

Reece Associates-Dental And Facial Aesthetics LLP

Reece Associates LLP

Inspection Report

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Overall summary

We carried out this announced inspection on 30 October 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

We found that this practice was 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

Reece Associates LLP is in Sutton Coldfield and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available outside the practice but there are no dedicated car parking spaces for patients who are blue badge holders.

The dental team includes five dentists, eight dental nurses (two of whom are trainees), three dental hygienists, one dental hygiene therapist, two practice managers, one decontamination assistant and one receptionist. The dental nurses also carry out reception duties. There is also a visiting sedationist who provides

Summary of findings

sedation services for patients when needed. The practice had 5 treatment rooms at the time of our visit. However, it was undergoing refurbishment and will have 7 treatment rooms upon completion within the next month.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Reece Associates LLP is the practice manager.

On the day of inspection, we collected two CQC comment cards filled in by patients and spoke with one other patient.

During the inspection we spoke with two dentists, one dental nurse, one receptionist, the registered manager and the deputy practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Wednesday 8.30am - 5.30pm

Thursday 10.00am - 8.00pm

Friday 9.00am - 2.30pm

The practice is also open one Saturday per month between 9am and 1pm.

Our key findings were:

- The practice appeared clean and well maintained. The structure and layout of the decontamination room required improvements. Staff had already identified this and these changes would be made shortly upon completion of the refurbishment.
- The practice had infection control procedures which reflected published guidance. Some necessary improvements were required.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. One emergency medicine was not stored in accordance with manufacturer's guidelines.

- The practice had limited systems to help them manage risk.
- The practice staff had safeguarding processes and they knew their responsibilities for safeguarding adults and children, although some of their training was overdue.
- The practice had staff recruitment procedures but these were inconsistent and incomplete.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice did not have effective leadership.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

We identified regulations the provider was not meeting. They must:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010. They should also review the availability of interpreting services for patients who do not speak or understand English.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

The practice had limited systems and processes to provide safe care and treatment.

Staff knew how to recognise the signs of abuse and how to report concerns, although not all staff had received recent training in safeguarding.

Staff were qualified for their roles and the practice completed some recruitment checks. The practice's recruitment processes were not consistent for all staff. There was no evidence that a visiting sedationist had all the necessary recruitment checks required.

The practice followed national guidance for cleaning, sterilising and storing dental instruments. Premises and equipment were clean and properly maintained with the exception of one item of equipment which was overdue on its maintenance tests.

The practice had suitable arrangements for dealing with medical and other emergencies. Some medicines were not stored in accordance with manufacturer's instructions.

Requirements notice



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional and caring. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Sedation records were not available for us to review on the day of our visit and therefore we could not assess if it was completed in line with guidance.

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

No action



Are services caring?

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

We received feedback about the practice from three people. Patients were positive about all aspects of the service the practice provided. They told us staff were very friendly, caring and professional.

No action



Summary of findings

They said that the dentists explained everything very well and said their dentist listened to them.

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

Are services responsive to people's needs?

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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had arrangements to help patients with sight or hearing loss. They did not have access to interpreting services at the time of our visit.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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 section at the end of this report).

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept patient dental care records which were typed and stored securely.

The practice's processes for monitoring clinical and non-clinical areas of their work required improvements.

The practice had limited arrangements to ensure the smooth running of the service. Some governance arrangements were in place but many areas identified during our visit indicated a lack of oversight and effective leadership.

The practice supported staff to complete training relevant to their roles but did not have systems to help monitor this.

The registered manager assured us following our visit that these issues would be addressed immediately and procedures put in place to manage the risks. We have since been sent evidence to show that a number of improvements have been implemented.

Requirements notice



Are services safe?

Our findings

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

The practice had limited systems to keep patients safe. We identified some necessary improvements.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Not all staff at the practice had received training in safeguarding people. There was no evidence that the nominated safeguarding lead at the practice had received recent training. The registered manager informed us they would establish which members required training as they told us that some staff members might have completed the training but not made available their certificates to the practice. Once this had been completed, they would ensure that all training would be completed by mid-December 2018 at the latest.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of reprimand.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice did not have a recruitment policy available for us to review to help them employ suitable staff. The practice's recruitment procedures did not reflect the relevant legislation as the processes were inconsistent. For example, some staff had references in their files but others

did not. We reviewed three staff recruitment records and we also found that the practice did not have written risk assessments for staff that did not hold recent Disclosure and Barring Service (DBS) checks. A number of applications had been made for new DBS checks for staff in 2018 and some of these had been made after the CQC announced their inspection date to the practice. We found that many staff members had been recruited without an up to date DBS check and there was no supporting risk assessment to mitigate any risks. Within 48 hours of our visit, the registered manager informed us that two of the outstanding DBS checks had been completed. Another would be completed within the following week. All new DBS checks would be completed prior to new staff working at the practice with immediate effect. The registered manager had located and revised the practice's recruitment policy after our visit.

We noted that clinical staff (apart from the trainees) were qualified and were registered with the General Dental Council (GDC). Records we reviewed showed that clinical staff had professional indemnity cover with the exception of one staff member who did not have evidence of current indemnity. We were told that the individual was currently on annual leave and that this information would be requested upon their return in December.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

Records showed that firefighting equipment, such as the fire extinguishers, were regularly serviced. However, there were no records to show the emergency lighting had been serviced. A fire risk assessment had been carried out by the registered manager but they had not carried out any specialist training in fire safety.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Evidence was lacking that all relevant clinical staff members had completed continuing professional

Are services safe?

development in respect of dental radiography. The registered manager told us that certificates would be requested from all relevant staff by the end of November (except one staff member who would provide this in December due to being on annual leave).

Risks to patients

There were limited systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were present and accessible to staff. They had not been reviewed regularly although the registered manager planned to review every twelve months in future to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

We reviewed staff's vaccination records and found that the registered manager did not have a robust system in place to check clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw evidence that the majority of staff had received the vaccination and the effectiveness of the vaccination had been checked.

However, some of the records were missing and some were incomplete for six members of clinical staff. We found that risk assessments had not been completed where there were gaps in assurance around this. The registered manager investigated this after our visit and told us that one staff member had since provided complete documentation for this. One other staff member had booked in with their health physician to have the third and final vaccination in the week after our visit.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. There was no evidence that staff who undertook sedation procedures had received Immediate Life Support training as recommended in best practice guidance.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their

expiry date, and in working order. Glucagon was available but it was not stored in the refrigerator. The manufacturer states that it can be stored outside the refrigerator but this does shorten the shelf life. The registered manager was unable to demonstrate that the expiry date had been amended.

A dental nurse worked with the dentists and the dental hygienists and hygiene therapist when they treated patients in line with GDC Standards for the dental team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice occasionally used agency staff. The registered manager told us these staff received a verbal induction to ensure that they were familiar with the practice's procedures.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Not all staff had completed infection prevention and control training. The infection control lead had not completed any training since 2015. Within 48 hours, the registered manager informed us that this staff member completed their training on 1 November 2018.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance with the exception of the ultrasonic cleaning bath as its quarterly validation tests were overdue. The registered manager informed us these tests were completed within 48 hours of our visit and that they would ensure that they were carried out every three months with immediate effect.

The practice used a dedicated room to carry out decontamination of the instruments. There had been a water leak at the practice in May 2018 and this had caused damage to the floor and walls. The practice was undergoing refurbishment and the registered manager planned to complete this in the next few weeks.

Are services safe?

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

The practice had limited procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. There was no evidence to show that a risk assessment had been carried out. Staff were carrying out dental unit water line procedures to reduce the risk. They were also carrying out monthly water temperature checks to ensure the hot and cold temperatures remained within the recommended range. We reviewed these and found that the cold water was not always at the desired temperature to reduce the risk of Legionella developing and no action had been taken to investigate this. Within 48 hours of our visit, the registered manager informed us they had located a previous risk assessment at the practice but was aware that a new one was due to be carried out. They planned to do this once the refurbishment of the practice had completed.

We saw cleaning schedules for the premises. The practice was clean when we inspected.

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

The practice carried out infection prevention and control audits but these were not carried out in accordance with current guidelines. HTM 01-05 recommends these are carried out every six months. The registered manager informed us they were carried out annually and we found that 11 months had elapsed between the previous two audits. We reviewed the latest audit and found it had been incorrectly completed with regards to the Hepatitis B vaccination records of staff. Also, there was no action plan or learning outcomes. The registered manager assured us these audits would be completed biannually from now on.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and

managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with General Data Protection Regulation (GDPR) protection requirements.

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

Safe and appropriate use of medicines

The practice had limited systems for appropriate and safe handling of medicines. They were not stored in a secure location. The medicines were also stored near a heat source which might render them ineffective if the room temperature subsequently increased. There was a log of all medicines dispensed to patients but staff did not record the dosage of medicine dispensed. Within 48 hours, the registered manager informed us that the medicines had been relocated to a secure area of the practice where they were locked.

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

The practice did not store NHS prescriptions as described in current guidance. Staff did not keep a log of prescriptions issued so that all prescriptions could be tracked. Within 48 hours of our visit, the registered manager informed us they had relocated the prescription pads to a secure location within the practice.

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

Antimicrobial prescribing audits were not carried out regularly to ensure clinicians were prescribing according to national guidance.

Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Are services safe?

In the previous 12 months there had been no safety incidents.

Lessons learned and improvements

There was written information about the Serious Incident Framework and Never Events but not all staff were aware of this. Other staff members told us they worked alongside its principles.

The practice had processes to record significant events when they occurred. However, not all staff were aware of the RIDDOR procedures for reporting serious incidents.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

The practice offered dental implants to patients. These were placed by one of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. We were unable to carry out checks of all the implant equipment as we were told that the dentist did not hold this equipment on site. The dentist carried out dental implant procedures at other dental practices in addition to this practice. We did review a large proportion of the equipment that was available to us and this was in accordance with guidelines.

The practice had invested in electronic tablet devices for patients to complete documentation such as their medical history details and treatment plans.

Helping patients to live healthier lives

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

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

The dentists, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients with their oral health. One of the dental nurses was a trained oral health educator.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. The practice had a keen interest in oral health promotion and staff told us they had previously visited schools to promote oral health to school children.

The dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

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

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

Conscious sedation is indicated for people who are very nervous of dental treatment and those who need complex or lengthy treatment. Staff told us that the practice had carried out conscious sedation on one occasion only. The registered manager and the practice owner were not aware of this. There were no written records describing the treatment that took place on that occasion. We were told

Are services effective?

(for example, treatment is effective)

that the treatment was carried out by a visiting sedationist but the practice did not carry out all the necessary recruitment checks. No information was available about the type of sedation that was carried out as we were told that the sedationist brought their own sedation equipment/medication. Consequently, we were not assured that the treatment was carried out in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

There was no evidence of checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. There were no records of patient checks and no information such as consent, monitoring during treatment, discharge or post-operative instructions. There were no written policies about treating patients under sedation at the practice. The registered manager told us this would be finalised by 5 November 2018.

There was no evidence that the practice assessed patients appropriately for sedation. The registered manager contacted us after our visit and informed us that the complete notes and consent were available within the patient dental care records but within a different section to the clinical care area.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, some of the dental nurses had additional qualifications which enabled them to take X-rays and carry out fluoride applications.

All dental nurses and receptionists that were new to the practice had a period of induction based on a structured induction programme. This process did not extend

to dentists. There was no evidence that clinical staff completed the Continuing Professional Development (CPD) required for their registration with the General Dental Council because staff did not keep all their records on site. The registered manager did not have oversight of the staff's CPD training logs.

The dental nurses and receptionists had annual appraisals to discuss training needs. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. However, one staff member had not received an appraisal for 18 months. Dentists, dental hygienists and the dental hygiene therapist were not appraised at the practice.

Co-ordinating care and treatment

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

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

The practice did not have a formal process to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections. Not all staff were aware of this although there was written information in the waiting area about this.

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

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

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were caring, friendly and helpful. We saw that staff treated patients respectfully and professionally and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. They could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients' testimonials and thank you cards were available for patients to read. Patients had access to a tea and coffee machine in the waiting area.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under the Equality Act.

- Interpretation services were not available for patients who did not speak or understand English. We were told that multi-lingual staff might be able to support them but the registered manager did not know which additional languages were spoken. We were informed that patients could invite relatives to attend to assist. This might present a risk of misunderstandings between staff and patients. The registered manager informed us they would establish the additional languages spoken within the practice and disseminate this information to all staff. They also informed us that external interpreting services would be made available by 15 December 2018.
- Staff communicated with patients in a way that they could understand, for example, easy read materials were available.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand their treatment options. These included models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care. Staff described to us how they met the needs of more vulnerable members of society such as patients with dental phobia. Staff explained that nervous patients were allocated longer appointments.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included step free access and an accessible toilet with hand rails and a call bell. Baby changing facilities and a children's play area were available.

Patients with visual impairments had access to a magnifying glass. Reading materials, such as appointment slips, were available in larger font size. A hearing induction loop was not available but staff were able to communicate by writing information down or patients could bring an interpreter with them.

A Disability Access audit had not been completed to continually improve access for patients. The registered manager informed us this would be completed in November 2018.

The practice sent appointment reminders to all patients that had consented via text message. Additional reminders were sent to those patients who felt they needed them.

Timely access to services

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

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen within 24 hours. Dedicated daily slots were incorporated into each dentist's appointment diary to allow them to treat patients requiring urgent dental care during busy periods. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff took part in an emergency on-call arrangement with the dentists working at the practice for private dental treatment. NHS 111 out of hours service was available for all other patients when the practice was closed.

The practice information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice website and information displayed in the waiting room explained to patients how to make a complaint.

The registered manager was responsible for dealing with these. Staff would tell the registered manager about any formal or informal comments or concerns straight away so patients received a quick response.

The registered manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

There was a clear set of values at the practice.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Not all staff were aware of the requirements of the Duty of Candour. This requires staff to demonstrate openness, honesty and transparency with patients. We were told that staff worked alongside its principles.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The registered manager and deputy practice manager were jointly responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a limited system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. Some policies were overdue and other documents were missing and/or incomplete.

There were some processes for managing risks, issues and performance but these needed to be more robust.

Staff meetings were irregular and we saw evidence of minuted meetings on an annual basis only since 2016. The managers told us that staff were forthcoming with their views so staff meetings were not needed as much. We were told that separate staff meetings were held for clinicians and support staff where issues relevant to them were discussed. These were not documented.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used verbal comments and those via their website to obtain staff and patients' views about the service. All patients were also encouraged to write a testimonial after the completion of treatment. We saw examples of suggestions from staff the practice had acted on. This included the introduction of a rota for staff covering the lunch hour. Feedback from patients was also implemented, for example, the addition of colouring pencils to the children's play area.

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

The practice gathered feedback from staff through informal discussions and meetings (although these were infrequent). Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were limited systems and processes for learning, continuous improvement and innovation.

The practice had limited quality assurance processes to encourage learning and continuous improvement. We did not see any evidence that regular audits of infection prevention and control had been carried out. We reviewed previous audits and some had been incorrectly completed and some did not have learning outcomes or action plans.

Are services well-led?

The principal dentist showed a commitment to learning and valued the contributions made to the team by individual members of staff. The registered manager told us that personal growth was encouraged at the practice. They were keen to support staff in furthering their development even if this was not directly related to dentistry.

The practice had limited arrangements to ensure the smooth running of the service. Some governance arrangements were in place but many areas identified during our visit indicated a lack of oversight and effective leadership.

The dental nurses had annual appraisals although some records we reviewed were significantly overdue. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. The leaders did not have oversight of the staff's CPD records so could not assure they were completing the recommended CPD.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out.</p> <p>In particular:</p> <ul style="list-style-type: none">• The practice's recruitment procedures did not ensure that all staff, including visiting staff, had all the necessary recruitment checks including, qualifications, medical indemnity and the provider failed to ensure valid DBS checks were sought at the point of employment and no risk assessments were in place for when a staff member had commenced employment.• In addition, there was no evidence of immunity to the Hepatitis B virus for six staff members. There were no risk assessments in relation to this.• The registered person did not know if all staff who took X-rays were up to date with their training. <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• Medicines were not stored in accordance with the manufacturer's instructions as they were stored in conditions that likely exceeded the recommended storage temperature.

Requirement notices

The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

- There was no risk assessment for the management of Legionella.
- NHS prescription pads were not stored securely and there was no system in place to monitor the use of prescriptions within the practice.
- Quarterly maintenance checks for the ultrasonic cleaning bath were overdue.

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Regulation 12 (1)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014

Good governance.

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

Requirement notices

- Infection control audits were not carried out biannually, they were incomplete and there were no action plans or learning outcomes.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- The recruitment processes failed to carry out consistent checks for all staff.

There was additional evidence of poor governance. In particular:

- Not all staff were aware of RIDDOR reportable incidents, the Serious Incident Framework or Never Events.
- Staff training, learning and development needs were not reviewed at appropriate intervals and there was no effective process for the ongoing assessment and supervision of all staff employed. For example, staff training in safeguarding and infection control was overdue. The system for checking staff had completed radiography training was not robust as certificates were missing.
- Not all staff were familiar with the Duty of Candour regulation.

Regulation 17(1)