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Prescot House Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 22 March 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 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

Prescot House Dental Surgery is located near the centre of Prescot. The practice comprises a reception and waiting room, five treatment rooms, an X-ray room, a decontamination room and patient toilet facilities. The practice also has a dental laboratory facility on the premises. Parking is available near the practice. The practice is accessible to patients with disabilities, limited mobility, and to wheelchair users.

An external ramp facilitates access to the premises for wheelchair users and people with pushchairs. Closed circuit television monitoring is in place at the premises externally and internally in the reception, waiting room, records room and one of the staff rooms.

The practice provides general dental treatment to patients on an NHS or privately funded basis. The opening times are Monday, Tuesday, Thursday and Friday 9.00am to 5.30pm, Wednesday 9.00am to 8.00pm and Saturday 9.00am to 1.00pm. The practice is staffed by a principal dentist, a practice manager, three associate dentists and eight dental nurses who also carry out reception duties.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

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.

We received feedback from 29 people during the inspection about the services provided. Patients commented that they found the practice excellent, and that staff were professional, friendly, and caring. They said the dentists carefully listened to them and they were always given good and helpful explanations about dental treatment. Patients commented that the practice was clean and comfortable and they were always accommodated in an emergency.

Our key findings were:

- The practice had procedures in place to record, analyse and learn from significant events and incidents.
- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- The premises were clean, secure and well maintained.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current standards and guidance.
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Patients were treated with kindness and respect, and their confidentiality was maintained.
- Appointments were available at a variety of times of the day.
- The practice gathered and took account of the views of patients.
- Staff were supervised and worked together as a team.
- Governance arrangements were in place for the running of the practice. Not all of these were operating effectively.
- Staff had received safeguarding training, and knew the processes to follow to raise concerns, but there was no practice specific policy to guide them.
- Staff had been trained to deal with medical emergencies. Not all recommended emergency medicines and equipment were available.
- Infection control arrangements were in place but improvements were needed to these.

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

- Ensure the practice's infection control procedures and protocols are suitable having 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 that systems and processes are established and operated effectively, to safeguard patients from abuse, and to allow staff to raise concerns.
- Ensure the systems and processes for managing medical emergencies are operated effectively having due regard to guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council standards for the dental team.
- Ensure the practice's recruitment procedures are suitable and the recruitment arrangements are in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure the necessary employment checks are identified for all staff and the required specified information in respect of persons employed by the practice is available.
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities, including those in relation to sharps and staff immunisation.

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 stocks of medicines and equipment and the system for identifying and disposing of out-of-date stock.
- Review the practice's waste handling procedures to ensure waste is disposed of in accordance with the relevant regulations having due regard to guidance issued in the Health Technical Memorandum 07-01.
- Review staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

Summary of findings

- Review the complaints procedure to ensure details of alternative organisations to which patients can complain are readily available.
- Review the practice's protocols in relation to the use of closed circuit television to ensure staff and patients are fully informed as to its purpose and their right to access footage.
- Review the practice's audit protocols to ensure audits, such as radiography and infection control, are undertaken at regular intervals to help improve the quality of service. The practice should also ensure all audits have documented learning points which are shared with staff and the resulting improvements can be demonstrated.

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 premises were secure and well maintained. The practice was cleaned regularly.

We found the equipment used in the practice was maintained and tested at regular intervals.

Processes were in place to manage incidents and accidents.

The practice was largely following current legislation and guidance in relation to X-rays, to protect patients and staff from unnecessary exposure to radiation.

Staff were trained in responding to medical emergencies. The practice had emergency medicines and equipment but not all items were available.

The provider had recruitment procedures in place but these needed improvement.

The practice had systems and procedures in place for infection prevention and control but these needed improvement.

No action



Are services effective?

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

The practice followed current guidelines when delivering dental care and treatment to patients.

Patients' medical history was recorded at their initial visit and updated at subsequent visits. Dentists carried out an assessment of the patient's dental health and monitored changes in it.

Patients were given a written treatment plan which detailed the treatments considered and agreed, together with the fees involved. Patients' consent was obtained before treatment was provided; and treatment focused on the patients' individual needs.

Staff provided oral health advice to patients.

Patients were referred to other services, where necessary, in a timely manner.

Staff were registered with their professional regulator, the General Dental Council, where relevant, and were supported in meeting the requirements of their registration. Staff received on-going training to assist them in carrying out their roles.

No action



Summary of findings

Are services caring?

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

Patients commented that staff were caring and friendly. They told us they were treated with respect, and that they were happy with the care and treatment given.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Patient feedback on CQC comment cards confirmed that staff were understanding and made them feel at ease.

The practice had separate rooms available if patients wished to speak in private.

We found that treatment was clearly explained, and patients were given time to decide before treatment was commenced. Patients commented that information given to them about options for treatment was helpful.

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 captured social and lifestyle information on the medical history forms completed by patients which helped the dentists to identify patients' specific needs and direct treatment to ensure the best outcome for the patient.

The provider had taken into account the needs of different groups of people and put adjustments in place. Staff were prompted to be aware of patients' specific needs or medical conditions.

Patients had access to appointments to suit their preferences. The practice opening hours and the 'out of hours' appointment information was displayed. No dedicated emergency appointments were available but the practice made every effort to see patients in pain on the same day.

The practice had a complaints procedure in place which was displayed in the waiting room but it was not sufficiently detailed.

The practice used closed circuit television for monitoring the waiting and reception areas in the practice but were not displaying sufficient information for patients about its use.

No action



Are services well-led?

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

The practice had a management structure in place, and some of the staff had lead roles.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete, accurate, and securely stored. Patient information was handled confidentially.

Requirements notice



Summary of findings

The practice held regular staff meetings, but not all staff had the opportunity to attend.

The provider had systems and processes in place for monitoring and improving services but some of these required improvement. Several policies and procedures were not specific to the practice.

The provider had some means in place to monitor quality and safety at the practice and to ensure continuous improvement in the practice, for example, auditing and learning from feedback. Although audits were carried out we saw no evidence to show that they were driving improvements in the service.

Prescot House Dental Surgery

Detailed findings

Background to this inspection

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

The inspection took place on 22 March 2017 and was led by a CQC Inspector supported by a dental specialist adviser.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included details of complaints they had received in the last 12 months, their latest statement of purpose, and staff details, including their qualifications and professional body registration number where appropriate. We also reviewed information we held about the practice.

We informed the NHS England Cheshire and Merseyside area team that we were inspecting the practice. We did not receive any information of concern from them.

During the inspection we spoke to two dentists, the practice manager and dental nurses. We reviewed policies, protocols and other documents and observed procedures. We also reviewed CQC comment cards which we had sent prior to the inspection for patients to complete about the services provided at the practice.

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 provider had systems and processes in place to ensure care and treatment were carried out safely.

We reviewed the practice's procedures for reporting and learning from significant events, accidents and incidents. Staff described examples of those which had occurred. We saw these had been reported and analysed in order to learn from them, and some improvements had been put in place to prevent re-occurrence.

Staff had an understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 and were aware of how and what to report.

Staff understood their responsibilities under the Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs, and in accordance with the statutory duty, are given an apology and informed of any actions taken as a result. The provider knew when and how to notify CQC of incidents which could cause harm.

The practice received safety alerts from the Medicines and Healthcare products Regulatory Agency and Department of Health. These alerts identify problems or concerns relating to medicines or equipment, or detail protocols to follow, for example, in the event of an outbreak of pandemic influenza. The practice manager brought relevant alerts to the attention of the staff. The dentists discussed examples of recent alerts with us. We saw that copies of alerts were retained and actions taken in response to them were recorded.

Reliable safety systems and processes (including safeguarding)

The provider had a whistleblowing policy in place to enable staff to raise issues and concerns. We observed that the policy was an NHS Trust policy and did not reflect the practice's specific circumstances, for example, no details of who to raise concerns with were included. The practice also had a generic whistleblowing policy provided as part of the compliance system they subscribed to but this also was not practice specific. The practice manager informed us that whistleblowing was discussed at staff meetings. Staff told us they would approach the practice manager in the first instance if they had concerns at work.

The provider had a policy for safeguarding children and vulnerable adults which provided guidance for staff. We observed that the policy was an NHS Trust policy and did not reflect the practice's specific circumstances, for example, the lead for safeguarding was not identified in it. The practice manager undertook the lead role for safeguarding and provided advice and support to staff where required. Local authority's safeguarding contact details for reporting concerns and suspected abuse to were displayed in the reception area. Staff were trained to the appropriate level in safeguarding, and were aware of how to identify abuse and follow up on concerns. We noted that the principal dentist and practice manager were trained to a higher level in safeguarding.

The dentists were assisted at all times by a dental nurse.

We observed that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Patients completed a medical history form at their first visit and this was reviewed by the dentist at subsequent visits. The dental care records we looked at were structured and contained sufficient detail.

Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. Staff had received training in medical emergencies and life support as a team and this was updated annually. The provider did not have arrangements in place for staff to practice together regularly as a team in simulated emergency situations. One of the staff was trained in the provision of first aid.

The practice had emergency medicines and equipment available, including an automated external defibrillator (AED), in accordance with the British National Formulary and the Resuscitation Council UK guidance, and the General Dental Council standards for the dental team. (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). However one item was not available; namely portable suction equipment. Three items had exceeded the expiry dates, including the emergency oxygen cylinder. The provider assured us this would be addressed immediately. Following the inspection the provider submitted evidence that a replacement oxygen cylinder had been ordered.

Are services safe?

We saw records to show that the emergency medicines were checked monthly to ensure they had not exceeded their expiry dates. The practice manager checked the emergency equipment on an irregular basis to ensure correct functioning. Checks were not recorded.

The practice stored emergency medicines and equipment centrally. Items were stored in proximity but not together as a whole to assist in minimising delays in an emergency situation. Staff were aware of where most of these were located.

Staff recruitment

The practice had recruitment procedures in place which reflected most of the requirements of current legislation. The provider did not carry out Disclosure and Barring Service, (DBS), checks as part of the pre-employment process but we saw that the provider requested staff to provide evidence of a DBS check prior to employing them. The provider did not request satisfactory documentary evidence of relevant qualifications from staff.

The provider maintained recruitment records for each member of staff. We looked at five staff recruitment records and saw most of the required information was present, including, where relevant, evidence of the following; references, registration with their professional body the General Dental Council, and indemnity insurance. Evidence of DBS checks was available in four of these records but three of the DBS checks had been carried out several months prior to employment at the practice. No evidence of qualifications was available in three of the five staff records.

Staff recruitment and employment records were stored securely to prevent unauthorised access.

The practice had a comprehensive induction programme in place to familiarise new staff with practice policies and procedures, for example health and safety and patient confidentiality requirements. Two recently recruited staff confirmed inductions had taken place and described what was included in the process.

Monitoring health and safety and responding to risks

The provider had systems in place to assess, monitor, and mitigate risks, with a view to keeping patients and staff safe.

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments. The practice subscribed to a compliance scheme and as part of this an annual health and safety assessment was carried out on site. We reviewed the most recent one.

We reviewed the practice's control of substances hazardous to health risk assessment. Staff maintained records of products used at the practice, for example dental materials and cleaning products. Records included the manufacturer's product safety details to inform staff what action to take in the event of, for example, spillage, accidental swallowing, or contact with the skin. Measures had been implemented to reduce risks associated with these products, for example, the use of personal protective equipment for staff and patients, the secure storage of chemicals, and the display of safety signs.

We saw the provider had carried out a sharps risk assessment and implemented measures to mitigate the risks associated with the use of sharps, for example, a sharps policy was in place. The policy identified responsibility for the dismantling and disposal of most sharps, but not all risks had been identified, for example, procedures in relation to endodontic files. The provider had not implemented a safer sharps system for the control of used needles but had risk assessed this. Sharps containers were suitably located in the clinical areas to allow appropriate disposal.

The sharps policy also detailed procedures to follow in the event of an injury from a sharp instrument. These procedures were displayed in the treatment rooms for quick reference. Staff were familiar with the procedures and described the action they would take should they sustain an injury.

The provider required clinical staff to have received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and to provide evidence of the effectiveness of the vaccination. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections. The provider did not have evidence of Hepatitis B immunisation for two clinical staff. Evidence of this vaccination having been received and its effectiveness was submitted following the inspection, for one of the staff. The provider additionally

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had no evidence of the effectiveness of the vaccination for a further two clinical staff. The provider did not have a risk assessment in place in relation to staff working in a clinical environment where the vaccination had not been effective.

We saw that a fire risk assessment had been carried out. The provider had arrangements in place to mitigate the risks associated with fire, for example, one of the staff undertook a lead role for fire safety, safety signage was displayed, fire-fighting equipment was available, and fire drills were carried out annually. The evacuation procedure to be followed in the event of a fire was displayed and staff were familiar with it.

Infection control

The practice had an overarching infection prevention and control policy in place, underpinned by policies and procedures which detailed decontamination and cleaning tasks. We observed that these were NHS Trust ones. The practice also had generic infection control policies in place which were provided as part of the compliance system they subscribed to but these also did not reflect the practice's specific circumstances.

The practice manager and one of the dental nurses undertook lead roles for infection prevention and control and provided guidance to staff where required. Following the inspection we were provided with a certificate of training in decontamination from 2015 for one of the leads for infection control but no evidence was available of recent training for the other lead.

Staff undertook infection prevention and control audits annually. Actions were not identified in the audits. We observed that some of the findings on the audit document contradicted what we observed during the inspection.

The practice had a dedicated decontamination room which was situated away from patient areas to ensure access was restricted to staff only. The decontamination room had defined dirty and clean zones to reduce the risk of cross contamination.

We observed the decontamination process. Staff used sealed containers to transfer used instruments from the treatment rooms to the decontamination room. Staff told us they followed a process of cleaning, inspecting, sterilising and packaging of instruments to minimise the risk of infection. Staff wore appropriate personal protective equipment during the decontamination process.

We saw a number of deviations from current guidance in (HTM 01-05), for example,

- The process for manually cleaning instruments was displayed and referenced the use of detergent but none was available.
- Staff told us they re-processed any unused instruments at the end of the day and that the laboratory technician switched off the sterilisation equipment following completion of the cycle. The provider had no written procedures in place, for example, in relation to the procedure to follow should the equipment fail.
- Staff told us the magnifying inspection light was used to examine small items only.

We observed that the packaged instruments were stored in drawers in the treatment rooms. The packages were sealed and marked with an expiry date which was within the recommendations of the Department of Health.

Staff showed us the systems in place to ensure the decontamination process was tested, and decontamination equipment was checked, tested, and maintained in accordance with the manufacturer's instructions and HTM 01-05. We saw records of these checks and tests. The provider had means for recording every sterilisation cycle but was not aware of how to download these records.

Staff changing facilities were available and staff wore their uniforms inside the practice only.

The provider had had a recent Legionella risk assessment carried out to determine if there were any risks associated with the premises. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Actions to reduce the likelihood of Legionella developing were identified in the assessment and staff had carried these out, for example, we saw records of checks on water temperatures. Staff described to us the procedures for the cleaning and disinfecting of the dental water lines. This was in accordance with guidance to prevent the growth and spread of Legionella bacteria.

The treatment rooms had sufficient supplies of personal protective equipment for staff and patient use.

The practice had a cleaning policy in place, with an associated cleaning schedule identifying tasks to be

Are services safe?

completed and timescales for their completion. We observed that the premises was clean. The practice followed current HTM 01 05 guidance on cleaning. Cleaning equipment was not stored appropriately.

Staff segregated and disposed of dental waste in accordance with current guidelines issued by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. The practice had arrangements for all types of dental waste to be removed from the premises by a contractor. Kits were available for contaminated spillages. We observed that clinical waste awaiting collection was stored securely.

Equipment and medicines

Staff showed us the system for the prescribing, storage, and stock control of medicines. We saw that local anaesthetic cartridges were not appropriately stored in two of the treatment rooms and some irrigation needles were past the expiry date.

We saw contracts for the maintenance of equipment, and recent test certificates for the decontamination equipment, the air compressor and the electrical appliances.

We saw records to demonstrate that fire detection and fire-fighting equipment, for example, the fire alarm and extinguishers were regularly tested.

We saw that the practice was storing NHS prescription pads securely and maintaining records for monitoring and tracking their use. We saw the dentists maintained records of the serial numbers for prescriptions issued and void.

Radiography (X-rays)

We saw the provider was largely acting in compliance with the Ionising Radiations Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and current guidelines from the Faculty of General Dental Practitioners (UK) of the Royal College of Surgeons of England.

The provider had appointed a Radiation Protection Advisor and a Radiation Protection Supervisor.

We did not see evidence that the Health and Safety Executive had been notified of the use of X-ray equipment on the premises.

We saw a critical examination pack for the cone beam scanner and for one of the intra oral X-ray machines. The other X-ray machine had been installed recently and the practice was awaiting the engineer's report. The provider forwarded this to us after the inspection.

The practice used digital radiography which assists in reducing patient exposure to X-rays.

We observed that local rules were displayed in areas where X-rays were carried out. These included specific working instructions for staff using the X-ray equipment.

Records confirmed that X-rays were justified, graded and reported on. We saw evidence of auditing of the quality of the X-ray images.

We saw evidence of recent radiology training for relevant staff in accordance with GDC recommendations.

The provider told us the cone beam scanner was no longer used and would be sold as soon as possible. We observed that the provider did not have a policy or quality assurance measures in place in relation to the use of this equipment in accordance with current guidelines.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists carried out assessments, and treatment in line with current guidance and standards, including the National Institute for Health and Care Excellence, (NICE), guidelines, Faculty of General Dental Practitioners (UK) guidelines, and General Dental Council standards. Patients completed a medical history form with details of their health which enabled the dentists to identify and address specific oral health needs. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

We checked dental care records to confirm what was described to us.

We saw that the dentists used current guidelines issued by NICE Dental checks: intervals between oral health reviews to assess each patient's risks and needs, and to determine how frequently to recall them.

Health promotion and prevention

We saw that staff adhered to guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists gave tailored preventive dental advice, and information on diet and lifestyle to patients to improve their health outcomes. Information in leaflet form was available in the waiting room in relation to improving oral health and lifestyles, for example, smoking cessation advice.

Staffing

We observed that staff had the skills, knowledge, and experience to deliver effective care and treatment.

New staff and trainees undertook a programme of training and supervision before being allowed to carry out duties at the practice unsupervised.

The provider carried out staff appraisals annually. We reviewed records of these and observed these were used to identify issues such as poor time-keeping. We saw no evidence of appraisals being a two way process between the manager and the staff.

All qualified dental professionals are required to be registered with the General Dental Council, (GDC), in order

to practice dentistry. Registration requires dental professionals to be appropriately qualified and to meet the requirements relating to continuing professional development, (CPD). We saw that the qualified dental professionals were registered with the GDC.

We saw staff were supported to meet the requirements of their professional registration. The GDC highly recommends certain subjects for CPD, such as medical emergencies, disinfection and decontamination, and radiography and radiation protection. The provider monitored training to ensure essential training was completed each year. This included the GDC highly recommended topics, health and safety, and a variety of generic and role specific topics. We reviewed a number of staff records and found these contained a variety of CPD.

Working with other services

We reviewed the practice's arrangements for working with other health professionals.

The dentists referred patients to a variety of secondary care and specialist options if the treatment required was not provided by the practice, not within their competencies, or in response to patient preference.

Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines. Referral outcome letters were reviewed by the dentists to see if action was required, then stored in the patient's dental care records.

Consent to care and treatment

The dentists described how they obtained valid, informed, consent from patients by explaining their findings to them. These discussions were supported with treatment and cost information for patients in a variety of formats, for example leaflets.

Patients were given a treatment plan prior to commencing dental treatment. The signed treatment plan and consent form were retained in the patients' dental care records. The plan and discussions with the dentists made it clear that a patient could withdraw consent at any time, and that they had received an explanation of the treatment, including the alternative options, risks, benefits, and costs. We saw this confirmed in the treatment plans we looked at.

Are services effective?

(for example, treatment is effective)

The dentists described to us how they re-confirmed consent at each subsequent treatment appointment.

The dentists explained they would not usually provide treatment to patients on their examination appointment unless they were in pain, or their presenting condition dictated otherwise.

The dentists told us they would usually only see children under the age of 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken. Staff demonstrated an understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Not all staff were clear about the principles and application of the MCA.

The provider had installed a closed circuit television system, (CCTV), externally and internally in the reception, waiting room, records room and one of the staff rooms. The provider had not displayed any notices informing patients and staff for what purpose the CCTV was in use and to make them aware of their right of access to footage which contains their images.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Feedback given by patients on CQC comment cards demonstrated that patients felt they were always treated with kindness and respect, and staff were friendly, caring, and helpful. Facilities were available should patients wish to speak in private. Treatment rooms were situated away from the main waiting area, and we saw that the doors were closed at all times when patients were with the dentists. Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Several patients confirmed in CQC comment cards that staff put them at ease.

Involvement in decisions about care and treatment

The dentists discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. We saw this documented in the dental care records we reviewed during the inspection. CQC comment cards we reviewed told us treatments were always explained in a language patients could understand. Patients commented that they were listened to. Patients confirmed that treatment options, risks, and benefits were discussed with them and that they were provided with helpful information to assist them in making an informed choice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw evidence that services were planned and delivered to meet the needs of people.

The practice was well maintained and provided a comfortable environment. The provider had a maintenance programme in place to ensure the premises was maintained on an on-going basis.

We saw that patients could choose from appointments at various times of the day.

The practice captured social and lifestyle information on the medical history forms completed by patients. This enabled the dentists to identify any specific needs and ensure the best outcome was achieved for the patient. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records which helped them treat patients individually.

We saw that the provider had limited means in place to gather the views of patients when planning and delivering the service and utilised the NHS Friends and Family Test for this purpose.

Tackling inequity and promoting equality

The provider had taken into account the needs of different groups of people, for example, people with disabilities and people whose first language was not English, and put reasonable adjustments in place to ensure these needs were met.

The practice was accessible to people with disabilities, mobility difficulties, and to wheelchair users. Parking was available near the premises. The premises had a ramp at the front entrance to facilitate access to the practice for wheelchair users. The waiting room, reception, toilet facilities and all the treatment rooms, were situated on the ground floor.

Hand rails were available internally to assist patients with mobility difficulties.

Toilet facilities were situated on the ground floor and were accessible to people with disabilities, limited mobility, and to wheelchair users.

The practice offered interpretation services to patients whose first language was not English and to patients with impaired hearing. The practice had an induction loop available.

The practice made provision for patients to arrange appointments and receive appointment reminders by a variety of methods. Where patients failed to attend their dental appointments, staff contacted them to re-arrange the appointment and to establish if the practice could assist by providing adjustments to enable patients to receive their treatment.

Access to the service

We saw that patients could access treatment and care in a timely way.

The practice opening hours, and the 'out of hours' appointment information, were readily available. We saw that no dedicated time was allocated for emergency appointments but efforts were made to see patients on the same day where they were in pain.

Concerns and complaints

The practice had a complaints policy and procedure which was available in the waiting room. Not all the required information was included in it, for example, details of alternative organisations people could complain to were not included. We saw that complaints were investigated and responded to. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner.

Are services well-led?

Our findings

Governance arrangements

We reviewed the provider's systems and processes for monitoring and improving the services provided for patients and found some were operating effectively and others required improvement, for example, the systems and procedures relating to recruitment, infection control, medical emergencies and storage and stock control.

The provider subscribed to a compliance scheme to assist with governance arrangements at the practice.

The provider had arrangements in place to ensure most risks were identified and managed, and had put measures in place to mitigate these risks, but some needed improvement, for example, in relation to the management of endodontic files.

We saw that policies and procedures were in place but several of these were NHS Trust policies and did not specifically reflect the practice's circumstances, including the safeguarding policy, the whistleblowing policy and the infection control policy. The practice also had generic policies in place as part of the compliance system they subscribed to but these also did not reflect the practice's specific circumstances. Policies were inconsistently reviewed.

Dental professionals' continuing professional development was monitored by the provider to ensure they were meeting the requirements of their professional registration.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. They were maintained on paper and electronically. Paper records were stored securely in locked cabinets. Electronic records were maintained securely and data was backed up appropriately.

Leadership, openness and transparency

We saw systems in place to support communication about the quality and safety of the service for staff but not for patients, for example, through the display of a summary of the results from the NHS Friends and Family Test.

The practice held staff meetings every three months and used these to communicate information. We saw recorded

minutes for the three most recent meetings, and noted that items discussed included clinical and non-clinical issues. The practice manager told us that minutes were available to staff should they wish to read them but no clear arrangements were in place to ensure staff were fully briefed where they were unable to attend the meetings.

The practice was managed by the provider and a practice manager. We saw that staff had access to supervision and support in order to undertake their roles. Staff were aware of their own competencies, skills, and abilities.

Staff said they could speak to the manager or provider if they had any concerns. Staff confirmed their colleagues were supportive.

Learning and improvement

The provider had means in place to monitor quality and performance and encourage continuous improvement in service delivery, for example, via the analysis of patient feedback, carrying out audits, beyond the mandatory audits for infection control and X-rays, and the analysis of complaints. Audits we reviewed included X-rays, infection prevention and control, health and safety, and record keeping. The audit process was not functioning well. We saw no evidence to show that audits were driving improvements to improve quality and performance, for example, no action plans.

The provider gathered information on the quality of care from patients' verbal feedback and the NHS Friends and Family Test and used this to evaluate and improve the service.

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

The provider made the NHS Friends and Family Test forms available in the waiting room for patients to indicate how likely they were to recommend the practice.

We saw that the provider acted on patient feedback, for example, patients had requested seating of different heights and this had been provided in response.

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

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>How the regulation was not being met:</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Prescott House Dental Surgery were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <ul style="list-style-type: none">• Infection control procedures did not follow recommended guidance.• Safeguarding and whistleblowing policies and procedures did not reflect the practice's specific circumstances.• The systems and procedures for managing medical emergencies were not operating effectively in relation to the availability of equipment and checking of expiry dates.• The recruitment procedures did not reflect the requirements of the regulations and not all information was available in relation to staff employed.• No risk assessment was in place to assess, monitor and mitigate the risks to the health of staff working in a clinical environment where the Hepatitis B vaccination was ineffective or prior to its effectiveness being determined. The sharps risk assessment did not reflect the arrangements in place in relation to endodontic files. <p>Regulation 17 (1)</p>