

Prime Dental Surgery

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Inspection Report

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Overall summary

Prime dental surgery is in Sparkhill, Birmingham and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. The reception, waiting area and treatment room are on the ground floor. The patient toilet is accessible by using stairs. Parking is available on local side roads near the practice.

The dental team includes two dentists, two trainee dental nurses, one of whom also works on the reception, a receptionist and a part time practice manager. The practice also employs a management consultant to give advice, provide staff training and introduce policies and procedures. The practice has one treatment room.

The practice is owned by a partnership 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 Prime dental surgery is the principal dentist.

During the inspection we spoke with one dentist, two trainee dental nurses, one of whom was working on the reception desk. We also spoke with the management

consultant employed by the practice who attended this inspection to provide support to staff. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 10am to 12.30pm and 2pm to 4.30pm. The practice is also occasionally open on a Saturday by appointment only.

Our key findings were:

- The practice appeared clean and well maintained. Electrical installations were checked appropriately and a gas safety certificate was provided following this inspection.
- Rectangular collimators were not used on X-ray units to reduce dosage to patients.
- The provider had infection control procedures which reflected published guidance. There was no soap in the patient toilet.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. Checks to ensure medicines and equipment were within their expiry date were not carried out effectively as staff had recorded information incorrectly.
- The practice had systems to help them manage risk to patients and staff although improvements were required.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The provider had not followed staff recruitment procedures on each occasion and information was not available for all newly appointed staff in accordance with Schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have assurances that clinical staff had immunity against vaccine preventable infectious diseases.
- 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.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The provider asked staff and patients for feedback about the services they provided.
- The practice had not received any formal written complaints within the last two years. The provider had not responded to negative feedback recorded on the NHS choices website. The practice did not make a copy of their complaints procedure readily available to patients.

- The provider had suitable information governance arrangements.

We identified regulations the provider was not complying with. They must:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation/s the provider is not meeting are at the end of this report.

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

- Review the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services safe?

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

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. There was no system in place to ensure that the contact details for the reporting of safeguarding issues were regularly checked to ensure they were up to date. We were sent up to date contact details following this inspection.

Staff were qualified for their roles and the practice completed some essential recruitment checks although some improvements were required. Disclosure and barring service (DBS) checks had not been completed for some staff. Following this inspection, we were sent documentation signed by staff to confirm that they were not subject to any restrictions to practice.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies. Staff were signing a log to confirm that they had checked emergency medicines and equipment but had completed records incorrectly. Some items of emergency medicine and equipment checked by staff were out of date including aspirin and defibrillator pads. Defibrillator pads that were within their expiry date were available at the practice and used to replace the out of date stock. After this inspection we were told that the out of date aspirin had been replaced and the log book had been amended.

No action



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. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

No action



Summary of findings

Staff were friendly and helpful towards patients at the reception and over the telephone. We saw that staff protected patients' privacy and were aware of the importance of confidentiality. The atmosphere was relaxed and friendly on the day of inspection. Staff were aware that some patients who visited the practice were anxious and said that staff tried hard to make patients feel at ease and comfortable.

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 took account of patients' needs. Patients could get an appointment quickly if in pain. We were told that patients often attended the practice without having an appointment and were happy to sit and wait to see the dentist.

The practice provided step free access to the reception, waiting area and treatment room which were located on the ground floor. The patient toilet was only accessed via climbing a few steps and not easily accessible to those patients who used a wheelchair. The practice had access to telephone and face to face interpreter services although we were told that this was not often required as staff at the practice were multi-lingual. The practice had some arrangements to help patients with hearing loss.

The practice had not responded to concerns raised on the NHS Choices website. The practice had not received any formal written complaints within the last two years.

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/ Enforcement Actions section at the end of this report).

We noted there were areas of improvement required in governance arrangements. These included ensuring that all risks were identified and addressed promptly, with appropriate action taken to manage and reduce any risks from recurring. For example, the practice had not acted upon issues identified in their fire risk assessment. Some of the policies and procedures had not been reviewed on a regular basis or had not been fully completed or implemented. Staff were not always monitoring water temperatures as required by the legionella risk assessment. The sharps risk assessment did not contain information about all sharp objects in use at the practice.

Systems for the practice team to discuss the quality and safety of the care and treatment provided were not effective. The practice was not conducting infection prevention and control audits. The practice had not completed a dental records or radiography audit within the last 12 months.

Requirements notice



Summary of findings

A copy of the practice's complaint procedure was not on display for patients.

Systems were not in place to ensure that recruitment procedures were following and pre-employment information obtained for staff as per Schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.



Are services safe?

Our findings

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

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. Updated policies had recently been introduced by the management consultant. We saw that contact details to enable staff to report suspicions of abuse were available to staff dated 2015. There was no evidence to demonstrate that these details had been checked to ensure they were up to date. Following this inspection, we were sent a copy of the up to date contact details. We saw evidence that staff received safeguarding training provided by the management consultant. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The management consultant was aware that safeguarding concerns should be notified to the CQC.

The practice used computer and paper dental care records. We were told that a message would be written on paper notes to highlight vulnerable patients to the dentist 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 receptionist said that a computerised note could be recorded which would disappear once the patient had attended their appointment. This would not be an effective method of keeping this information up to date.

The practice staff had access to information regarding female genital mutilation (FGM) and their mandatory reporting duty. There was also NHS information for patients regarding FGM.

The practice had a whistleblowing policy. Contact details of the external organisation, public concern at work was recorded on the policy. This enabled staff to anonymously report poor practice. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentist told us that they used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. We saw that a dental dam kit was available. Patient records that we saw did not document the use of a dental dam.

The provider had a business continuity policy and disaster recovery strategy describing how they would deal with events that could disrupt the normal running of the practice. We saw that there was information missing from this document, for example there were no emergency contact details and some of the appendices to this document had not been completed. A date for review had been recorded but there was no evidence that the document had been reviewed. Following this inspection, we were told that the policy had been updated and all contact details now recorded. We were not shown evidence of this.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. These did not show that the practice followed their recruitment procedure on all occasions. Not all information was available as per Schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, there was no proof of identification, including a recent photograph on any of those files reviewed. Disclosure and barring service checks (DBS) were not available for all newly employed staff and there was no documented risk assessment regarding this in place. We were not shown satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health or social care. We saw evidence that the management consultant had provided standardised documentation to be used in the recruitment of staff. Following this inspection, we were sent a document signed by staff awaiting DBS checks to confirm that they have nothing to declare regarding suspensions, restrictions to practice or were not subject to an investigation of any kind. We were not forwarded a specific risk assessment for those staff who did not have a DBS check.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice had taken some steps to ensure that facilities and equipment were safe and that equipment was



Are services safe?

maintained according to manufacturers' instructions. We saw an electrical installation report dated December 2014, this was due to be completed again in December 2019. Portable appliances were checked by an external professional in December 2017. There was no gas safety certificate. Following this inspection, we were sent evidence to demonstrate that a gas safety certificate had been obtained at the practice.

Records showed that fire detection equipment, such as smoke detectors, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. There was no evidence to demonstrate that the emergency lighting available throughout the practice had been serviced, maintained or that regular tests were completed. The practice's health and safety policy stated that fire alarms and smoke detectors were to be tested each Friday at 1pm. There was no evidence that this took place. Records were kept demonstrating that smoke alarms were tested once per month. Following this inspection, we were told that emergency lighting had not been subject to regular servicing or maintenance and that torches had been purchased as an alternative means of emergency lighting.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. We noted that the X-ray unit did not have rectangular collimation to reduce patient dosage. Following this inspection, we were sent evidence to demonstrate that a rectangular collimator had been purchased and was awaiting delivery.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The date of the last radiography audit was August 2017, the practice had not completed an audit every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety although improvements were required. New health and safety policies, procedures and risk assessments had recently been implemented by the management consultant. We saw a copy of the practice risk assessment which was due for review in November 2018. Following this inspection, we were sent a copy of the

practice risk assessment checklist and the risk assessment. This required staff to check some of the areas of risk identified during this inspection. For example, the location of sharps boxes and visual checks of portable electrical appliances annually.

The practice had current employer's liability insurance.

A fire risk assessment had been completed by an external professional in May 2018. We saw that the risk assessment identified 14 significant findings which required immediate action. The section to be completed when all issues had been addressed was blank. We saw that one of the issues for action had been addressed. Staff were not able to confirm whether all issues had been addressed. The practice's fire safety policy was not fully completed. We were told that this could only be implemented fully once all issues identified in the fire risk assessment had been addressed to a satisfactory level. Following this inspection, we were sent a copy of the risk assessment which recorded details of some of the action taken to address issues raised. Other issues remain outstanding.

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. We discussed the sharps risk assessment which required some updating to include matrix bands. We were told this risk assessment would be updated immediately. The practice's sharps poster giving information to staff on the action to take in case of a sharps injury, did not have occupational health or accident and emergency department contact details recorded. We saw that the sharps box in the decontamination room had not been labelled, signed or dated. The sharps box in the treatment room was stored on the floor and easily accessible to children. This was moved to a more secure place during the inspection. Following this inspection, we were sent a copy of the updated sharps injury poster which now included relevant contact details. We were told that matrix bands were now included in the sharps risk assessment and that sharps bins had been moved to appropriate wall mounted locations. We were not sent a copy of the updated risk assessment.

Records seen did not demonstrate that all clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.



Are services safe?

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. We saw that the log book had been completed incorrectly and a number of items had passed their expiry date. For example, aspirin and the paediatric defibrillator pads. Staff had been signing on a weekly basis to confirm that all emergency equipment and medicines were within their expiry date. New defibrillator pads were available in the practice and these were used to replace the out of date pads. The weekly log had not been completed since 6 November 2018. Following this inspection, we were told that the log book had been amended to include the correct expiry dates and a supply of aspirin had been purchased with an expiry date of February 2021.

A dental nurse worked with the dentists 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. A control of substances hazardous to health (COSHH) file was available which contained risk assessments for products in use at the practice. Product safety data sheets were not available for each product.

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. Staff completed infection prevention and control training and received updates as required.

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.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed. A log was seen to demonstrate this.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water

systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place. Water temperatures were to be checked and recorded monthly. Records we were shown did not demonstrate that water temperature testing had been completed for August, September or October 2018. Following this inspection, we were sent evidence to demonstrate that water temperatures had been monitored for November 2018.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected, although we noted that there was no soap in the patient toilet.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. There was no evidence that an acceptance audit had been completed since 2013. We were told that this would be completed immediately. Following this inspection, we were told that this had been completed but were not sent evidence to demonstrate this.

We were not shown any evidence to demonstrate that the practice carried out infection prevention and control audits. Following this inspection, we were told that an infection prevention and control audit had been completed. We were not sent any evidence to demonstrate this.

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 complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) 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



Are services safe?

The provider had reliable systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This should help to ensure that medicines did not pass their expiry date and enough medicines were available if required. We noted that the expiry dates for emergency medicines had been recorded incorrectly and aspirin had passed their expiry date. Following this inspection, we were told that a new supply of aspirin had been purchased with an expiry date of 2021.

The practice kept records of NHS prescriptions as described in current guidance. We saw that all prescriptions had been pre-stamped ready for use. Following this inspection, we were told that prescriptions would no longer be pre-stamped and staff had been updated regarding this change in practice.

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

Track record on safety and Lessons learned and improvements

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. This helped it to understand risks and would give a clear, accurate and current picture that would lead to safety improvements.

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

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. We saw they were shared with the team and acted upon if required.



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. Dental care records we reviewed clearly detailed evidence of a comprehensive assessment to establish patients' needs and preferences. We saw that clinicians delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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 children and adults 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 had a selection of dental products for sale.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. Patients requiring advanced treatment would be referred to the Birmingham dental hospital.

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. Patient dental care records that we saw demonstrated this on each occasion.

The practice's consent policy did not include information about the Mental Capacity Act 2005 or Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The dentist we spoke with showed an understanding of the Mental Capacity Act and Gillick competence guidelines, and how they might impact on treatment decisions. Following this inspection, we were sent a copy of the updated consent policy which included information regarding Gillick and capacity.

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 the practice had not completed an audit of patients' dental care records since May 2017 to check that the dentists recorded the necessary information.

Effective staffing

A receptionist and a trainee dental nurse had been recruited at the practice within the last three weeks. We were not shown any completed induction records but standardised documentation was available. The management consultant had recently introduced an induction training programme for new staff. A member of staff told us that they had received induction training which provided them with all the information needed to do their job.

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Systems were in place to enable staff to discuss their training needs at annual appraisals. The dental nurses and receptionists had not completed an annual appraisal yet as they had not worked at the practice for a year. Staff told us that they were offered training on a regular basis and could also ask to complete any training of interest.

Co-ordinating care and treatment

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



Are services effective?

(for example, treatment is effective)

The principal dentist 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 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. The practice was using an online referral system which enabled them to check the status of any referral to an NHS service they had made.



Are services caring?

Our findings

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights. Staff treated patients with kindness, respect and compassion. We observed a number of interactions between the receptionist and patients coming in to the practice. Reception staff were professional to patients both on the phone and face to face. The receptionist was multi-lingual and could communicate with patients in Punjabi or Urdu. The atmosphere was friendly and staff were helpful and tried to accommodate patient's wishes.

A patient information folder was available for patients to read. This contained useful information about dental treatments, costs and dental hygiene.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The waiting room was not separate to the reception and it was therefore difficult to maintain privacy when reception staff were dealing with patients. Staff discussed the various actions they took to protect patient's confidentiality including taking patients into another room if a patient asked for more privacy.

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.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standards (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not use English as a first language. Although we were told that this was rarely used as staff at the practice were multi-lingual. Staff could communicate in English, Punjabi and Urdu.
- Staff communicated with patients in a way that they could understand and communication aids were available. There was a hearing loop at the reception area and staff said that they could write down information for patients if they were hard of hearing. Information could be printed off in large print if required.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example models and X-ray images. We were told that patients were given information about websites that provided useful information. It was suggested that patients consider all information given to them and book another appointment for the treatment to commence.



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. Patients who were dental phobic were given longer appointment times. These could be booked just before lunch or at the end of the day so that other patients were not kept waiting if the appointment time ran over time. The receptionist told us that they chatted to patients to make them feel at ease. We were told that the dentist was very good at making people feel relaxed.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop, and a ground floor treatment room. The patient toilet could only be accessed via steps and was not accessible to patients who used a wheelchair. Push button electrically operated doors were in place to gain access to the practice. The button was not functioning on the day of the inspection and the doors were therefore not electrically operated.

Staff said that they often telephoned local taxi services to arrange transportation home for patients after their treatment. Reception staff or the dentist also telephoned patients after they had received any complex treatment, deep filing or extraction to monitor their wellbeing.

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.

The practice had an appointment system to respond to patients' needs. Emergency appointment slots were not kept available but patients who requested an urgent appointment were seen the same day and were asked to "sit and wait" to see the dentist.

On the morning of the inspection we saw that five patients were waiting to see the dentist before 10am when the

dentist started work. The receptionist confirmed that the first appointment was 10.10am. We were told that patients often attended early and were happy to sit and wait to see the dentist. We were also told that some patients did not book appointments but attended the practice to sit and wait to see the dentist. The practice was taking on new NHS patients.

The staff took part in an emergency on-call arrangement with a local practice and the 111 out of hour's service. A poster on display reminded patients of the service provided by 111.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints

The principal dentist told us that they took complaints and concerns seriously. The practice had a policy providing guidance to staff on how to handle a complaint. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. The complaints policy was not on display in the waiting room. Patients would not be able to access the complaints procedure without having to ask staff for it.

The management consultant had recently introduced standardised complaint logging forms and letters of response. We were told that the practice manager was responsible for dealing with complaints. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

We were told that the practice manager aimed to settle complaints in-house and would invite patients to speak with them in person to discuss these.

We looked at the complaint file and saw that the practice had not received any formal complaints within the last two years. Forms were in place to record complaints as a significant event. This would ensure any learning from complaints was shared across the practice team.

The practice had not responded to negative feedback left on the NHS Choices website during 2018.

Are services well-led?

Our findings

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care.

The practice manager worked at the practice for part of the week. Staff confirmed that they could contact the practice manager at any time they were not at the practice. Staff said that the practice manager and dentists were visible and approachable. This was an unannounced inspection; the practice manager was not available on the day. Practice staff contacted the management consultant who attended to provide support with this inspection.

The principal dentist and staff were helpful throughout this inspection.

Culture

The principal dentist told us that the practice had a culture of high-quality sustainable care. We spoke with one newly employed staff member who said that they had received support whilst they were settling in to their role. We were told everyone was approachable, helpful and friendly.

A management consultant had been employed to provide support to the practice this included staff training and the introduction of new policies, procedures and systems. We saw blank documentation that had been provided by the management consultant which had not been completed or implemented by staff.

The practice had a policy regarding communicating with patients and their carers following an adverse incident. This reflected duty of candour regulations, staff were aware of their obligations regarding duty of candour.

Governance and management

Improvements were required to governance arrangements as risks were not being effectively identified or addressed. For example, staff had not acted on all the issues identified for immediate action identified in the fire risk assessment. The sharps risk assessment did not include information on all sharps objects in use at the practice. There was no system in place to ensure that all pre-employment information was available as per Schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Disclosure and barring service checks were not available for all newly employed staff. Rectangular

collimators were not available on X-ray machinery. Product safety data sheets were not available for all hazardous substances in use at the practice. A pre-acceptance waste audit had not been completed since 2013. Radiography and dental care records audits were not conducted on an annual basis and there was no infection prevention and control audit. Following this inspection, we were told that some of these issues had been addressed. We were not sent evidence to demonstrate this.

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

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. The majority of these had recently been provided by the management consultant, who had also provided staff training. It was noted that staff had not implemented all policies and procedures and some of the policy documentation was only partially completed. We were told that there had been a high turnover of staff recently which had led to some difficulties in maintaining documentation.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Dentists had completed training regarding the General Data Protection Regulations.

Engagement with patients, the public, staff and external partners

The practice used verbal comments to obtain patients' views about the service.

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.

Are services well-led?

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

The practice was not displaying a copy of their complaint procedure. If patients wanted a copy of this document they would have to request a copy from staff. The practice had not responded to negative feedback recorded on the NHS Choices website during 2018.

Continuous improvement and innovation

The practice's quality assurance processes to encourage learning and continuous improvement required some improvement. The management consultant had provided templates for use regarding audits of dental care records and radiographs. No audits had been completed recently. We saw audits of dental care records dated May 2017 and radiography dated August 2017. There was no infection

prevention and control audit available. Following this inspection, we were told that an infection prevention and control audit had been completed. We were not sent evidence to demonstrate this.

The principal dentist told us that they valued the contributions made to the team by individual members of staff. Practice meetings had been held monthly until June 2018. Minutes of these meetings were available for staff to review. We were told that informal meetings were held daily and staff could discuss concerns, issues or suggestions for improvement.

Documentation was in place to enable the dental nurses and reception staff to have annual appraisals. These staff had recently been employed at the practice and had not completed an appraisal yet.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <p>The provider's sharps risk assessment did not include details of all sharp instruments in use at the practice.</p> <p>There was no evidence that some policies and procedures had been fully completed, implemented or were regularly reviewed or updated. The practice was not following their health and safety policy on each occasion.</p> <p>The provider had not addressed all immediate actions identified on the fire risk assessment completed in May 2018. The legionella risk assessment requires monthly water temperature testing to be completed, a gap was noted of three months when this was not completed.</p>

Requirement notices

The practice had not completed infection prevention and control audits on a six-monthly basis. Patient dental care record audits and radiography audits had not been completed within the last 12 months. The practice had not completed a waste pre-acceptance audit since 2013.

Product safety data sheets were not available for all hazardous substances in use at the practice.

There was additional evidence of poor governance. In particular:

Not all information was available in staff recruitment files as per Schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, disclosure and barring service checks were not available for all staff and there was no proof of identification available.

There was no documentary evidence to demonstrate that a formal practice meeting had been held since June 2018.

Some items of emergency medicines had passed their expiry date. Staff were using a log to check that items were within their expiry date, this had been completed incorrectly.

The provider did not have assurances that clinical staff had immunity against vaccine preventable infectious diseases.

The practice did not make a copy of their complaints procedure readily available to patients.