# T S Lalli Limited

# Crescent Dental Care

## Inspection Report

3 The Crescent
Dunston
Gateshead
Tyne and Wear
NE11 9SJ
Tel: 01914604182
Website: www.crescentdentalcare.org.uk

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## Overall summary

We carried out this announced inspection on 28 August 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 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**

Crescent Dental Care is in Dunston, Tyne and Wear and provides NHS and private treatment to adults and children.

There is step-free access to the practice and on-street car parking is available nearby. The dental practice is combined with a wellness centre providing chiropody, physiotherapy and holistic care.

The dental team includes the principal dentist, two associate dentists, four dental nurses (two of whom are

# Summary of findings

trainees), two dental hygiene therapists and a practice manager. The dental nurses also carry out reception duties. The practice has three treatment rooms all situated on the ground floor.

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 Crescent Dental Care is the principal dentist.

On the day of inspection, we collected 36 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, four dental nurses, a dental hygiene therapist, and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday, Wednesday, Thursday 8.30am to 6.30pm.

Friday 8.30am to 4.30pm

Saturday 9am to 12.30pm.

**Our key findings were:**

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies; they required further support to ensure confidence in this. Appropriate medicines and life-saving equipment were available apart from two items.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had some systems to help them manage risk to patients and staff. The provider needed to review their protocols for undertaking risk assessments for lone working and for staff whose immune status to the Hepatitis B vaccine was unknown. Safety alerts were not received for medical drugs and equipment.
- The provider did not undertake thorough staff recruitment procedures for all staff employed.
- Staff training was monitored; this process was not effective.
- Overall, clinical staff provided patients' care and treatment in line with current guidelines. We found one clinician was not checking medical histories at every visit. The use of a dental dam, or alternative safety devices, for root canal procedures was not routine for all dentists.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information. The practice had closed-circuit television on the premises; a policy was not in place, nor was a privacy impact assessment.
- The dental professionals were providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had leadership and management. This required strengthening.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.
- The provider had carried out a disability access assessment of the premises. They could not locate this and they had not met the needs of those who had hearing or sight problems. Staff were using patient's family members to translate for them and were not aware of the need to use translator services.

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 regulations the provider is not meeting are at the end of this report.**

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

# Summary of findings

- Review the practice's protocols for the use of dental dam taking into account the guidelines published by the British Endodontic Society.
- Review the practice's protocols for checking, and updating if applicable, the medical histories of patients at every visit.
- Review the practice's referral protocols to ensure all staff are familiar with these.
- Review the practice's protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.
- Review the practice's waste handling protocols to ensure waste is segregated and disposed of in compliance with the relevant regulations, and taking into account the guidance issued in the Health Technical Memorandum 07-01.

# 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?**

No action

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. The practice had not completed essential recruitment checks for all employees.

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

Appropriate medicines and life-saving equipment were available apart from two items.

The practice did not have risk assessments for all risks on-site and did not receive safety alerts in relation to medical equipment.

**Are services effective?**

No action

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 with the exception of use of dental dam by dentists and the updating of medical histories by one dentist. Patients described the treatment they received as exceptional, of a high standard and professional. 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. Not all staff were aware of the referral tracking system that was in place within the practice.

The practice supported staff to complete training relevant to their roles. The provider's systems to monitor training required reviewing.

**Are services caring?**

No action

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

We received feedback about the practice from 36 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and patient.

# Summary of findings

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. A CCTV system was in operation and appropriate signs were displayed to notify people of this. A privacy and confidentiality policy was in place; this did not refer to CCTV and a separate CCTV policy was not present. Patients said staff treated them with dignity and respect.

**Are services responsive to people's needs?**

**No action** ✓

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. The provider told us they had undertaken a disability access assessment a few years prior. This was not available for us to view. We found the practice provided facilities for disabled patients and families with children. The practice did not have arrangements to help patients with sight or hearing loss. Staff were not using interpreter services in line with national guidance.

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

**Are services well-led?**

**Requirements notice** ✗

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 Notice section at the end of this report).

The systems for the practice team to manage risks and discuss the safety of the care and treatment provided needed strengthening.

The provider did not undertake adequate recruitment procedures for all staff members. Systems to monitor staff training were not effectively managed.

There was a defined management structure and staff felt supported and appreciated. The registered provider was aware that there was a lack of focus on managerial duties. A new practice manager was therefore appointed three weeks prior to the inspection.

The practice team kept complete patient dental care records which were clearly typed and stored securely. We noted that patients' medical history was not routinely updated by all clinicians at each consultation.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

# Are services safe?

## Our findings

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

The practice had clear systems to keep patients safe.

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. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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 staff were aware of the need to identify adults that were in other vulnerable situations, for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The practice had a whistleblowing policy. This did not contain details of internal or external contacts for staff to refer to. We discussed the need for contact details with the practice manager and the practice's policy was updated immediately. Staff felt confident they could raise concerns without fear of recrimination.

All dentists did not use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam is not used, such as for example refusal by the patient, other methods should be used to protect the airway. One dentist explained alternative airway protection was not used, nor was a risk assessment in place to explain this and mitigate the risk.

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

The practice had a recruitment policy to help them employ suitable staff. We looked at four staff recruitment records. These showed the practice did not follow their recruitment policy for all employed staff. The practice manager was employed three weeks prior to the inspection. We found the provider had not undertaken a Disclosure and Barring Service (DBS) check for them. A dental nurse was employed in 2016 and the provider could not locate the DBS check that was undertaken. A risk assessment was in place to mitigate the risk of both staff members working; this was created in the two weeks since we announced our inspection. DBS checks or an adequate risk assessment should be undertaken at the point of employment to ensure the employee is suitable to work with children and vulnerable adults. References were not sought by the provider for two employees. We discussed these gaps in recruitment procedures with the practice manager who assured us they would obtain the relevant documents. They also recognised the need to ensure a more consistent approach.

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

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

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. The provider had not acted upon all the recommendations made by their radiation protection advisor (RPA) for one X-ray unit. Rectangular collimation was not in use as recommended in the report. The practice manager assured us they would review their report and consult with their RPA to implement necessary actions.

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. The audits we viewed were written up with analysis of the results and action plans.

# Are services safe?

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

**Risks to patients**

There were systems to assess, monitor and manage risks to patient safety. These systems required reviewing.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly 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.

The provider did not have evidence to ensure 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. We asked to see records for four members of staff. We were shown confirmation of immunity for two members of staff. The third had evidence of their immunisations however no proof of actual immunity. The provider had verbal confirmation from a previous employer that the fourth had immunisations and no proof of immunity was demonstrated. Risk assessments were not carried out for these staff to mitigate the risk of working in a clinical environment where the effectiveness of the vaccine was unknown. Following the inspection, we received confirmation that these risk assessments had been carried out.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Staff reported they could not be confident on the use of all medical emergency drugs and equipment. For example, they could not show us how to turn on the medical oxygen cylinder. The provider had discussions of medical emergency scenarios during staff meetings and recognised that a hands-on approach was required to provide staff with further support and confidence.

Emergency equipment and medicines were not available as described in recognised guidance. A paediatric high concentration oxygen mask was not present, there were insufficient disposable needles and syringes to administer adrenaline in an anaphylactic emergency.

The practice staff kept records of checks to make sure medical emergency drugs and equipment were available, in working order and within expiry date. We discussed with the practice manager the need to ensure these checks are effective. A new paediatric high concentration oxygen mask, disposable needles and AED pads had been ordered the day of the inspection and we received evidence of this the following day.

A dental nurse worked with the dentists and the dental 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 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 (HTM01-05) 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 HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols 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 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.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that

this was usual. The practice cleaner worked after hours and the provider had not carried out a lone-working risk assessment in relation to their safety. Following the inspection, we saw evidence that one had been carried out. The practice was clean when we inspected and patients confirmed that this was usual.

The practice had policies in place to ensure clinical waste was segregated, stored and disposed of appropriately in line with guidance. The protocols within the practice did not follow national guidance in relation to gypsum, as study models were given to patients with no assurance they would be disposed of appropriately. The provider had told us they would add this to their waste collection contract.

We saw a sharps container in the store room which contained local anaesthetic cartridges. This was left there as an oversight and the practice manager assured us they would have this collected immediately. We reviewed all documents with regards to waste collection and segregation and found all other clinical waste was collected and disposed of appropriately.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. We found the audit results were not written up to demonstrate analysis of the results.

**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, (formerly known as the Data Protection Act).

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 reliable systems for appropriate and safe handling of medicines.

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 stored and kept records of NHS prescriptions as described in current guidance.

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

**Track record on safety**

The practice had a good safety record. 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.

In the previous 12 months there had been nine incidents. The incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

**Lessons learned and improvements**

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. There was one accident within the last 12 months; this was investigated, documented and discussed with the rest of the dental practice team to prevent similar incidents happening again in the future.

The practice's system for receiving and acting on safety alerts required reviewing. The practice received safety alerts and shared these with all staff up until 2014. The provider was unsure why these had stopped after 2014 and assured us they would subscribe to all alerts as appropriate. They also told us they would review all relevant safety alerts from previous years to ensure none affected their practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. One dentist told us they checked medical histories at an examination appointment however did not check for any changes at subsequent treatment appointments. They assured us this was an oversight and would implement a process to ensure appropriate checks were undertaken at all times.

**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 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 and provided health promotion leaflets to help patients with their oral health.

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. They directed patients to these schemes when necessary.

The dental professionals 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 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 give 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 the practice audited patients' dental care records to check that the dentists recorded the necessary information.

**Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured programme.

The practice manager had a training matrix to monitor the training of all clinical staff for example to check if they had completed the continuing professional development required for their registration with the General Dental Council. In addition, staff discussed their training needs at annual appraisals and during clinical supervision. We viewed the training matrix and found some staff had not undertaken recent training in infection control and safeguarding. The practice manager assured us they were aware of this and had requested the staff to undergo this training as soon as possible. They also had scheduled in-house training for next week and showed us evidence of this.

# Are services effective?

## (for example, treatment is effective)

The practice employed trainee dental nurses who had personal development plans to assist in monitoring their training.

**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 had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems 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. Not all staff were aware of this referral tracking system and we were assured this would be discussed at the next team meeting.

# 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 kind, caring and helpful. We saw that staff treated patients respectfully and appropriately. They were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and 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.

Information folders, patient survey results and thank you cards were available for patients to read.

**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. 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.

A video CCTV system was in operation and appropriate signs were displayed to notify people of this. A privacy and confidentiality policy was in place; this did not refer to CCTV and a separate CCTV policy was not present. The day after the inspection, a CCTV policy was created for the practice. The practice had not undertaken a privacy impact assessment or data protection impact assessment in line with GDPR requirements.

**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 (a requirement to make sure that patients and their carers can access and understand the information they are given) and the requirements under the Equality Act:

- Interpreter services were not used for patients who did not have English as a first language, in line with national guidance. The practice used patients' relatives to act as interpreters.
- Staff communicated with patients in a way that they could understand.
- Visual aids (for example leaflets in large print or braille, magnifying glass or reading glasses) were not available for those who may require them. Audio aids were also not available. The day after the inspection we received evidence to confirm an induction hearing loop and visual aids had been purchased.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dental professionals 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 dentists described to us the methods they used to help patients understand treatment options discussed. This included use of 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.

For example, the practice met the needs of more vulnerable members of society such as patients with dental phobia by arranging appointment times convenient to the patient and scheduling an extended treatment slot. Staff were also aware of the support required by vulnerable groups.

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. The provider told us they had assessed the needs of all groups of patients in accordance with the Equality Act 2010. We were told this assessment had been completed in 2011. The provider was unable to show us this assessment. They undertook a new assessment and sent this to us following the inspection.

Access to the premises was step free. The practice had three ground floor surgeries and an accessible ground floor toilet with hand rails and security alarm. The provider had not demonstrated implementing measures to consider the needs of those with hearing or sight problems on the inspection day. The day after the inspection we received evidence that an induction loop and visual aids were purchased to meet the needs of those who might require them.

**Timely access to services**

Patients were able to 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 on their website.

The practice had an efficient appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. 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.

They took part in an emergency on-call arrangement with other local practices and the 111 out of hour's service.

The practice website 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 information leaflet explained how to make a complaint.

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

The practice 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 and compliments the practice received within the last 12 months. The practice had received one complaint in that period. We observed the practice responded to this complaint appropriately and shared learning with the entire dental team. We saw any comments were analysed appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

**Leadership capacity and capability**

The principal dentist was responsible for the overall leadership for the practice.

They had knowledge about all issues and priorities relating to the quality and future of services; they did not ensure they had suitable protocols in place to address these.

The principal dentist and practice manager were approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice did not have effective processes to ensure all activities that staff undertook were efficient and monitored.

**Vision and strategy**

There was a clear vision and set of values. The practice had a realistic strategy.

**Culture**

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

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

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

**Governance and management**

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 principal dentist had a system of clinical governance in place which included policies, protocols and procedures. Risk assessments were available, however these required reviewing to ensure all risks were identified and acted upon.

The processes for managing risks, issues and performance could be improved. For example, the principal dentist did not complete effective recruitment procedures to eliminate the risks to staff and patients. They did not consider a lone working risk assessment to mitigate the risks to the cleaner. They did not ensure all the measures outlined in their X-ray report were implemented to provide safety to staff and patients. Staff immunisation statuses were not sufficiently recorded nor were risk assessments undertaken for those whose status was unknown. Safety alerts were not subscribed to for medicines and equipment.

The processes to monitor staff training required improvement for it to be effective.

The provider could not demonstrate meeting the needs of all patient groups until following the inspection.

**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 patient surveys and verbal comments to obtain staff and 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. The latest results showed that 91% of patients would recommend the dental practice to others.

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

**Continuous improvement and innovation**

# Are services well-led?

There were systems and processes for learning, continuous improvement and innovation. These required reviewing to ensure they were effective.

The practice had quality assurance processes to encourage learning and continuous improvement. We saw audits of dental care records and radiographs were documented adequately. Infection prevention and control audits did not have documented analysis of the results.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The practice employed trainee dental nurses. We were told they had six-monthly appraisals and personal development plans to supervise and facilitate their learning, as recommended by the GDC. 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.

A training matrix was in place to monitor the training of all staff. We viewed records and found this system was ineffective. It indicated recent training was not carried out by all staff in recommended topics such as infection control and safeguarding. We asked the practice manager if they could be assured their staff had carried out this training and this was not confirmed. We were assured this process would be reviewed and strengthened to ensure it was effective.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>**Regulation 17 HCSA 2008 Regulations 2014 Good governance**<br>The registered person did not have effective systems in place to ensure that the regulated activities at Crescent Dental Care were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br>How the regulation was not being met:<br>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 improve the quality and safety of the services being provided. In particular:<br>· Risk assessments were not carried out for lone workers nor for staff whose immunity status could not be confirmed.<br>· Actions from the X-ray report were not completed nor was advice sought from the RPA.<br>· The need to subscribe to safety alerts after 2014 was not recognised.<br>· Staff training was not effectively monitored nor were any outstanding actions addressed.<br>· The monitoring of medical emergency drugs and equipment was not effective.<br>· Results from the infection prevention and control audits were not analysed. |

This section is primarily information for the provider

# Requirement notices

Regulation 17 (1).