Avenue House Lymington Limited

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Inspection Report

44 Southampton Road
Lymington
Hampshire
SO41 9GG
Tel: 01590 672100
Website: www.avenuehousedentalpractice.co.uk

Date of inspection visit: 17/03/2016
Date of publication: 04/05/2016

Overall summary

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

Avenue House Dental Practice is a dental practice providing private treatment for both adults and children.

The practice is situated in Lymington town centre. The practice has five dental treatment rooms, of which four are in use, and a separate decontamination room used for cleaning, sterilising and packing dental instruments. The practice is based on the ground and first floor of a former detached domestic dwelling. The ground floor is fully accessible to wheelchair users, prams and people with limited mobility

The practice employs three dentists, one hygienist, three dental nurses of which one is a trainee, one receptionist and a practice manager. The practice's opening hours are 9am to 1pm and 2pm to 5.30pm Monday to Friday. There are arrangements in place to ensure patients receive urgent medical assistance when the practice is closed. This is provided by an out-of-hours service run by a number of local dentists who operate an on-call system.

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'. 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 obtained the views of 14 patients on the day of our visit.

Summary of findings

The inspection was carried out by a lead inspector and a dental specialist adviser.

Our key findings were:

- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The treatment rooms in use and other public areas of the practice appeared clean and maintained although some areas of the practice were cluttered.
- Infection control procedures generally followed published guidance however; the practice did not audit the effectiveness of their infection control systems and processes with the Code of Practice on the prevention and control of infections and related guidance under the Health and Social Care Act 2008
- The practice had a safeguarding lead with processes in place for safeguarding adults and children living in vulnerable circumstances.
- Although the practice generally followed national guidance for radiation used in dental practice, the maintenance of the X-ray sets was not carried out in accordance with current Ionising Radiation Regulations 1999. We have since received evidence to confirm this has since been addressed.
- Staff reported accidents and kept records of these which the practice used for shared learning. However, the practice did not have systems in place to receive national safety alerts and record incidents under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access treatment and urgent and emergency care when required.
- The practice reviewed and dealt with complaints according to their practice policy.

There were areas where the provider must:

- Ensure audits of various aspects of the service, such as radiography, infection control and dental care records are undertaken at regular intervals to help improve the quality of service. The practice should also ensure that where appropriate all audits have documented learning points and the resulting improvements can be demonstrated.
- 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 checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure the training, learning and development needs of individual staff members are reviewed at appropriate intervals and an effective process is established for the on-going assessment and supervision of all staff.
- Ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD).

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

- Review the storage of environmental cleaning materials and equipment so they follow published guidelines.
- 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).
- Declutter treatment rooms and storage areas of the practice.
- Consider providing the hygienist with the chair side support of a dental nurse.

Summary of findings

- Consider installing a hearing loop and language interpreting facilities.

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.

Staff were aware of their responsibilities regarding safeguarding children and vulnerable adults. The practice had effective arrangements for clinical waste control and management of medical emergencies at the practice.

We found that most of the equipment used in the dental practice was well maintained; however, the regular maintenance of the X-ray equipment was not in accordance with current Ionising Radiation Regulations 1999. The provider undertook to address this issue and we have since received evidence to confirm this has since been addressed.

Staff reported accidents and kept records of these which the practice used for shared learning. However, the practice did not have systems in place to receive national safety alerts such as the Medicines and Healthcare products Regulatory Agency and record incidents under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).

Infection control procedures generally followed published guidance however; the practice did not audit the effectiveness of their infection control systems and processes.

Staff recruitment procedures did not ensure that all of the required checks for new staff were completed.

Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence to guide their practice. We saw examples of positive teamwork within the practice and evidence of good communication with other dental professionals. Staff where appropriate were registered with the General Dental Council and were meeting the requirements of their professional registration. Staff received some training appropriate to their roles but infection prevention and control training was outstanding for all but one member of staff and staff had not received formal fire safety training. Staff appraisals had not been carried out.

Are services caring?

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

We obtained the views of 14 patients on the day of our visit. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented on friendliness and helpfulness of the staff and dentists were good at explaining the treatment that was proposed and all would recommend the practice to someone new to the area.

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took those these into account in how the practice was run. Patients could access treatment and urgent and emergency care when required. The practice provided patients with written information in language they could understand and had access to telephone interpreter services when required. The practice had two ground floor treatment rooms for patients with mobility difficulties.

Summary of findings

Are services well-led?

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

There were shortfalls in a number of governance arrangements for the practice. The practice told us they had never audited their infection control systems. Health and safety and fire safety risk assessments were not up to date audits and actions required were not carried out. The provider undertook to address this issue and we have since received evidence to confirm this has since been addressed.

The practice did not have systems in place to receive national safety alerts and record incidents under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).

The practice manager and the staff team had an open approach to their work and shared a commitment to continually improving the service they provided. Staff told us that they felt supported and could raise any concerns with the practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

Avenue House Lymington Limited

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 17 March 2016. The inspection was carried out by a lead inspector and a dental specialist adviser.

During our inspection visit, we reviewed policy documents and staff recruitment records. We spoke with seven members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the computer system that supported the patient dental care records. We obtained the views of 14 patients on the day of our inspection.

Patients gave positive feedback about their experience 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 practice had a system in place for the reporting of minor injuries to patients and staff. The accident book we saw showed that there had not been any reported accidents for several years. We were told that if accidents did occur the incident would be discussed at a staff meeting to facilitate shared learning. At the time of our visit, the practice did not have in place a system to receive national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority and their did not appear to be a system in place for RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). The practice manager undertook to set up a system as soon as practically possible.

Reliable safety systems and processes (including safeguarding)

We spoke to staff about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current European Union (EU) Directive with respect to safe sharp guidelines, thus helping to protect staff from blood borne diseases. The practice used a system whereby needles were not manually resheathed using the hands following administration of a local anaesthetic to a patient. The dentists were responsible for ensuring safe recapping and used rubber needle guards to prevent contaminated sharps injuries. Staff were also able to explain the practice protocol should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

To prevent the swallowing or inhalation of root canal instruments, the practice used various methods including the use of a rubber dam and specialised dental hand pieces (a rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). Patients could be assured that the practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam.

One of the partners acted as the safeguarding lead and acted as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy statement was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Information was displayed in the practice that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. Records confirmed that staff had both received child and adult safeguarding update training in the 12 months prior to our inspection or had training booked in May 2016. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities in recent times.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. There was an automated external defibrillator (AED), a portable electronic device that analyses life-threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. This included oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines.

The expiry dates of medicines and equipment were monitored using a monthly check sheet that enabled staff to replace out of date medicines and equipment promptly. However, we did note that the medicine used for dealing with hypoglycaemia (low blood sugar) was effectively out of date because it was stored outside of a refrigerator and the expiry date had not been adjusted to take into account this method of storage. The practice removed the medicine and assured us that a new batch would be ordered as soon as practically possible.

All of the permanent staff received basic life support training in February 2016 and the locum dentist received training in 2015. Staff could demonstrate how to respond if a person suddenly became unwell.

Staff recruitment

All the dentists and dental nurses had current registrations with the General Dental Council. The practice had a recruitment policy. We looked at recruitment files for three staff employed since the provider registered with CQC and found the registered provider had not fully undertaken all the required checks to comply with schedule three of the

Are services safe?

Health and Social Care Act 2008 (amended 2014). Checks required included proof of identity, a full employment history, evidence of relevant qualifications and employment checks including references.

Evidence missing for all three staff included satisfactory evidence of conduct in their previous employment and satisfactory evidence of any physical or mental health conditions. One member of staff was missing evidence to confirm eligibility to work in the UK and another had not received a criminal records check such as through the Disclosure and Barring Service. The two remaining staff although in receipt of a criminal records check these were dated four years and seven years prior to the start dates of their employment in 2015 and 2016.

Monitoring health & safety and responding to risks

The practice had a health and safety risk management process in place, which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice. However, this had not been updated for several years.

There was a business continuity arrangement in place whereby patients could access a neighbouring practice should the practice be unable to provide services for prolonged periods.

Although the practice had in place systems to deal with foreseeable emergencies, there were shortfalls. For example, we found a fire risk assessment, carried out in 2011, recommended that fire risk audits be carried periodically thereafter. We noted that an audit was carried out in 2013 but the recommended audit for 2014 was not carried out. We had concerns that risks may not have been fully identified and mitigated and discussed this with the practice management team who undertook to carry out a further audit as soon as practically possible. We have since been provided with evidence to confirm this has been addressed.

The practice had in place a system to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found this to be comprehensive where risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them, but improvements could be made. For example, we found containers containing bleach were not securely stored, which could pose a risk through unauthorised access to substances harmful to health by the public.

Infection control

There were systems in place to reduce the risk and spread of infection within the practice but some systems and process could be improved. The cleaning process and a review of practice policy and protocols that showed HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control were being met. However, we were told the practice had never audited their infection control processes in accordance with current guidelines this also included hand hygiene processes.

We saw that the dental treatment rooms, waiting area, reception and toilet were visibly clean. However, some areas of the practice were cluttered including the room that stored the environmental cleaning equipment. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including, liquid soap and paper towels in each of the treatment rooms and toilet and bare below the elbow working was observed.

The drawers of treatment rooms were inspected and these were clean and tidy. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

A dental nurse described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. This included the working surfaces; dental unit and dental chair were decontaminated. They also explained how the dental water lines were maintained. The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01 05 guidelines. We saw that a Legionella risk assessment had been carried out at the practice by a competent person and the recommended procedures were carried out. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

Are services safe?

The practice had a separate decontamination room for instrument processing housed in the basement of the practice. A dental nurse demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of manual scrubbing and an ultra-sonic cleaning bath for the initial cleaning process. Following inspection with an illuminated magnifier instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When instruments had been sterilised, they were pouched and stored until required. We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively. We observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date. The protein and foil tests which formed part of the validation of the ultra-sonic cleaning baths were carried out and the results were recorded on appropriate log sheets.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. The practice used an appropriate contractor to remove clinical waste from the practice. Waste consignment notices were available for inspection. Patients' could be assured that they were protected from the risk of infection from contaminated dental waste. We also saw that general environmental cleaning was carried out by an external cleaner and they carried out cleaning according to a cleaning plan developed by the practice. However, the storage of the environmental cleaning equipment could be improved through decluttering the equipment storage room and using the existing colour coded system in accordance with national guidelines.

Equipment and medicines

The practice dispensed a number of antibiotics from time to time for patients usually in an emergency. Medicines were stored securely and a log was maintained to account for the medicines dispensed. All of the antibiotics were in date. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records.

Some equipment checks were regularly carried out and in line with manufacturer's recommendations. For example, the autoclaves had been serviced and calibrated in 2015. However, the practices' X-ray machines although they had had been calibrated by a Radiation Protection Advisor; the X-ray sets had not undergone any routine maintenance for several years. We spoke with the practice manager who undertook to address this issue whilst we were at the practice. We were supplied with information after our inspection which confirmed the appointment of a professional company to manage equipment servicing and testing.

Radiography (X-rays)

We saw a number of positive aspects to the governance arrangements for radiography including a copy of the radiological audits for each dentist carried out in March 2016 and a copy of the local rules, risk assessment for radiation and an inventory of equipment. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. We saw training records that showed staff where appropriate had received training for core radiological knowledge under IRMER 2000.

In line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER) the practice had a radiation protection file. The file was considerably out of date and did not take account of staff changes and change of practice ownership that had occurred. We spoke with the practice manager who undertook to address this issue whilst we were at the practice. We have since received evidence to confirm this has been addressed.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists we spoke with carried out consultations, assessments and treatment in line with recognised general professional guidelines. Each dentist described to us how they carried out their assessment of patients for routine care. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as tooth brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Dental care records seen showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

Adults attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to patients in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that dentists and dental hygienist had given oral health advice to patients. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area. Underpinning this was a range of leaflets explaining how patients could maintain good oral health.

Staffing

The practice employed three dentists who were supported by three dental nurses, one of whom was in training, one reception staff, an assistant practice manager and a practice manager. The practice also employed a dental hygienist.

All of the patients we asked said they had confidence and trust in the dentists and felt there was enough staff working at the practice. It was apparent by talking with staff the practice manager supported the ethos that all staff should receive appropriate training and development. This included training in cardio pulmonary resuscitation (CPR), child protection and adult safeguarding and other specific dental topics. However, when asked, the practice manager could only provide evidence of infection prevention and control training for the hygienist. They also told us that formal fire safety training had not been undertaken by any staff.

We were told the dental hygienist worked without chair side support. We drew to the attention of the practice manager the advice given in the General Dental Council's Standards for the Dental Team about dental staff being supported by an appropriately trained member of the dental team at all times when treating patients in a dental setting.

Working with other services

Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery or special care dentistry. This ensured that patients were seen by the right person at the right time.

Consent to care and treatment

We spoke with a dentist about how they implemented the principles of informed consent; all of the dentists had a clear understanding of consent issues. They explained how

Are services effective?

(for example, treatment is effective)

individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options.

We spoke to the dentists about how they would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their treatment. They went on to say they would involve relatives and carers if appropriate to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

All the patients we asked told us the dentists treated them with care and concern.

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patient's privacy. Computers were password protected and regularly backed up to secure storage with paper records stored in one of the treatment rooms. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. During our inspection, we observed staff in the reception area. We observed that they were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

All the patients we asked said the dentist explained tests and treatment options and was good at involving them in decisions about their treatment options. The practice provided clear treatment plans to their patients that detailed possible treatment options with indicative costs where necessary. A group of patients receiving care at the practice were part of a national insurance scheme for dental care that involved paying a monthly fee for their dental care. A poster detailing private treatment costs was displayed in the waiting area on the practice notice board. The dentists we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including the opening hours, emergency 'out of hours' contact details and arrangements and how to make a complaint. The practice web site also contained useful information to patients such as how to provide feedback, details of fees and the services offered by the practice.

On the day of our visit, we observed that the appointment diaries although busy, were not unduly overbooked. This provided capacity each day for patients with dental pain to be fitted into urgent slots for each dentist.

Tackling inequity and promoting equality

The practice was based over two floors with the reception desk being on the ground floor and treatment rooms on the first floor accessed by stairs. The building was spacious and the ground floor was fully accessible to wheelchair users, prams and people with limited mobility. Access to the practice for wheelchair users was via a side door and arrangements had been made for disabled patients to park in the neighbouring vet's surgery car park.

A hearing loop was not in place at the time of our inspection. The practice did not have systems in place to support patients whose first language was not English. We spoke with the practice manager about this who undertook to investigate translation services.

Access to the service

Appointments were available Monday to Friday between 9am and 1pm and 2pm and 5pm. Appointments could be made in person or by telephone. We asked 14 patients if they were satisfied with the practice opening hours. Of these, 11 patients said they were very and satisfied and one said fairly satisfied. Staff told us patients were seen as soon as possible for urgent care during practice opening hours and this was normally within 24 hours. Appointments were available each day to accommodate this. Patients told us they felt they had good access to routine and urgent dental care.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. . This was provided by an out-of-hours service run by a number of local dentists who operated an on-call system. If patients called the practice when it was closed, an answerphone message gave the telephone number patients should ring depending on their symptoms.

Concerns & complaints

There was a complaints policy which provided staff with information about handling formal complaints from patients. Staff told us the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

Information for patients about how to make a complaint was available in the practice waiting room. We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. We were told no complaints had been made in the previous 12 months.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location consisted of the practice manager who was responsible for the day to day running of the practice. The practice maintained numerous files pertaining to various clinical systems and process used to deliver safe and effective care under the regulated activities in dentistry. However we found that these governance files underpinning the care provided at the practice were not always fully maintained. Areas of concern included infection control, staff recruitment and health and safety.

Leadership, openness and transparency

It was apparent through our discussions with the dentists, hygienist and nurses the patient was at the heart of the practice with the dentist adopting a holistic approach to patient care. We found staff to be hard working, caring and committed to the work they did.

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the dentists, practice manager or owner of the practice. They felt they were listened to and responded to when they did raise a concern. Staff told us they enjoyed their work and were well supported by the owner and dentists.

Learning and improvement

We found there were a number of clinical audits taking place at the practice. These included clinical record keeping and X-ray quality. There was evidence of repeat audits at appropriate intervals and these reflected standards and improvements were being maintained. However, we noted that infection control audits monitoring the quality of infection control systems and processes had never been carried out by the practice. This was not in line with the Code of Practice on the prevention and control of infections and related guidance under the Health and Social Care Act 2008.

The dentists, dental nurses and dental hygienist working at the practice were registered with the GDC. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. The practice manager kept records to evidence that staff were up to date with their professional registration.

The practice manager told us that staff maintained their continuing professional development as required by the General Dental Council. Evidence of training undertaken was not coordinated by the practice manager which meant they could not satisfy themselves that staff were carrying out recommended training. An example of this being infection control, fire safety and safeguarding training.

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

The practice gathered feedback from patients through feedback cards, surveys, compliments and complaints. For example, as a result of patient feedback televisions were removed from waiting areas.

There was a robust complaints procedure in place, with details available for patients in the waiting area. We were told there had not been any complaints made since 2014.

Regular staff meetings were held and staff told us they felt included in the running of the practice. They went on to tell us how the dentists and practice management team listened to their opinions and respected their knowledge and input at meetings. For example, staff wanted to attract younger patients so the practice revamped its website and advertised in local community magazines. We were told staff turnover and sickness absence was low. Staff told us they felt valued and were proud to be part of the team.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the provider had not provided care and treatment in a safe way for service users by assessing the risks to the health and safety of service users of receiving the care or treatment, doing all that is reasonably practicable to mitigate any such risks and assess the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. This was in breach of regulation 12 (1)(2)(a)(b)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. • Infection control audits had not been carried out. • Hand hygiene audits had not been carried out.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found that the provider did not have effective systems in place to support training, professional development, supervision and appraisal as is necessary to enable staff to carry out the duties they are employed to perform. This was in breach of regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. • Staff appraisals had not been carried out. • Formal staff training in fire safety and infection prevention and control had not been carried out for all relevant staff.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed We found that the provider had not ensured that persons employed for the purposes of carrying on a regulated activity were of good character and that information specified in Schedule 3 was available in relation to each such person employed and such other information as appropriate. This was in breach of Regulation 19 (1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Pre-employment checks missing included conduct in previous employment, eligibility to work in the UK, criminal records (DBS) check and information about any physical or mental health conditions.