Claremont Dental Practice

Claremont Dental Practice

Inspection Report

57 Crown Road
Twickenham, Middlesex
TW1 3EJ
Tel: 020 8892 4000
Website: www.claremontdentalpractice.co.uk

Date of inspection visit: 13 October 2015
Date of publication: 03/12/2015

Overall summary

We carried out an announced comprehensive inspection on 13 October 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations; however the provider took action shortly after our inspection to address concerns.

Background

Claremont Dental Practice is located in Twickenham in the London Borough of Richmond upon Thames. The practice provides NHS and private dental services for both adults and children. It offers a range of dental services including routine examinations and treatment, restorative treatment, oral surgery, periodontal treatment, oral health promotion and hygiene, orthodontic treatment and cosmetic procedures such as tooth whitening.

The practice is arranged over the ground, first and second floors and has five treatment rooms, two of which are on the ground floor. The practice also has a dedicated decontamination room, a room for radiography, and a reception area with a toilet for patients.

The practice is staffed by three partner dentists, an associate dentist, four part-time specialist dentists, two dental hygienists, seven dental nurses and a trainee dental nurse. The practice employs a practice manager, and a receptionist.

A partner dentist and practice manager are the registered managers. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

The practice is open from 8.00am to 7.00pm Monday and Tuesday, 8.00am to 6.00pm Wednesday and Thursday, 8.00am to 4.00pm Fridays, 9.00am to 1.00pm Saturday and 9.00am to 4.00pm alternate Saturdays.

We carried out an announced, comprehensive inspection on 13 October 2015. The inspection took place over one day and was carried out by a CQC inspector and a dentist specialist advisor.

We reviewed 43 CQC patient comment cards and spoke with four patients. Patients we spoke with, and those who completed comment cards, were positive about the care they received from the practice. Patients described the staff as friendly and caring. They told us they felt involved in decisions about their care and were treated with dignity and respect.

Our key findings were:

- Patients' needs were assessed and care was planned in line with best practice guidance, such as from the National Institute for Health and Care Excellence (NICE).
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, oxygen cylinder and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and patient practice team.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- The partner dentists had a clear vision for the practice and staff told us they were well supported by the dentists and their colleagues.
- Governance arrangements were not always robust. The practice had not undertaken all relevant recruitment checks for new members of staff but they told us this would be implemented in future.
- Staff engaged in Continuous Professional Development (CPD) and most were meeting the training requirements of the General Dental Council (GDC). For some staff members, mandatory training had lapsed and needed to be updated. We were provided with evidence to show that all outstanding training was completed shortly after our inspection.

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

- Ensure an effective system is established to assess, monitor and mitigate the risks arising from undertaking of the regulated activities.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.

You can see full details of the regulations not being met at the end of this report.

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

- Review recruitment procedures to ensure accurate, complete and detailed records including appropriate records of references are maintained for all staff.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.
- Review its audit protocols to ensure audits of various aspects of the service, such as on dental care records are undertaken at regular intervals to help improve the quality of service. Practice should also ensure audits have documented learning points that are shared with relevant staff, and the resulting improvements can be demonstrated.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had policies and protocols related to the safe running of the service. Staff were aware of practice procedures and were following them. There was a safeguarding lead and staff understood their responsibilities for reporting any potential abuse.

The practice had effective systems in place to manage infection control and waste disposal, management of medical emergencies and dental radiography. Equipment was well maintained and checked for effectiveness. The practice had not completed all necessary checks and sought references for all members of staff in accordance with the recruitment policy.

Are services effective?

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

The practice team demonstrated that they followed relevant guidance, for example, issued by the National Institute for Health and Care Excellence (NICE) and The Department of Health (DH). The practice monitored patients' oral health and advised patients about relevant health and lifestyle issues. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. There were systems in place for recording written consent for treatments.

The practice maintained appropriate dental care records and details were updated appropriately. The practice worked well with other providers to ensure that patients were appropriately referred for specialist treatment if required. Staff engaged in Continuous Professional Development (CPD) and most were meeting the training requirements of the General Dental Council (GDC). For some staff members, mandatory training had lapsed.

Are services caring?

We received positive feedback from speaking with patients and through comment cards that patients were treated with dignity and respect. Patients reported a positive and caring attitude amongst the clinical and administrative staff.

Dental care records were stored securely in the practice and confidentiality was maintained.

Are services responsive to people's needs?

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

Patients had good access to appointments, including emergency appointments which were available on the same day. The practice telephone directed patients to an external out of hours service where patients were able to seek urgent treatment when the practice was closed.

There was evidence of good communication between staff and patients. The needs of people with disabilities had been considered in terms of accessing the service, however the toilet was not wheelchair-accessible and the wheelchair-accessible entrance had a small step. The practice told us they had reviewed these issues and proposed plans for improvements.

The practice received feedback from patients via the NHS Friends and Family Test (FFT). Information about how to make a complaint was clearly displayed in the reception area. There had been one complaint recorded in the past year, and we saw that it had been dealt with appropriately.

Summary of findings

Are services well-led?

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

The partner dentists had a clear vision for the practice and staff told us they were well supported by the dentist and their colleagues.

Governance arrangements were in place but were not always robust. There were a number of policies and procedures to guide the management of the practice but some policies had not been updated and some policies were not adhered to, such as those for recruitment. Staff meetings were not held regularly and were not always documented. Dental care records audits were not used to monitor and improve the quality of care. There was no process for receiving and sharing safety alerts but the practice implemented a system for this after our inspection.

The practice had a recruitment policy in place, but had not sought references for all members of staff, in accordance with the policy. The practice had not kept comprehensive records to show that necessary checks had been completed for all staff before they commenced work at the practice. Performance monitoring processes were not robust. Appraisals were not held routinely or regularly.

Most staff engaged in on-going training to keep their skills up to date, but some staff had not received mandatory radiation protection training or the appropriate level of safeguarding training. Outstanding safeguarding training was completed after our inspection.

We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Claremont Dental Practice

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 13 October 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

We reviewed information received from the provider prior to the inspection.

During our inspection visit, we reviewed policy documents and spoke with five permanent members of staff who were at the practice on the day, including the dentists. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed the dental nurses carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

We reviewed feedback from 47 patients either in the form of comment cards completed in the days preceding the inspection or obtained by interview on the day.

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

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

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a system in place for reporting and learning from incidents. There was a policy in place which set out the actions that staff needed to take in the event of an error, accident or 'near miss'. The practice had not had any incidents that needed to be recorded in the last year, however, staff we spoke with knew how to report incidents and we were told that learning from incidents were shared amongst staff. Dentists told us that if patients were affected by an incident, they would be given an apology and informed of any actions taken as a result.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The were no incidents in the preceding 18 months. The practice did not have a formalised system in place for receiving and sharing national safety alerts such as those from the Medicines and Healthcare products Regulatory Agency (MHRA); however they implemented a system for this in November 2015, after our inspection.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. These included contact details for the local authority safeguarding team. This information was accessible to staff and clearly described in the practice policy documents, however the policy did not include details of who the practice's safeguarding lead was. The practice manager took the lead in managing safeguarding issues. Staff members we spoke with were able to describe potential indicators of abuse or neglect and how they would raise concerns. However, not all staff members were up to date with safeguarding training. We were provided evidence that all staff completed the appropriate level of safeguarding training shortly after our inspection.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance or behaviour. Staff told us they were confident about raising such issues with the dentists and practice manager. The practice had an accessible whistleblowing policy which set out what staff should do if they had concerns.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, they had carried a fire risk assessment in 2011 and fire equipment was being serviced on an annual basis. All staff we spoke with were aware of the designated meeting point in case of a fire. Staff were able to explain routine risk assessments and checks they undertook and how these were recorded. The practice manager could demonstrate that they followed up any issues identified during checks as a method for minimising risks.

The practice followed national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth).

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. All staff had received training in emergency resuscitation, basic life support and use of defibrillators. This training was renewed annually. The practice had suitable emergency equipment in accordance with guidance issued by the Resuscitation Council UK. This included relevant emergency medicines in accordance with recommendations from the British National Formulary (BNF), oxygen and an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). There were face masks for adults and children and chest pads for adults. The equipment was checked by staff on a weekly basis and a record of the tests was kept. We saw that emergency medicines were in date.

Staff recruitment

The practice staffing consisted of 20 members including three partner dentists, a regular associate dentist, four part-time specialist dentists, two dental hygienists, seven dental nurses and a trainee dental nurse. The practice administration team included a practice manager, and a receptionist.

We reviewed the practice's recruitment records for all staff members. The practice reviewed employment history, relevant qualifications, immunisation status, and professional registration with the General Dental Council (where applicable). All qualified clinical staff were

Are services safe?

registered with the General Dental Council. Evidence was not available that employment references had been sought for all members of staff. A Disclosure and Barring Service (DBS) check had not been sought for a dental nurse. The DBS checks for a dentist had been ported over from their previous place of employment. Photographic identification had not been sought for eight members of staff, however this was provided shortly after our inspection. The practice manager assured us after the inspection that DBS applications would be made for staff who did not currently have one in place. They also ensured us that DBS security checks would be routinely made for new members of staff.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place. There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors that were associated with hazardous substances had been identified and actions were described to minimise these risks, but the COSHH policy had not been updated. We saw that COSHH products were securely stored and staff training files indicated that staff had received relevant training in managing COSHH products.

There was a business continuity plan in place which included key contact details on in the event of unexpected incident or closure. The practice had considered an arrangement with another practice to provide continuity of care in the event that the premises could not be used, but there was no formal agreement in place.

Infection control

There were systems in place to reduce the risk and spread of infection. There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of personal protective equipment such as gloves and aprons, and the segregation and disposal of clinical waste. One of the dental nurses was the infection control lead. Daily monitoring of infection control procedures was carried out by the lead dental nurse, who demonstrated a good understanding of the correct processes. Staff files we reviewed showed that most staff had attended yearly training in infection control. Infection control training was up to date all members of staff. We saw that all clinical staff had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients.

The practice followed guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the autoclave.

The practice had good facilities for cleaning and decontaminating dental instruments. There was one decontamination room on the first floor of the premises. The room was well organised with a clear flow from 'dirty' to 'clean'. One of the dental nurses demonstrated how they used the room and showed a good understanding of the correct processes. The nurse wore appropriate protective equipment, such as heavy duty gloves and eye protection. An illuminated magnifier was used to check for any debris on instruments during the manual cleaning process, after which they were placed in an autoclave (steriliser). Instruments were placed in pouches after sterilisation, which were labelled with an expiry date and stored in accordance with current guidelines. An automatic data logger recorded any faults in the sterilisation process. The practice used an automatic electronic logger to monitor the effectiveness of the sterilisation process. Daily, weekly and quarterly tests were carried out to ensure the autoclave was in good working order.

There were hand washing facilities in the treatment rooms, in the decontamination room and in the toilet. Hand washing posters detailing the steps in hand washing were on display. Daily checklists were in use to ensure correct protocols were followed in each treatment room. There were good supplies of appropriate protective equipment, such as face masks, heavy duty gloves, disposable aprons and eye protection.

Two recent infection control audits were viewed within the preceding six months. These had identified areas for improvement and the infection control lead had developed an action plan to implement these improvements.

Waste was segregated and stored in accordance with current guidelines from the Department of Health (DOH).

Are services safe?

This included clinical waste and safe disposal of sharps. There was a sharps protocol which staff demonstrated a good awareness of. Waste was collected by an external contractor and we saw evidence of consignment notices. Dental water lines were maintained in line with current HTM 01-05 guidelines to prevent the growth and spread of Legionella (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Records showed that a Legionella risk assessment had been carried out by an external contractor in April 2015 and no risks had been identified.

The premises appeared clean and tidy. The practice employed an external contractor to carry out general cleaning of the premises. There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spread.

Equipment and medicines

The practice was equipped with appropriate specialist equipment for the range of treatments it provided. We found that the electrical equipment, fire safety equipment and X-ray equipment had all been recently inspected and serviced. Portable Appliance Testing (PAT) was completed in accordance with good practice guidance.

Medicines were stored safely and could not be accessed inappropriately by patients. The emergency medicines were also stored securely. Batch numbers and expiry dates for medicines administered to patients, were recorded in the clinical notes which would provide a comprehensive audit trail. The expiry dates of medicines and oxygen were monitored using a weekly check sheet.

Radiography (X-rays)

The practice had a Radiation Protection Adviser (RPA) and a Radiation Protection Supervisor (RPS) in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). One of the practice's associate dentists was the named RPS. The practice kept a radiation protection file in relation to the use and maintenance of X–ray equipment, but it had not been updated to reflect that clinical staff had received mandatory radiation protection training. Evidence of radiation training was seen for all clinical staff except one dental nurse. The practice told us after our inspection, that the nurse would complete this training as part of an external training programme. The maintenance log was within the current recommended interval of three years.

The local rules relating to the equipment were displayed in clinical areas where X-rays were used. The procedures and equipment had been assessed by an external RPA within the recommended timescales.

Regular audits had been carried out to check the quality of X-ray images taken.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. We found that the dentists regularly assessed patients' gum health, and soft tissues (including lips, tongue and palate) were regularly examined. Records showed that an assessment of periodontal tissues was periodically undertaken using the basic periodontal examination (BPE) screening tool (BPE is a simple screening tool used by dentists and dental hygienists to indicate the level of treatment needed in relation to a patient's gum health). In addition we noted that more detailed measurements of patients' gums were routinely carried out. We found that patients' medical history was updated regularly.

Dentists took X-rays at appropriate intervals according to guidance from the Faculty of General Dental Practice (FGDP). They also recorded the justification, findings and quality assurance of X-ray images taken.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to guidelines from the British Society of Periodontology (BSP) in relation to the appropriate management and referral of patients with periodontal disease. (Periodontics is the specialty of dentistry concerned with gum health and the supporting structures of teeth, as well as diseases and conditions that affect them).

The practice had a robust protocol in place for obtaining and updating patients' medical history. This was obtained in writing when a patient first registered and updated verbally at every visit. Patients then reviewed and signed to indicate their medical history was accurately recorded before commencing any course of treatment.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Staff told us they discussed oral health with their patients, for example, effective tooth brushing and dietary advice. All the records we looked at showed detailed notes on prevention of dental diseases. A partner dentist told us that they used the Delivering Better Oral Health Toolkit when considering care and advice for patients and this was reflected in the notes. (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.)

We observed that there were health promotion materials and information displayed in the waiting area and available for staff to give to patients. The practice offered advice on smoking cessation and patients we spoke with confirmed that clinical staff provided them with general and oral health promotion information during consultations.

Staffing

Staff told us they received appropriate professional development and training. We reviewed staff files and saw that training for staff covered all of the mandatory requirements for registration issued by the General Dental Council. However, we noted that a dental nurse was not up to date with their radiation training. After our inspection, the practice told us this training would be received as part of an external training programme. We were told that clinical staff were up to date with their Continuous Professional Development (CPD); however we could not see evidence such as training certificates to show that staff had undertaken safeguarding training modules. The practice provided evidence that safeguarding training was completed shortly after our inspection, by all staff. Staff told us they had opportunities to keep up to date with their clinical practice and to develop particular clinical interests.

There was an induction programme for new staff to follow to ensure that they understood the protocols and systems in place at the practice. Staff were however not engaged in an annual appraisal process where their development needs were identified and performance evaluated. We were told by the practice manager that this would be implemented.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. Dentists used a system of onward referral to other providers, for example, for oral surgery, sedation, specialist orthodontics or advanced

Are services effective?

(for example, treatment is effective)

conservation. Referrals were followed up and the outcomes were recorded in patients' dental care records. The practice had internal part-time specialists but also developed good working links with local external specialists.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff discussed treatment options, including risks and benefits, as well as costs, with each patient. Patients we spoke with confirmed this. We saw that notes of such discussions were recorded in the dental care records. We saw that formal, written consent was obtained using standard treatment plan forms which patients were asked to read and sign before commencing a course of treatment.

Dentists and dental nurses were aware of the Mental Capacity Act (MCA) 2005, which provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff had not had recent experience of patients who lacked the mental capacity to make decisions about their treatment, but, they were able to demonstrate a clear understanding of their responsibilities to act in the patients' best interests in accordance with the MCA.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During our inspection, we spoke with four patients about their experiences. All the patients told us that they were treated with compassion, respect and dignity by the dentists, nurses and reception staff. They said their privacy was respected during consultations and treatments. We observed that doors to consultation and treatment rooms were kept closed during use, and that conversations could not be overheard from these rooms. Patients could request a more private area for discussions of a sensitive nature if needed. Staff provided examples of how they supported anxious patients and one patient we spoke with commented positively about their experience in this respect.

We observed that patients attending in person or calling the practice by telephone were greeted warmly and spoken with politely and in a caring manner. All of the patients we spoke with informed us that if they experienced discomfort during treatment, the dentists and hygienists discontinued treatment and offered them pain relief.

All of the 43 completed CQC patient comment cards we reviewed were very positive about the service received at the practice. Comments highlighted that staff were helpful, respectful, caring and friendly. The practice obtained feedback from patients through the Friends and Family Test (FFT). The FFT was carried out between April 2015 and August 2015 and responses were positive. Of the 17 FFT cards we reviewed, 12 patients were extremely likely to recommend the practice to family and friends and the remaining five patients were likely to recommend the practice. The practice told us that they planned to make further efforts to seek patients' views by installing a comments box in the reception area.

Involvement in decisions about care and treatment

Patients told us they felt involved in decisions about their care. They told us that their health issues were discussed with them, they were given treatment options, and any proposed treatments were explained to them including visual aids such as videos, diagrams, models and leaflets. They also told us they felt listened to and supported by staff, and had sufficient time during and after consultations to make an informed decision about the choice of treatment available to them.

The practice displayed information in the waiting area which gave details of current NHS and private fees for different types of treatments available. Patients were given an itemised care plan following consultations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The dentists and nurses gave a clear description about which types of treatment or reviews would require longer appointments.

Staff told us they had enough time to treat patients and that patients could book an appointment in good time to see the dentist of their choice. The feedback we received from patients confirmed that they could get a convenient appointment when they needed one and that they had sufficient time scheduled with the dentist or dental hygienist to assess their needs and receive treatment.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service and had expanded its services to meet the needs and preferences of its patients. Staff members spoke English, Swedish and Nepalese, and patients could request an interpreter if required, although this had never been needed.

One treatment room on the ground floor was wheelchair accessible; however there was a small step at the practice entrance. We were told that the practice would consider installing a ramp to improve access. The practice ensured that they scheduled appointments for patients with physical disabilities at a time when the ground floor room was available. The toilet was not wheelchair accessible but the practice manager discussed with us the plans to address this in the future.

Access to the service

The practice was open from 8.00am to 7.00pm Monday and Tuesday, 8.00am to 6.00pm Wednesday and Thursday, 8.00am to 4pm Fridays, 9.00am to 1pm Saturday and 9.00am to 4pm alternate Saturdays. New patients were given a practice leaflet which included contact details and opening hours. The practice displayed its opening hours on their premises and on the practice website. Emergency appointments were available on a daily basis during normal opening hours and the telephone system diverted patients to an external out of hours service where they could seek urgent treatment if the practice was closed.

Concerns & complaints

Information about how to make a complaint was clearly displayed in the waiting area, in the patient information leaflet and on the practice website. Staff told us they tried to respond to and resolve any issues as they arose. There was a complaint policy but it had not been updated with details of the current complaints lead. There had been one complaint recorded in the past year and we found that this complaint had been discussed at a meeting attended by the practice manager, a dentist and an associate dentist responsible for the care of the patient involved. The complaint was responded to appropriately and in line with the complaint policy. Patients we spoke with were aware of the complaints procedure but told us they had never needed to make a complaint.

The practice had responded to complaints from patients about uncomfortable wicker chairs, by installing comfortable leather chairs in the waiting area.

Are services well-led?

Our findings

Governance arrangements

The practice had a clear management structure but governance arrangements were not always robust. The practice did not have a formalised system in place for receiving and sharing national safety alerts such as those from the Medicines and Healthcare products Regulatory Agency (MHRA); however they implemented a system for this in November 2015, after our inspection.

There were relevant policies and procedures in place. Policy documents were clearly tailored to the practice and reviewed but some had not been updated. For example, the safeguarding and complaints policies had not been updated with details of the relevant named lead. The fire evacuation protocol did not include details of the designated meeting point in case of a fire, although all staff we spoke with were aware of the correct location. Staff were aware of the practice policies and procedures and acted in line with them. Records, including those related to patient care and treatment were kept accurately.

The practice did not have robust governance arrangements to ensure risks associated from recruitment of new staff had been suitably identified. We noted that various recruitment checks had not been undertaken before employment of staff. The practice manager told us she had recently undergone management training and that recruitment procedures would be improved in the future to ensure that all new staff were suitable for their role.

An infection control audit and radiograph audits had been carried out but there were no dental care records audits to monitor the quality of treatment and identify areas for improvement. We saw that the infection control audits were undertaken suitably and had identified areas where the practice could improve.

Practice meetings were scheduled to take place every month but they were held on an ad-hoc basis and minutes were not routinely recorded. The last formal meeting was held in March 2015. From the meetings minutes we reviewed, we saw that a range of governance issues had been discussed. The meetings were scheduled to enable as many of the practice team to attend as possible.

Leadership, openness and transparency

The staff we spoke with described an open, supportive and transparent culture which encouraged candour and honesty. Staff said they felt comfortable about raising concerns with the dentists and practice manager. They felt they were listened to and responded to when they did so. Staff told us they enjoyed their work and were well supported by the management team.

All staff we spoke with were aware of the practice's ethos for providing effective care for patients. The dentists and other practice staff consistently told us that the oral health promotion and education was a priority for the practice and they were able to give us examples of how they put this into practice.

A system of staff appraisals was in place but needed to be more consistent. Documented appraisals had been carried out for some staff but most of these were not dated to allow for performance to be monitored. The practice manager was aware of which members of staff were interested in taking additional training courses and supported this as a way of improving the mix of skills available at the practice. The practice manager told us that appraisals would be carried out for every member of staff in the future.

Learning and improvement

We were told that clinical staff were up to date with their Continuous Professional Development (CPD); but we could not see evidence such as training certificates to show that staff had undertaken mandatory training modules. We were told that training for these members of staff would be arranged following our inspection.

All staff were supported to pursue development opportunities. We were told that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

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

The practice gathered and periodically reviewed feedback from patients through the use of the Friends and Family Test (FFT). They had plans to install a suggestions box. The practice had acted on patient feedback to improve the service. For example, the practice responded to complaints from patients about uncomfortable wicker chairs by installing comfortable leather seats in the waiting area. The

Are services well-led?

practice had also responded to feedback from staff following concerns raised about a lack of team spirit at lunchtimes; changes were implemented to ensure that lunchtimes were more social and the practice manager arranged social events outside the work environment for staff, in order to improve morale. Staff told us they were happy with these changes.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider did not have effective systems in place to: • Maintain securely such records as are necessary to be kept in relation to person's employed. • Assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. • Ensure that their audit and governance systems were effective. Regulation 17(1) (2)(b)(d)(i)(f)