

1A Group Dental Practice Partnership

Mydentist - Lincoln Road - Peterborough

Inspection Report

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Date of inspection visit: 1 September 2015
Date of publication: 12/11/2015

Overall summary

We carried out an announced comprehensive inspection on 1 September 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.

Background

1A Dental Practice - City provides primary dental care and treatment to patients whose care is funded through the NHS and to a small number of patients who pay privately. The service is part of the 1A Group Dental Practice Partnership owned by a large provider of dental care, the IDH Group currently rebranding to Mydentist. The practice employs five dentists, two dental nurses, a hygiene therapist, three trainee dental nurses (one of whom had completed training and were waiting to register) a practice manager and a receptionist. The practice opens 8.30am to 5pm Monday to Friday.

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.

We received feedback from 14 patients either in person or via CQC comments cards from patients who had visited the practice in the two weeks before our inspection. They told us staff were welcoming, professional and treated

Summary of findings

them with dignity and respect. Patients told us they were happy with the care and treatment they received and several patients told us they would recommend the service to friends and family.

Our key findings were:

- A process was in place for identifying, reporting and investigating incidents and accidents. Improvement was needed to ensure that each stage of the process was completed so that risks could be managed by taking appropriate action.
- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies; appropriate medicines and life-saving equipment were readily available.
- Infection control procedures were in place and the practice followed published guidance on the majority of occasions, however, there were some areas for improvement.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system and the practice was open and transparent with apologies given if a mistake had been made.

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

- Ensure improvement is made to the procedures for reporting, recording and analysing incidents and accidents so that appropriate action is taken to reduce the risk of further occurrences.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Review the local rules for the operation of X-ray equipment to ensure that it is only operated by clinical staff authorised to carry out X-ray procedures.

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 the training for the infection control lead so that they have the appropriate knowledge and skills to fulfil the role and are supported to complete monitoring tasks.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the ground floor access to the practice for patients with a disability ensure that staff recognise and report concerns and complaints raised by patients.
- Follow the full recruitment policy when new staff are appointed
- Complete a risk assessment to safely manage the open access to the staircase in the staff room so that adequate control measures are put in place to prevent accidents.
- Complete the actions following the fire risk assessment so that all risk reduction measures are in place.

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

The practice responded to national patient safety and medicines alerts and took appropriate action. Significant events and accidents were not always recorded appropriately. Although investigations were thorough, improvement measures were not always implemented. Patients were informed if mistakes had been made and given suitable apologies. Staff had received training in safeguarding, whistleblowing and knew the signs of abuse and who to report them to. Staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times. Infection control procedures were in place and the practice followed national guidelines. However, further improvement was needed to quality monitoring checks to ensure that staff always followed nationally recognised guidelines and to ensure that effective decontamination procedures were being completed. Radiation equipment was suitably sited and well maintained. We saw that the radiation equipment was used by trained staff employed by the practice but an arrangement with another practice had not been taken into account to ensure that safe management of the equipment was followed. Emergency medicine in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice; it was serviced and maintained at regular intervals.

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations. Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood. Risks, benefits, options and costs were explained. Staff were supported through training and opportunities for development. Patients were referred to other services in a timely manner. Staff awareness of the Mental Capacity Act 2005 should be improved.

Are services caring?

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

Staff treated patients with dignity and respect and ensured their privacy was maintained. Patient information and data was handled confidentially. Patients told us that staff were caring, professional and always had time to listen to them. Treatment was clearly explained and they were provided with treatment plans and costs. Patients were given time to consider their treatment options and felt involved in their care and treatment.

Are services responsive to people's needs?

We found this practice was providing responsive care in accordance with the relevant regulations. Appointment times met the needs of patients and waiting time was kept to a minimum. Information about emergency treatment was made available to patients. A practice leaflet was available in reception to explain to patients about the services provided. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. Patients who had difficulty understanding care and treatment options were supported. The practice had a complaints policy that outlined an intention to deal with complaints in an open and transparent way and apologise when things went wrong. Further improvement was needed to ensure that staff recognised and report complaints and concerns raised by patients in a timely way.

Summary of findings

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The practice followed a clear leadership structure and involved staff in their vision and values. Regular staff meetings took place and these were recorded and shared. Staff told us they felt supported by the practice manager and they received support to maintain their professional development and skills. Governance procedures were in place and policies and procedures were regularly updated. However, quality monitoring checks undertaken in relation to the decontamination process did not always follow national guidelines and were not robust. Patient care records we reviewed were complete and information was stored securely to protect patient's confidential information. There was candour, openness, honesty and transparency amongst all staff we spoke with. The practice sought the views of patients through an on-going satisfaction survey and the results and actions were displayed in the waiting room.

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Detailed findings

Background to this inspection

The inspection took place on 1 September 2015 and was carried out by a CQC inspector and a dental specialist advisor.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and consulted with other stakeholders, such as NHS England area team and Healthwatch; however we did not receive any information of concern from them.

The methods that were used during the inspection included talking to people using the service, interviewing staff, making observations of the environment and staff actions and a review of documents.

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 manager was responsible for reviewing and investigating any incidents or accidents. The reporting procedures were displayed for staff reference and this included reporting the incident to head office. The records we checked showed that five incidents had been reported since May 2014. Of these, three were well documented and included recommended changes made by the practice manager. The changes related to the fixtures and fittings of the building and had been sent to the head office. However, none of the recommended actions had been completed and there was no record to explain the reason for this. Two other reported incidents did not contain sufficient detail of the incident that had occurred or immediate action taken. The practice manager told us these incidents had occurred when they were not at work. Staff who were present at the time, had not completed detailed records and followed the incident policy.

We asked to review the incident policy. There was a medical emergency policy, a first aid policy and an accident reporting procedure. These did not include incidents that could cause disruption to the service or put the safety of staff and patients at risk. Without this guidance, staff may not recognise, report and initiate action that could improve the safety of the service.

We spoke with staff who told us they followed steps to ensure there were no errors with wrong site surgery. For example they ensured they checked with the patient, referred to X-rays and records.

Reliable safety systems and processes (including safeguarding)

The practice manager was the lead for safeguarding issues. Records showed that staff had received relevant training. We spoke with staff and found they were aware of the different types of abuse and who to report them to if they came across a vulnerable child or adult. A policy was in place for staff to refer to and this contained telephone numbers of who to contact outside of the practice if there was a need. There had been no safeguarding incidents since this practice had registered.

Staff spoken with on the day of the inspection were aware of whistleblowing procedures and who to contact outside of the practice if they felt that they could not raise any issue with the dentists or practice manager. However they felt confident that any issue would be taken seriously and action taken by the practice manager if necessary.

We spoke with the dentists about the use of rubber dams used during treatment and saw evidence of their presence in their treatment rooms. 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. They should be used all of the time by all of the dentists in line with current guidelines.

The practice was supported by a regional clinical manager who provided company oversight and clinical advice about safe practice to the dentists.

Medical emergencies

We saw that emergency medicines, an automated external defibrillator (AED) and oxygen were readily available if required in an emergency situation. These items met the requirements listed in the British national Formulary (BNF) and the Resuscitation Council (UK) guidelines. An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

Staff received annual training in basic life support procedures and dealing with medical emergencies. In addition, quarterly medical emergency scenarios were practised. We checked the emergency medicines and found that they were of the recommended type and were all in date. A system was in place to monitor stock control and expiry dates.

Staff recruitment

The practice had a very low turnover of staff and had only employed one new member of staff in the last two years. We reviewed the recruitment file and found evidence of the employee's proof of identity, employment history, skills and qualifications and criminal records check through the Disclosure and Barring Service. However there was only one reference on file and this did not follow the guidelines within the recruitment policy.

Monitoring health & safety and responding to risks

Are services safe?

We found that staff separated clinical and general waste in line with recommended guidelines and an appropriate contract was in place for the safe management of waste. Sharps bins when full, were stored safely away from patients until they were collected for disposal.

A health and safety policy and risk assessment was in place at the practice. The risks had been identified and control measures put in place to reduce the risks to patients and staff at the practice. A current file for the Control of Substances Hazardous to Health (COSHH) was in place. COSHH was implemented in 2002 to protect workers against ill health and injury caused by exposure to hazardous substances such as mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

We saw the practice had commissioned a contractor to carry out a fire risk assessment of the building in July 2014. The report included recommendations and a programme of works had been implemented. The action plan clearly showed there were still some outstanding actions for example a fire door was required on the decontamination room. The practice manager had identified the actions to head office but did not know any timescales for when the work would be completed.

A fire drill had been completed in July 2014, March 2015 and another had been scheduled for September 2015. The practice manager recorded the drill and we saw that staff had received feedback to promote improved responses.

A steep staircase, designated as a fire escape route could be easily accessed from the staffroom. The top of the stairs was an open access point and could be easily accessed by a member of the public. There was no risk assessment in place about the risk of falls.

Infection control

The practice was visibly clean, tidy and uncluttered. We saw cleaning contracts were in place and we spoke to the dental nurses who described how they cleaned the consultation rooms. An infection control policy was in place that clearly described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice.

The practice had designated the lead responsibility for infection control to a dental nurse. We found they had not

received additional training for the role to ensure they had current knowledge and skills to oversee the decontamination procedures in line with national guidelines in HTM 01-05. They did not have any designated time for the role and this impacted on their leadership responsibilities to monitor quality assurance to good effect.

We looked at the decontamination room used by staff for cleaning and sterilising dental instruments. We noted that staff had to access this area by walking through the staff room which was not ideal but the layout of the premises was restrictive. There were clearly defined dirty and clean zones to reduce the risk of cross contamination of instruments during the cleaning process. However, some activities did not support zoning for example the practice did not have separate canisters of lubricant for use on clean and unclean instruments. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear.

The equipment used for cleaning and sterilising equipment was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of sterilisation cycles and tests. However we found that no quarterly activity tests were being completed on the ultrasonic cleaning bath (a device used in the initial stages of the cleaning process). The log books for each autoclave (used for sterilising dental instruments) demonstrated that one machine was routinely checked but the other did not have consistent checks recorded to ensure that the equipment was in good working order and being effectively maintained.

An infection control audit had been completed within the last year and this had not identified any improvement actions. This did not reflect the evidence we found on the day of the inspection in relation to the management of dirty and clean zones or the checks of the equipment used for the decontamination of dental instruments. Quality assurance systems to manage the decontamination process were not effective.

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises and hand washing techniques were displayed in the toilet facilities. Sharps bins were properly located, signed, dated and not overfilled. A clinical waste contract was in place and waste bags were stored securely until collection.

Are services safe?

A fridge situated in the staff room and used for storing food items was also being used to store some dental items and this could be a cross contamination risk. We raised this with staff who agreed to rectify the situation.

Staff files examined showed that all clinical staff were up to date with Hepatitis B immunity.

The practice had a legionella risk assessment in place and conducted regular tests on the water supply. This included maintaining records and checking on the hot and cold water temperatures achieved. An external contractor attended annually to ensure that procedures were in place to reduce the risk to staff or patients.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines. Portable appliance testing (PAT) took place on all electrical equipment. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

Medicines in use at the practice were stored safely and when out of date, were disposed of in line with published guidance. We checked the medicines used at the practice and found they were all in date. There were sufficient stocks available for use and these were rotated regularly. The ordering system was effective.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

We spoke to clinical staff who demonstrated that they understood the indications for the use of emergency medicines and stated they felt confident to intervene in the event of emergency.

Radiography (X-rays)

X-rays were carried out safely and in line with the local rules that were on display and were relevant to the practice and the equipment. X-ray machines were the subject of regular visible checks and records had been kept. A specialist company attended at regular intervals to calibrate all X-ray equipment to ensure they were operating safely. Where faults or repairs were required these were actioned in a timely fashion.

The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs were undertaken when necessary.

A radiation protection advisor and a radiation protection supervisor had been appointed at the practice to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation relating to radiology at the practice. However, we were informed that staff at another separately registered practice on the ground floor of the building used a particular piece of equipment used to take panoramic dental X-ray scans of the upper and lower jaw. The staff at the other practice were not named in the documentation as being authorised to use this equipment. There was no written assurance of their competence to operate the equipment in a safe way.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients attending the practice for a consultation received an assessment of their dental health after supplying a medical history covering their health conditions, current medicines being taken and whether they had any allergies.

The dental assessments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

Following clinical assessment, the dentists followed the guidance from the Faculty of General Dental Practice before taking X-rays to ensure they were required and necessary. A diagnosis was then discussed with the patient and treatment options explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice, alcohol consumption guidance and general dental hygiene procedures such as prescribing dental fluoride treatments. The patient notes were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations.

Patients requiring specialised treatment such as conscious sedation were referred to other dental specialists. Their treatment was then monitored after being referred back to the practice once it had taken place to ensure they received a satisfactory outcome and all necessary post procedure care.

Patients spoken with and comments received on CQC comment cards reflected that patients were very satisfied with the assessments, information they received and the quality of the dental care they received.

Health promotion & prevention

The dentist provided patients with advice to improve and maintain good oral health in line with The Delivering Better Oral Health Toolkit. This is an NHS England publication for

delivering better oral health to support dental practices in improving their patient's oral and general health. Details of discussions between the clinician and their patient were recorded which included dietary advice, the use of fluoride paste and rinses, smoking cessation and alcohol consumption.

The dentist also focused on treating gum disease and giving advice on the prevention of decay and gum disease including advice on tooth brushing techniques and oral hygiene products. There was some information available for patients about oral health on the practice website and information leaflets were provided to patients and were also available in the reception area. Health promotion information included leaflets to guide parents and guardians of children to support good dental care.

CQC comment cards that we viewed and patients we spoke with confirmed that they had received health promotion advice.

Staffing

The practice employed five dentists some of whom worked on a part-time basis. In addition there were two dental nurses, two trainee dental nurses, a practice manager, a hygiene therapist and a receptionist. In addition we also found that one member of staff who was working as a receptionist on the day of the inspection had also completed the dental nurse training programme. They were communicating with the General Dental Council (GDC) but had not yet secured their registration as a dental nurse. We spoke with the practice manager and member of staff who agreed that they would only work as a receptionist until their registration was secured.

There was a system in place to monitor staff training and we found evidence of this in their personal files. The practice had identified some training that was mandatory for their staff and this included basic life support and safeguarding. There was a head office based training academy and we saw records that showed staff were being trained both on line and in person. Some of the one to one training included medical emergencies.

There was an appraisal process in place for all staff. In addition to the practice manager there is a clinical manager who provides appraisals for the dentists.

Are services effective?

(for example, treatment is effective)

The practice does not use locum dentists or nurses but does use staff from other practices within the same corporate group to help cover staff absence.

Staff had access to the practice computer system and policies which contained information that further supported them in the workplace. This included current dental guidance and good practice. Staff meetings were used to share information and seek feedback from staff about potential service improvements.

Working with other services

The practice had a policy in place to refer patients to other practices within the group or other specialists if the treatment required was not provided by them. This included conscious sedation for nervous patients.

The care and treatment required was explained to the patient and they were given a choice of other dentists if possible. A referral letter was then prepared with full details of the consultation and the type of treatment required. This was then sent to the practice that was to provide the treatment so they were aware of the details of the treatment required. The practice did not provide patients with a copy of their referral letters at the time of our inspection but they had plans in place to change this within the next week or two. Following treatment, the patient was discharged back to the practice for further follow-up and monitoring.

Where patients had complex dental issues, such as oral cancer, the practice referred them to other healthcare professionals using their referral process. This involved supporting the patient to access the 'choose and book' system and select a specialist of their choice.

Consent to care and treatment

The practice had a consent policy to support staff in understanding the different types of consent a patient could give and whether it could be taken verbally or in writing. Staff we spoke with told us they had read the policy and they had ready access to it. They were able to describe the ways they gained consent and checked that each patient understood the information they had given to them to make an informed decision.

Although staff were able to describe the principles of supporting all their patients to make informed decisions and choices, not all staff were aware of the Gillick competency test used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Staff were able to describe the ways they checked whether each patient had the capacity to understand the information about their dental health to make informed choices. However, they were not all aware of the Mental Capacity Act 2005 which provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that staff greeted patients in a polite and welcoming manner. Staff responded to patient's questions in a respectful and helpful way and did not disclose personal information that could be heard by other patients in the waiting room. Patients we spoke with told us they felt their privacy was respected and staff were always friendly and put them at ease.

Dental nurses we spoke with were able to describe the caring approach they took to assuring patients, building their confidence and trust in the service particularly for nervous patients. They were sensitive to the needs of children by talking to them at an appropriate level and rewarding them with stickers after their check-up or treatment. Staff told us they respected the rights of young people by speaking to them directly and involving them in decisions about their dental health or treatment.

We received a total of nine CQC comments cards completed by patients during two weeks leading up to the inspection. The cards were all very positive showing that

patients valued the service they received. Patients said they found that the surroundings were clean, staff were caring, professional and always had time to listen to their concerns.

Involvement in decisions about care and treatment

We received comments on the CQC cards from patients who told us they received a good level of information about their treatment or general dental needs that enabled them to make choices about their treatment. They also felt able to ask their dentists questions about their treatment and told us they were happy with the outcomes of their treatment. Patients we spoke with confirmed they received information about their dental costs prior to any treatments taking place.

We spoke with staff who gave us examples of individualised care that enabled patients to make their own decisions. For example a patient with a visual impairment was given additional time and support to access the treatment room and consent to treatment. Records we checked showed that patients consent had been obtained before treatment plans were progressed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice leaflet and website explained the range of services offered to patients. This included regular check-ups, fillings, extractions, root canal, dentures, bridges and crowns. The practice undertook mainly NHS and some private treatments. Costs were displayed in the waiting room and were also explained to patients during their consultation. The provider had a policy of taking payment from the patient before they saw a dentist for their check-up or appointment. Patients were reminded of this by reception staff.

Staff we spoke with said the practice scheduled enough time with each patient to assess and undertake their care and treatment needs. When we spoke with patients, they told us they did not feel rushed by the staff and they felt able to ask questions and discuss any concerns they had.

We spoke with the receptionist who explained that each dentist blocked two emergency appointments slots each day and this was often sufficient to meet the demand for urgent 'on the day' appointment requests. If it was not, reception staff checked with the dentist to agree whether a 'sit and wait appointment' could be offered to a patient through double booking an appointment where any foreseeable time delays could be well managed.

Tackling inequity and promoting equality

The dental service was provided on the first floor of a listed building that did not have a lift. Patients were always informed of the restricted access to the service by staff over the telephone although this information was not made clear on the practice's website. Hand rails had been fitted on either side of the staircase and staff were available to help support patients to access the service if this was appropriate. Some long term patients who had become unable to use the stairs and did not want to register with an alternative dentist, were seen by special arrangement at the dental practice located on the ground floor of the building.

An incident had occurred within the last year, where a patient had fallen on the sloped access at the rear of the building. The investigation recommended that a handrail was fitted but this had not been actioned.

The practice welcomed patients from all cultures and backgrounds although at the time of the inspection they had very few patients with a limited understanding of the English language. Staff were aware of, and had access to interpreting services should the need arise. In addition members of staff at the practice spoke Portuguese, Latvian and Russian languages.

Access to the service

The practice offered a range of general dental services and opened weekdays from 8.30am until 5.00pm. It provided treatment to NHS patients on the first floor of the premises. The practice operated a system to remind patients of their appointment details by email or text messaging if the patient had given permission for this.

The interval in between routine check-ups was determined by each dentist in line with national guidelines. We spoke with patients who were attending that day for their routine check-ups. We also found that some patients were being asked to phone to make their next six monthly routine check in five months time.

Patients we spoke with were satisfied with access to routine and emergency appointments. One patient told us they had called that morning for the emergency appointment they were attending. Another told us that when they had needed an emergency appointment, they were offered one for the next morning and the receptionist had been very apologetic that a same day appointment was not available.

Information about obtaining emergency care out of hours was displayed in the reception. If patients called when the practice was closed, an answerphone message explained what to do. Patients may find it useful to have this information on the practice website.

Out-of-hours cover is provided by the NHS 111 service.

Concerns & complaints

The practice had an appropriate complaints policy in place and the practice manager was responsible for dealing with any complaints received and sharing this information with the support team at head office. Information on how to raise a complaint and how it would be dealt with was available in written format in the waiting room. The website also included a link to the complaints policy and advised patients to contact the practice manager.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had received two formal complaints within the last year. We saw that on each occasion, the practice manager had followed the complaints procedure, investigated the concerns and communicated clearly with the patient in question. However, the details of one complaint that raised several issues, showed that staff had not always reacted to the patients concerns at the time they were raised. By not recognising and reporting the complaint in a timely way, the issues were not resolved for the patient at the earliest opportunity.

We saw that written complaints were discussed with the practice team to raise their awareness of the issues and

ensure that staff took the opportunity to learn and improve the service. For example staff understood the importance of providing clear information to a patient at the time of their consultation.

During our discussion with the practice manager we found that verbal concerns raised by patients were not always formally recorded so that trends in patient feedback could be identified and actions taken to improve the service.

Patients we spoke with told us they would raise any concerns they had with any of the staff. They were not aware of the complaints process and had not needed to use it.

Are services well-led?

Our findings

Governance arrangements

The practice had a clinical governance policy in place that was shared with other practices within the group. It was the responsibility of the practice manager to lead on governance and quality monitoring issues. The practice also shared business support services and policies issued by the provider which aimed to support a common approach.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention and control, patient confidentiality and recruitment. Staff we spoke with were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them. We looked at a range of policies and found they were up to date.

The staff we spoke with felt supported by the practice manager who kept them informed of quality issues and improvements. A staff bulletin was published weekly by the provider and this included clinical and administrative updates for staff.

We saw evidence of training, continuing professional development and staff support that was monitored by the practice manager.

Regular checks and tests undertaken in relation to the decontamination processes did not always follow national guidelines and the records we reviewed were not always consistent.

Patient care records we reviewed were complete and information was stored securely to protect patient's confidential information.

Leadership, openness and transparency

There was a clear leadership structure in place and staff understood their roles and responsibilities within the practice. The practice manager set standards and ensured they were maintained although we found that the infection control lead did not have clinical support to fulfil the role in accordance with recognised guidelines.

Staff were involved in regular team meetings and minutes of these were available for staff reference. The staff we

spoke with told us that they worked within an open culture where they were supported to raise any issues about the safety and quality of the service and share their learning. They described that they worked as a supportive team where issues were addressed in a professional manner.

All staff knew how to raise any issues and were confident that action would be taken by the practice manager. We were told that there was a no blame culture at the practice and that the delivery of high quality care was a high priority.

Learning and improvement

There were systems in place to promote learning and service improvements although some areas required further development to maximise opportunities to improve the quality of the service. For example, staff did not always recognise and act on complaints and incidents were not always recorded in detail. When incidents were investigated and recommendations identified, the provider did not always feedback to the practice manager to explain why action was not being taken.

Staff we spoke with said they had opportunities to receive mandatory training that had been defined by the company and additional clinical training was accessible through the NHS. Most of the training was available through online courses. One nurse told us they had been able to access training in radiography and infection control. Staff told us they did not receive any designated work time to complete the online training due to pressures on the service.

Dentists and dental nurses at the practice were registered with the GDC (with the exception of one newly qualified dental nurse). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. The practice manager kept a record to evidence that staff were up to date with their professional registration.

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

The practice had a process for on-going assessment of patient satisfaction and we saw the results of this on a board in the main waiting room. There was a general theme of satisfaction and when actions had been taken in response to feedback this was displayed for patients to see.

Are services well-led?

For example when patients had identified concerns about getting through to the practice on the telephone, the practice had taken action by introducing an improved telephone system as well as an online booking system.

The practice reviewed the feedback from patients who raised concerns or complaints. The complaints policy focused on resolving issues at the first point of contact. We found that these issues were not always being recorded so that any themes in patient complaints could be identified

or actioned to promote improvement. There was a system in place to assess and analyse more formal complaints and the outcomes were shared with staff to promote improvement.

Staff we spoke with told us their views were sought at team meetings and informally. They told us their views were listened to and they felt part of a team who worked well together. The practice manager had an open door culture and encouraged staff to share their views and opinions. Staff we spoke with shared this view.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Quality monitoring procedures did not provide sufficient assurance that effective decontamination procedures were in place.</p> <p>The procedures for reporting, recording and analysing incidents and accidents were not consistently followed. Appropriate action was not always taken to reduce the risk of further occurrences.</p> <p>Formal procedures had not been completed to ensure that all clinical staff who used X-ray equipment on the premises did so in accordance with local guidelines.</p> <p>Regulation 17 (2) (b) (d)</p>