staff kitchen along with contact numbers for raising a concern.

The staff had received training in safeguarding appropriate to their role and staff we spoke with were able to describe the actions they would take if they were concerned a patient was being abused.

The practice had an up to date Employers' Liability insurance certificate which was due for renewal on 21 July 2017. Employers' Liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

We discussed the use of rubber dam with the dentist in the practice. A rubber dam is a thin, rectangular sheet, usually of latex rubber. It is used in dentistry to isolate a tooth from the rest of the mouth during root canal treatment and prevents the patient from inhaling or swallowing debris or small instruments. The British Endodontic Society recommends the use of rubber dam for root canal treatment. Although the dentist had a rubber dam kit available they were not routinely using it.

Following the inspection the practice informed us that they would be using rubber dam routinely going forward.

The practice had a protocol in place for dealing with sharps. Dentists were solely responsible for disposing of needles and did so with the use of a needle block to reduce the risk of accidental injury.

Flowcharts indicating the action to take if staff had an injury from a contaminated sharp were displayed and a robust protocol was in place indicating that advice always be sought from occupational health, or accident and emergency.

### Medical emergencies

The dental practice had medicines and equipment in place to manage medical emergencies. These were stored together and all staff we spoke with were aware how to access them. Emergency medicines were available in line with the recommendations of the British National Formulary.

Equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK, and included an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

# Are services safe?

All medicines and equipment were checked regularly to ensure they were ready for use should an emergency arise. However, the system in place had not recognised that the Oxygen for use in a medical emergency was out of date. Following the inspection the practice informed us that they had a new cylinder in place and a service contract to ensure that the situation could not arise again.

Staff had all undertaken medical emergencies training. The medicines were arranged in bags according to the medical emergency. These individual bags had the instructions for use on them to facilitate their use in an emergency situation.

## Staff recruitment

The practice had a recruitment policy which was undated. It detailed the pre-employment checks that should be carried out in order that the practice could be assured of employing fit and proper persons.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all recruitment files. This includes: proof of identity; checking the prospective staff members' skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person had a criminal record or was 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 the staff recruitment files for three members of staff and found that DBS checks had been sought for all staff and all other checks were in line with regulation.

## Monitoring health & safety and responding to risks

The practice had limited systems in place to monitor and manage risks to patients, staff and visitors to the practice. A health and safety policy (which was undated) was available for staff to reference.

The practice had a Health and Safety Law poster on display in the kitchen. Employers are required by law (Health and safety at work Act 1974) to either display the Health and Safety Executive (HSE) poster or to provide each employee with the equivalent leaflet.

The practice had not completed a practice risk assessment in respect to health and safety which would highlight any areas of concern and generate an action plan to ensure that the risks were mitigated. Following the inspection this was arranged.

The practice had measures in place to manage the risk of fire on the premises. The smoke alarms were checked weekly and a fire notice was displayed. Staff were able to describe the process involved in an evacuation of the premises including the external muster point. Staff had undertaken fire training in July 2014.

The practice did not have a fire risk assessment in place which would highlight specific areas of concern within the premises and generate an action plan to ensure that risks were mitigated as far as possible. Following the inspection we were advised that this had been arranged.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information pertaining to the hazardous substances used in the practice and actions described to minimise their risk to patients, staff and visitors.

## Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice was visibly clean and generally uncluttered. A few small items on the treatment room surfaces could be removed to afford easier access to clean.

The practice had an infection control audit which was undated. The policy covered topics including manual cleaning, hand hygiene and personal protective equipment. However it contained out of date information such as naming a previous employee as the infection control lead.

The decontamination process was performed in a dedicated decontamination room and we observed the process being carried out by a dental nurse.

Instruments were cleaned manually in a dedicated sink before being further cleaned in an ultrasonic bath (this is



# Are services safe?

designed to clean dental instruments by passing ultrasonic waves through a liquid). Instruments were then inspected under an illuminated magnifier before being sterilised in an autoclave. After this the instruments were placed in pouches and dated with a use by date.

Through the process appropriate personal protective equipment was worn and testing of the autoclave ensured that it was working within set parameters.

The ultrasonic bath was not being tested in line with recommended guidance. We raised this with the principal dentist who immediately decommissioned the machine and the practice manually cleaned the instruments.

Environmental cleaning was carried out by practice staff. Cleaning equipment and materials conformed to the national guidelines for colour coding cleaning equipment in a healthcare setting and were stored appropriately.

The practice had contracts in place for the disposal of contaminated waste and waste consignment notes were seen to confirm this. Clinical waste was stored in a locked cupboard prior to removal.

The practice had a risk assessment regarding Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The assessment had been carried out by an external company in January 2016.

The risk assessment raised a concern with the water temperature which could not reach the threshold temperature at the furthest point from the boiler. This increased the risk of Legionella proliferating. The principal dentist told us that he was aware and had employed specialists to resolve the issue; however at the time of the inspection this had not been rectified.

We were shown records of monthly water temperatures being tested from 2014 and the water temperature at the furthest point from the boiler had not reached the recommended temperature during this time.

We were shown records of quarterly dip slides since February 2014 to the present. These are designed to measure and monitor microbial activity in the water and had registered a 'pass' since April 2014. In February 2014 the dip slide registered a 'fail' and the practice took immediate steps to resolve the concern.

The practice had a combination boiler, meaning that no water was stored in tanks, and the dental unit water lines were disinfected appropriately.

The practice sought advice from a further professional following our inspection, however the situation is ongoing.

## Equipment and medicines

The practice had a full range of equipment to carry out the services they offered and in adequate number to meet the needs of the practice.

The autoclave and fire extinguishers had been serviced within the previous year. We were not shown portable appliance testing and were informed that this was raised in the health and safety risk assessment following the inspection and was addressed.

The practice dispensed antibiotics and analgesics. These were stored appropriately and labelled in accordance with the requirements of schedule 26 of the Human Medicines Regulations 2012.

Glucagon is an emergency medicine used to treat diabetics. It needs to be refrigerated in order for it to remain effective until the expiry date. Although the practice were keeping it in the fridge they were not monitoring the temperature. Following our inspection the practice took immediate steps to ensure it was stored correctly.

## Radiography (X-rays)

The practice had three X-ray units; two intra-oral units that take an X-ray of one or a few teeth and a dental panoramic tomograph (DPT) that takes an X-ray of the whole jaws.

Local rules were available for the machines. These documents provide specific information for a particular machine and include information such as the responsible people as well as the restricted area and contingency plans in the event of a malfunction.

The machines had all been tested in October 2015 within the three yearly requirements for testing. However annual servicing had not been completed and the practice were not logging visual inspections of the units. Following the inspection we were informed that the appropriate testing had taken place.

The practice did not use a rectangular collimator on the intra-oral machine. These work by restricting the beam size



## Are services safe?

and therefore reduce the actual and effective dose of radiation to the patient. Following the inspection the practice looked into retrofitting a collimator to the machine.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the dentist and we saw patient care records to illustrate our discussions.

The practice had a system in place to ensure dentists were kept informed of any changes to the patients' medical history. Patients were required to fill out and sign a medical history form when they first attended the practice. This was verbally checked at every appointment and any changes would require a new form to be filled out. Following the inspection the principal dentist informed us that he would change the system so that patients signed the medical history form at every check-up appointment.

Dental care records showed that the dentists regularly checked gum health by use of the basic periodontal examination (BPE). This is a simple screening tool that indicates the level of treatment need in regard to gum health. Scores over a certain amount would trigger further, more detailed testing and treatment, or possible referral to a specialist.

Screening of soft tissues and risk assessments were carried out at check-up appointments. The dentist was aware of nationally recognised guidance for lower third molars, and use of prophylactic antibiotics in patients at risk of heart problems.

### Health promotion & prevention

The practice demonstrated a commitment to health promotion. Medical history forms completed by patients detailed whether they smoked or drank alcohol, this information could be used to introduce a discussion on oral health.

The dentist discussed smoking and alcohol consumption with patients. An analysis sheet was given to patients regarding smoking cessation, and the telephone number for the local stop smoking service was given out.

### Staffing

The practice was staffed by one dentist, and qualified dental nurse and a receptionist. So that the practice did not have to rely upon locum staff the staff would take annual leave at the same time, and the practice would close at these times.

The practice carried out occasional domiciliary visits. We spoke to the dental nurse who advised us that they would always attend the domiciliary visits with the dentist, for reasons of infection control, ability to respond to a medical emergency and chaperoning.

### Working with other services

The practice made referrals to other dental professionals when it was unable to provide the treatment themselves.

The practice wrote to services including the full patient details and patients were advised to contact the practice if they had not heard from the referral letter within a specified timescale.

Urgent referrals for suspicious pathology were sent by post, but followed up with a telephone call to ensure that the referral had been received and actioned. In this was the practice could be assured that urgent referrals were actioned in a timely manner.

### Consent to care and treatment

Clinicians described the process of gaining full, educated and valid consent to treat. This involved detailed discussions with the patients of the options available and the positives and negatives of each option. They used visual aids to further assist in the explanation such as anonymised photographs of treatment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included the principles of the MCA; assessing a patient's capacity to consent, a family member having a legal power of attorney and the principles involved in a 'best interests' decision.

Staff we spoke with had some understanding of the situation which a child under the age of 16 could legally consent for themselves. This is termed Gillick competence and relies on the assessment of a child's understanding of the procedure and the consequences of having/not having the treatment. The practice did not treat many children and therefore the situation had not arisen.

# Are services caring?

## Our findings

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

Comments from patients received through comment cards indicated that patients were wholly satisfied with the treatment they received at the practice. They felt the treatment was thorough and the staff were friendly and professional.

We saw how patients' private information was kept confidential, written records were kept in locked cabinets. This was underpinned by the practice's confidentiality policy.

The practice had a policy whereby patients that had undergone complex treatment or new patients to the

practice would be contacted the day after they attended. This was designed to ensure that all was well and to afford the patient an opportunity to come back in if they had any concerns.

Patients commented that the dentist was available to give advice over the telephone when they called in with a concern.

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

Patients commented that they felt involved in their treatment planning. Options were always explained to them in detail allowing them the opportunity to make an educated decision.

Written treatment plans were given to patients with costs of treatment to consider and the price list for treatment was on display in the waiting area.

# 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 found the premises and facilities were appropriate for the services delivered.

We looked at appointments scheduling and found that adequate time was given for each appointment to allow for assessment and discussion of patients' needs.

We asked reception staff how soon a new patient could be given a routine appointment and were told that at the time of our inspection this could be arranged within a week.

### Tackling inequity and promoting equality

Staff we spoke with expressed that they welcomed patients from all backgrounds and cultures and all patients were treated according to their individual needs.

We asked staff how they accommodated the individual needs of patients. Patient who used wheelchairs could be accommodated and a ramp was available to assist them with the front step. The practice had a mirror set up so that the receptionist was able to see a patient arriving at the door that may need assistance and would offer that assistance.

The practice did not have access to an interpreter to assist those patients for whom English was not their first language; however staff indicated that they had never had need of an interpreter. They did not have a hearing loop in place to assist patients who used hearing aids. Following the inspection the principal dentist informed us he would review the need of these and respond accordingly.

Practice staff informed us that the appointments scheduling would be altered to accommodate the individual needs of patients and longer appointments arranged for those in need of it.

### Access to the service

The practice was open from 9 am to 5.30 pm Monday, Tuesday, Thursday and Friday, and was open for enquiries only on a Wednesday from 9 am to 1 pm.

Emergency appointments were not put aside on a daily basis, but rather patients calling in pain would be fitted in around existing appointments. The appointments scheduling allowed flexibility in this regard.

The practice endeavoured to see all patients in pain on the day they contacted the service, the receptionist had a triage tool which had been designed by the dentist to identify the level of need and see patients within an appropriate timeframe.

Out of hours patients were invited to leave a message on the answerphone which would be responded to as soon as the practice was open again. In an emergency patients were directed to attend their nearest accident and emergency department.

### Concerns & complaints

The practice had a complaints policy in place. This was displayed in the waiting room and contained the contact details for external companies that patients could contact should they remain dissatisfied after raising a complaint with the service.

The practice staff had guidance notes on how to respond to complaint, this included providing the patient with an explanation and apology if necessary and to identify where it would be possible to take steps to avoid recurrence.

The practice had not received a formal complaint in the year preceding our visit.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist took responsibility for the day to day running of the practice and also for the majority of the governance procedures within the practice. We noted in this small team that there were clear lines of responsibility and accountability established.

The practice had policies and procedures in place to support the management of the service; however these were largely undated, or out of date. For this reason the practice could not be assured that the information contained within the policies was relevant and up to date. For example; the infection control policy listed a previous employee as the infection control lead. In addition the practice did not have a whistleblowing policy in place.

The practice lacked systems in place to assess, monitor and mitigate the risks within the service. We were not shown a practice risk assessment pertaining to health and safety and fire risk. Although we received information that they had been completed following the inspection we were not shown evidence of this.

The practice did not have robust systems in place to identify the servicing requirements of certain pieces of equipment for example the ultrasonic cleaner, X-ray machines and the X-ray developing machine.

The practice had not taken steps to keep up to date with any alerts or recalls that may have been relevant to the practice. Following the inspection the practice signed up to receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).

Infection control audits did not generate action plans to effect improvement and did not recognise the failings within the system which were apparent during the inspection; that being the lack of servicing and testing of the ultrasonic cleaner.

Systems in place to check emergency medicines and equipment had not recognised that the oxygen cylinder was out of date.

The provider assured us following our visit that they would address these issues and put immediate procedures in place to manage the risks. We have since been sent evidence to show that improvements are being made.

However, as various documents were not available for inspection we were not able to comment on their completeness and accuracy. We have though noted the information and it will be reflected once we carry out a follow up inspection at the practice.

### Leadership, openness and transparency

Staff we spoke with felt extremely supported by the principal dentist, examples were given where the dentist had taken steps to accommodate the individual needs of the staff.

Staff described an open and honest working environment where good communication across the team meant that all aspects of the practice were regularly discussed.

The practice did not have a written whistleblowing policy which would direct staff in how to raise concerns regarding a colleague's performance. Staff did recall a recent discussion raised by the principal dentists during which it was impressed upon them their duty to raise concerns if they had them and an external agency to whom they could approach if such a situation arose.

### Learning and improvement

The practice sought to continuously improve standards by use of quality assurance tools, and continual staff training.

Infection control audits had been completed six monthly in accordance with national guidance. The scores generated were good, however no action plans had been drawn up to improve standards further. In addition the audits had not recognised the concerns that were raised regarding the ultrasonic cleaner in the decontamination process, which demonstrated that the process was not as robust as it needed to be.

An audit of X-ray quality was undertaken six monthly and examples we were shown demonstrated a good sample size and full analysis of the results was in place.

A record keeping audit was completed annually; most recently in December 2015, the results of which highlighted the strengths and weaknesses and an action plan was drawn up to effect ongoing improvement. In addition a quarterly medical history audit demonstrated the practice's commitment to ensuring that patients' medical history was kept up to date.

Staff were supported in achieving the General Dental Council's requirements in continuing professional

## Are services well-led?

development (CPD). The dentist and dental nurse regularly attended training together and the principal dentist kept the training certificates for the team so that they had oversight of their training needs. We saw evidence that clinical staff were up to date with the recommended CPD requirements of the GDC.

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

The practice sought and welcomed feedback from patients, staff and visitors to the service. At the end of a treatment episode the practice wrote to patients inviting them to comment on their experiences, we were shown these testimonials.

Staff told us that the principal dentist was very open to their input and ideas and responded favourably to their request to refurbish the waiting area of the practice.

## 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><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>· Risks to the health, safety and welfare of patients were not assessed, monitored and actions taken to mitigate these. For example risk assessments had not been undertaken in health and safety and fire. Processes were not in place to manage significant events. Infection control audits did not identify failures in the decontamination process.</li><li>· There was no assessment of risk or other measures to monitor and mitigate the risks associated with equipment not being serviced or tested in accordance with manufacturers' instructions.</li><li>· Practice policies were not regularly reviewed to ensure they were up to date and relevant.</li></ul> <p><b>Regulation 17 (1)</b></p>