Daylesford Associates Limited

Bolton Road Dental Centre

Inspection Report

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Overall summary

We carried out an announced follow up comprehensive inspection on 16 February 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

We had undertaken an unannounced focused inspection of this service on the 2 December 2016 as part of our regulatory functions where breaches of legal requirements were found.

After the focused inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to each of the breaches.

We reviewed the practice against all of the five questions we ask about services: is the service safe, effective, caring, responsive and well led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bolton Road Dental Centre on our website at www.cqc.org.uk.

We revisited the Bolton Road Dental Centre as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements regarding the practice's recruitment policy and procedures, infection control procedures and protocols, COSHH risk assessments, recommendations from the legionella risk assessment and review emergency equipment. We checked these areas as part of this comprehensive inspection and found they had been partially resolved.

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 providing well-led care in accordance with the relevant regulations

Background

Bolton Road Dental Centre provides NHS and private treatment for both adults and children. The practice is situated in a converted commercial property. There are four dental treatment rooms and a separate

Summary of findings

decontamination room. Dental care was provided on two floors and had a reception and waiting area on the ground floor and an additional waiting area on the first floor.

The practice is open from 9am to 5.30pm Monday to Friday.

The practice has four dentists and six dental nurses, two of which are trainees. The clinical team is supported by a practice manager and reception staff.

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

Our key findings were:

- The premises were visibly clean and tidy.
- Staff had received safeguarding training, but were unfamiliar with the process to follow to raise concerns.
- There were sufficient numbers of suitably qualified, skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies, emergency medicines and equipment were available.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards, and guidance.
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Patients were treated with kindness, dignity, and respect.
- The appointment system met the needs of patients, and emergency appointments were available.
- Services were planned and delivered to meet the needs of patients, and reasonable adjustments were made to enable patients to receive their care and treatment.
- The practice gathered the views of patients and took their views into account.
- Staff told us they were supported, felt involved, and worked as a team.

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

- Review the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the practice's safeguarding policy and ensure all staff are aware of their responsibilities.
- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the learning and development needs of individual staff members and have an effective process established for the on-going assessment and supervision of all staff.
- Review its audit protocols to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.

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 workflow in the decontamination room and surgeries was well-defined and clean and dirty zones were clearly identified.

Infection prevention and control procedures followed nationally recognised guidance from the Department of Health.

Equipment for decontamination procedures, radiography and general dental procedures was tested and checked according to manufacturer's instructions.

We found areas where improvements should be made relating to the safe provision of treatment. This was because:

Practice risk assessments including safe use of sharps, fire and COSHH were incomplete and contained minimal information.

Practice policies and procedures were available to staff but these referred to old guidelines, did not identify processes, leads or the location of key equipment.

The practice had carried out a sharps risk assessment but it did not include the steps taken to minimise the risk from all sharp instruments and devices. They submitted a new risk assessment immediately after the inspection.

Are services effective?

No action

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

Dental professionals referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD).

Are services caring?

No action

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

Patients were positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were six responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

Summary of findings

Dental care records were kept securely on computer systems which were password protected and backed up at regular intervals.

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

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 had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients.

A disability access audit had been carried out. The practice was accessible to people with disabilities and impaired mobility.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint.

Are services well-led?

No action

We found that this practice was providing well-led care in accordance with the relevant regulations

There were dedicated leads in infection prevention and control and safeguarding as well as various policies for staff to refer to. There were some gaps in policies; however staff were working to correct these.

Health and safety and risk management policies and risk assessments were incomplete and systems were not in place to ensure that all staff held up to date professional indemnity. The practice were able to obtain the evidence from members of staff on the day of the inspection.

There was evidence of recent incidents reported by staff that the practice failed to investigate and there was no process to ensure that incidents were discussed with staff to share learning.

Staff meetings were infrequent and improvement was needed to ensure that all issues were circulated effectively.

A regular audit cycle was apparent within the practice. Results and action plans had not previously been acted upon and were not clearly detailed and shared with staff.

Patient feedback was encouraged verbally and on feedback forms. The results of any feedback was not discussed in meetings for staff learning and improvement.

The overall leadership was provided by the registered manager with support from the cluster manager. They had made significant improvements since the previous inspection and were committed to continuing the work and engagement with staff and the organisation to make further improvements.

Staff told us that they felt more supported in recent weeks and had received more training. They told us they were confident to raise concerns or make suggestions to the practice manager.

Summary of findings

A new clinical lead had been identified in the organisation and there were plans to introduce an appraisal and support process for staff.

Bolton Road Dental Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008

The inspection took place on 16 February 2017 was carried out by two CQC inspectors. The inspection was carried out in collaboration with the NHS England area team and a clinical dental advisor attended to review dental care records and staff recruitment files.

Prior to the inspection we reviewed information we held about the practice and action plans that were submitted to us. During the inspection, we spoke with two dentists, two dental nurses, the registered manager and the cluster manager. We toured the practice and reviewed emergency medicines and all equipment. We reviewed policies, protocols and other documents and observed procedures.

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.

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was a system in place for staff to report any accidents, incidents or significant events.

We found incidents were reported, but not investigated and measures were not put in place where necessary to prevent recurrence. For example, three members of staff suffered sharps injuries in September and November 2016 and February 2017 which were reported but investigations were not carried out. There was no system in place to ensure that learning from incidents was shared with staff.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff were aware of their responsibilities under the Duty of Candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

The practice did not have a system to receive and distribute patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). The cluster manager looked into this immediately and checked previous alerts against relevant medicines.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. It was unclear from the policies who the lead person in the practice was. The policies included contact details for the local authority's safeguarding team, social services and other agencies. Staff had received up to date safeguarding training at the appropriate level and demonstrated to us their knowledge of how to recognise the signs of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. Staff were not clear who the practice's safeguarding lead was or who to contact if they had a concern.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

A brief risk management process had been undertaken for the safe use of sharps (needles and sharp instruments). The risk assessment did not include an assessment of all sharp instruments. Practice policies stated that only the dentists were permitted to re-sheath needles where necessary in order to minimise the risk of inoculation injuries to staff. We saw evidence the policy wasn't being implemented and monitored effectively as three dental nurses had suffered sharp injuries in the preceding six months. The cluster manager developed and submitted a new risk assessment to us immediately after the inspection.

We were told some dentists did not use rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. 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 and protect the airway. Rubber dams should be used when endodontic treatment is being provided. No other safety precautions were in place when rubber dam was not used and this was highlighted with the registered manager.

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date (April 2017).

Medical emergencies

Staff had received up to date training in medical emergencies. All equipment and emergency medicines were present in line with the Resuscitation Council UK guidelines. This included 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]. The battery had been replaced since our last visit.

No action

Are services safe?

Staff had improved the process to check the emergency medicines and equipment; the plastic tubing on oxygen masks had been replaced and the recommended airways were now available.

All stock was within the expiry date. A first aid kit was available and expired items had been replaced. Staff knew the location of the emergency equipment which was easily accessible.

Staff recruitment

We discussed the previous concerns relating to staff recruitment to check that appropriate recruitment procedures were now in place. No new members of staff had been employed since the focused inspection; two members of staff had transferred to the practice from other locations in the organisation and we found their staff files held all required documents including proof of identity, qualifications, immunisation status, indemnity, and where necessary a Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children. The cluster manager showed us organisational plans to update the recruitment policy and procedures. Staff were required to ensure they had their own professional indemnity in place. The practice did not hold up to date evidence of indemnity for all staff. They were able to contact the staff member of the day of the inspection to obtain the evidence.

Nationally recognised guidance recommends that health professionals who are likely to come into contract with blood products or are at increased risk of needle-stick injuries should receive vaccinations to minimise risks of acquiring blood borne infections. The practice had worked with staff to obtain evidence they had received inoculations against Hepatitis B and that satisfactory evidence of bloods tested for the presence of the Hepatitis B antibody was available for all clinical staff members. Three members of clinical staff were part way through a course of vaccinations or awaiting evidence of protection, the practice manager had carried out risk assessments for these staff members. One member of staff had not responded to the vaccines and required further follow up.

Monitoring health & safety and responding to risks

We reviewed various risk assessments (a risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) within the practice. The practice had carried out new risk assessments in January 2017. We looked at risk assessments including the use of safer sharps, fire, clinical waste, COSHH and manual handling. We found these were not always complete and contained minimal information. For example, COSHH risk assessments were not available for all the appropriate substances; and the sharps risk assessment did not include the risk from all sharps used including instruments and dental files, this was addressed immediately after the inspection and evidence was seen by the inspector.

A health and safety policy was available but this was a generic model policy which had not been personalised to the practice.

The practice had two fire exits; clear signs were visible to show where evacuation points were. We saw annual maintenance certificates of firefighting equipment including the current certificate from 2016. The fire risk assessment was carried out in January 2017. This identified that emergency torches and weekly checks of the alarm system were required but these had not been acted upon. Fire drills were carried out on an ad-hoc basis to ensure staff were rehearsed in evacuation procedures. The registered manager was aware that these should be carried out on a six monthly basis and there were plans to implement this.

The practice had CCTV cameras to monitor the reception and waiting areas. Signage was displayed to ensure patients were aware of this and the practice had registered with the Information Commissioner's Office (ICO).

Infection control

There were systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission which included Hepatitis B. The policy was a generic one which had been adopted but not personalised to the practice, There were gaps where processes and the location of equipment should be described and this referred to out of date guidance. The practice had followed the 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)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

No action

Are services safe?

We looked at the facilities for cleaning and decontaminating dental instruments. The practice had a designated decontamination room in accordance with HTM 01-05 guidance. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated and inspected with an illuminated magnifier prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused.

There was evidence of daily, weekly and monthly tests being performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

The unit for processing digital X-rays was located in the staff kitchen. A procedure was in place to ensure that staff entering the room to process X-rays did not enter the room wearing PPE.

We observed how clinical waste items were disposed of and stored. The practice had a contract with a clinical waste contractor. We saw the different types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps.

Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

We looked at the treatment rooms where patients were examined and treated. The rooms and equipment were visibly clean and had been zoned to clearly identify clean and dirty areas. Separate hand wash sinks were available with good supplies of liquid soap and alcohol gel. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

Records showed a risk assessment process for Legionella had been carried out in 2015 and 2017. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was a good supply of environmental cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place 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 spreading.

Staff had carried out an infection prevention and control (IPC) audit in February 2017 using the approved audit tool from the Infection Prevention Society. We reviewed the latest IPC audit which showed the practice had scored 96%. A number of actions had been carried out which included clearing and zoning of clinical areas, the removal of portable fans in surgeries and the introduction of a process to disinfect items such as dentures received back from the dental laboratory.

Equipment and medicines

There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers, medical oxygen and the X-ray equipment. We were shown the servicing certificates.

An effective system was in place for the prescribing, administration and stock control of the medicines used in clinical practice such as local anaesthetics and antibiotics. These medicines were now stored safely for the protection of patients.

Radiography (X-rays)

We checked the practice's radiation protection records as X-rays were taken and developed at the practice. We found there were arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available. One of the X-ray machines had been recently installed and it was clearly signed not to use until the unit had been certified by a qualified person.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

No action

Are services safe?

In order to keep up to date with radiography and radiation protection and to ensure the practice is in compliance with its legal obligations under Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000, the GDC recommends that dentists undertake a minimum of five hours continuing professional development (CPD) training During each five year CPD cycle. We saw evidence that the dentists were up to date with this training.

Dental care records we reviewed showed the practice was justifying, reporting on and grading X-rays taken.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. Dental Care Records showed a comprehensive examination of a patient's soft tissues (including lips, tongue and palate) had been carried out and the dentists had recorded details of the condition of patients' gums using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). In addition they recorded the justification, findings and quality assurance of X-ray images taken.

The dentists carried out an oral health assessment for each patient which included their risk of tooth decay, gum disease, tooth wear and mouth cancer. The results were then discussed with the patient (and documented in the patient record) along with any treatment options, including risks, benefits and costs.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

Health promotion & prevention

The practice placed an emphasis on oral disease prevention and the maintenance of good oral health as part of their overall philosophy. A range of leaflets and posters in the waiting room contained information for patients such as smoking cessation advice and maintaining children's oral health. Staff we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. This was also recorded in the dental care records we reviewed.

Staffing

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. Staff had undertaken training to ensure they were kept up to date with the recommended training and registration requirements issued by the GDC. This included areas such as responding to medical emergencies and infection control and prevention.

There was an appraisal system in place for dental nurses and administrative staff which was used to identify training and development needs.

Working with other services

Referrals for patients when required were made to other services. The practice had an online system in place for referring patients for dental treatment and specialist procedures such as orthodontics and minor oral surgery. Staff told us where a referral was necessary, the care and treatment required was fully explained to the patient. There was a system in place to record and monitor referrals made to ensure patients received the care and treatment they required in a timely manner.

Consent to care and treatment

The practice ensured informed consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits were discussed with each patient who then received a detailed treatment plan and estimate of costs. We asked the dentists to show us some dental care records which reflected this. Patients were given time to consider and make informed decisions about which option they wanted. This was reflected in the comments we received from patients.

The Mental Capacity Act 2005 (MCA) 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 demonstrated a good understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment.

Staff members were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. They were familiar with the concept of Gillick competence regarding the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

No action

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were six responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and treatment rooms which ensured patients' confidential information could not be viewed by others. If further privacy was requested, patients were taken to a private room to talk with a staff member.

We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Dental care records were stored electronically and computers were password protected to ensure secure access. Computers were backed up and passwords changed regularly in accordance with the Data Protection Act.

We saw evidence for all staff in information governance training. Staff were confident in data protection and confidentiality principles.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and private treatment costs were displayed in the waiting area. The practice's website provided patients with information about the range of treatments which were available at the practice.

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. We looked at dental care records with clinicians which confirmed this and patient comments aligned with these findings.

No action

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including the practice opening hours, emergency 'out of hours' contact details, complaints and safeguarding procedures and treatment costs. Leaflets on oral health conditions and preventative advice were also available.

Staff told us that every effort was made to see all emergency patients on the day they contacted the practice. Reception staff had clear guidance to enable them to assess how urgently the patient required an appointment. We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients.

The practice had made reasonable adjustments to prevent inequity to any patient group. A disability access audit had been carried out in January 2017. A disability access audit is an assessment of the practice to ensure it meets the needs of disabled individuals, those with restricted mobility or with pushchairs. There was level access to the premises; patients with a disability could be treated in the downstairs surgery. The toilet facilities were fully accessible. Staff had access to interpretation and translation services where required.

Access to the service

The practice was open from 9am to 5.30pm Monday to Friday. The opening hours were displayed in their premises, in the practice information leaflet and on the website. Feedback on the comment cards indicated that they felt they had good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC but did not include details of the lead for complaints or up to date contact details of the relevant external agencies.

Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses. Staff told us they raised any patient comments or concerns with the practice manager immediately to ensure responses were made in a timely manner. The practice had received three complaints in the last twelve months. We saw evidence that complaints were responded to in a timely way and included an apology and explanation.

No action

Are services well-led?

Our findings

Governance arrangements

The practice manager provided us with the practice policies, procedures, certificates and other documents. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing and maintenance. We noted policies and procedures were not reviewed and updated appropriately to support the safe running of the service. Generic policies had been adopted which were not personalised to the practice. For example, there were gaps to insert the name of lead individuals, processes and the location of equipment.

The practice manager kept all staff files, training logs and certificates and ensured there were quality checks of clinical and administration work. The practice did not have an effective approach for identifying where quality or safety was being affected and addressing any issues. We saw evidence of recent incidents reported by staff that had not been investigated and there was no process to ensure that incidents were discussed with staff to share learning. Health and safety and risk management policies and risk assessments were incomplete and systems were not in place to ensure that all staff held up to date professional indemnity.

The practice had appointed dedicated leads to assist in the smooth running of the practice and provided additional training. We found that not all staff were familiar with who the leads were.

Leadership, openness and transparency

The overall leadership was provided by the registered manager with support from the cluster manager. They had made significant improvements since the previous inspection and were committed to continuing the work and engaging with staff and the organisation to make further improvements. Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour requirements.

Learning and improvement

We reviewed mandatory audits for infection control, record keeping and radiography. Record keeping and radiography audits carried out in the preceding 12 months identified that some dentists had failed the levels of quality expected but there was no evidence of action plans and improvement plans in place. We noted that the most recent audits did include actions and plans for improvement and the registered manager told us that the dentists were attending courses at the local dental deanery to improve their performance. There was no appraisal process in place for dentists; we discussed this with the cluster manager who told us that a new clinical lead had been identified in the organisation.

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

The practice had systems in place to seek and act upon feedback from people using the service. Staff and patients were encouraged to provide feedback on a regular basis either verbally or on survey forms. Staff told us that they felt more supported in recent weeks and had received more training. They told us they were confident to raise concerns or make suggestions to the practice manager. Staff meetings were not held regularly, there had been three meetings in the preceding 12 months. The practice manager told us there were plans to implement regular formal staff meetings. We looked at the minutes from the most recent staff meeting in February 2017 and saw that topics including decontamination, instrument storage and equipment were discussed.