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Norwood Dental Care

Inspection Report

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Overall summary

We carried out an unannounced comprehensive inspection on 23 June 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 not 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

Norwood Dental Care is located in the London Borough of Lambeth and is part of the brand Southern Dental that owns a number of dental practices in the South England region. The premises consist of three treatment rooms and one dedicated decontamination room. There are also toilet facilities, a waiting area, a reception area, an administrative office and a staff kitchen area.

The practice provides NHS and private dental services and treats both adults and children. The reception area has a child friendly corner with small chairs, a table and building blocks to occupy young children. The practice offers a range of dental services including routine examinations and treatment and oral hygiene.

The staff structure of the practice is comprised of one dentist, two part-time hygienists, a trainee dental nurse (started on 23 June 2015), one qualified dental nurse, a receptionist and a practice manager (who was on leave).

The practice is open Monday 9:00am to 7:00pm and Tuesday to Friday from 9.00am to 5.00pm. There is one full-time dentist and two part-time hygienists that work on Wednesday 9:00am to 1:00pm and Thursday 9:00am to 5:00pm.

The practice did not have a registered manager in place at the time of our inspection. We were told that the previous practice manager had left a while ago. 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

Summary of findings

and associated Regulations about how the practice is run. We have formally requested the provider to send us information as regards the reason for not having a registered manager in place.

We carried out an unannounced comprehensive inspection on 23 June 2015 in response to concerns that were reported to CQC about the essential standards of quality and safety that were not being met.

The inspection took place over one day and was carried out by a CQC inspector and a dentist specialist advisor.

We reviewed four NHS Friends and Family test cards completed by patients and seven reviews posted on the NHS Choices website. Patients gave mixed views about the care and experience of the practice.

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).
- The practice carried out the relevant checks to ensure that the persons being recruited were suitable and competent for the role.
- The practice worked well with other providers and followed patients up to ensure that they received treatment in good time.
- The practice maintained appropriate dental care records and patients' clinical details were updated appropriately.
- The practice did not have robust arrangements in place to manage single use dental equipment and disposal of clinical waste.
- There were limited governance arrangements in place to guide the management of the practice.
- The practice did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.
- The monitoring arrangements and audits were not effective in improving the quality and safety of the services
- The practice had not implemented clear procedures for managing comments, concerns or complaints.
- Appliances and fixtures and fittings in the premises were not being suitably maintained.
- Staff did not receive induction and performance appraisals and there were no training records available to evidence the mandatory training staff had received. Two members of staff we spoke with showed lack of awareness of reporting of safeguarding concerns.

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

- 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'
- Ensure waste is segregated and disposed of in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Review the practice's protocols for undertaking radiography giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Establish an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.
- Review governance arrangements including the effective use of risk assessments, audits, such as those for infection control, radiographs and dental care records, and staff meetings for monitoring and improving the quality of the care received.
- Review the suitability of all areas of the premises and the fixtures and fittings in the treatment rooms.
- Ensure all staff receive induction and performance appraisals and are suitably supported in undertaking their activities.

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

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 not 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 at the end of this report).

The practice had arrangements and equipment in place to deal with medical emergencies. All staff had received training in emergency resuscitation and basic life support.

Staff had completed all the required checks before starting to work at the practice to ensure they were safe to work with patients.

There was however, lack of effective systems in place for reporting and learning from incidents, health and safety risk assessments, safeguarding of children and vulnerable adults, infection control and decontamination of used dental instruments.

Medicines stored in the fridge were not well maintained or checked regularly. There was no temperature monitor for the fridge used to store medicines and the radiation protection file incomplete and not up to date

Are services effective?

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

The practice could demonstrate they followed relevant guidance, for example, issued by the National Institute for Health and Care Excellence (NICE). The practice monitored patients' oral health and gave appropriate health promotion advice. 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 and followed patients up to ensure that they received treatment in good time.

Staff told us they had completed all the mandatory training required for registration by the General Dental Council (GDC). However the practice had not kept up to date training records or provided inductions or annual appraisals to review career goals.

Are services caring?

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

Staff described to us how they ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Staff ensured patients were kept involved in their care and treatment planning. Dental care records were stored electronically and in a paper-based format. Electronic records were password protected and regularly backed up. Paper records were stored in lockable filing cupboards in the reception area. However, improvements could be made to ensure patients' privacy was respected while they were in the treatment room, as we noted that one of the treatment rooms did not have a door.

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. Staff told us that there was enough time to treat patients and patients could generally book an appointment in

Summary of findings

good time. The needs of people with disabilities had been considered in terms of accessing the service. There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area. However, there were no formal or informal complaints recorded and staff were unable to explain any learning from complaints.

Patients were invited to provide feedback via a satisfaction survey, including the use of the 'Friends and Family Test', in the waiting area.

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 had poor governance arrangements. There was a significant lack of risk assessments and of practice policies and procedures for staff to refer to for guidance. Staff were unclear about the management structure and lines for escalation if they had any concerns.

The staff we spoke with described the leadership as poor. They reported they felt frustrated and unsupported. We found that staff did not receive appropriate professional development. There was no evidence of an induction programme to the practice. The practice had no systems in place to share learning about complaints or incidents with a view to making improvements to patients care.

Patients' comments in reviews and surveys were mixed; however the practice did not evaluate views to make improvements.

Norwood Dental Care

Detailed findings

Background to this inspection

We carried out an unannounced, comprehensive inspection on 23 June 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dentist specialist advisor.

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

We reviewed comment cards completed by patients and reviews posted on the NHS Choices website. Patients gave mixed views about the care and experience of the practice.

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

There was a lack of effective systems in place for reporting and learning from incidents. The practice had not updated the systems for reporting accidents or incidents from what was seen to be the old provider's systems and details. The last record was made in 2012 and was before Southern Dental had taken over the practice. There was no policy in place which described the actions that staff needed to take in the event that something went wrong or there was a 'near miss'. Although staff were able to tell us they needed to record incidents in an accident book they were unable to show us where this was and explain how the practice processes work. They were unclear on the reporting process including the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). The dentist told us that if patients were affected by something that went wrong, they would apologise to the patient and inform them of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice did not have policies and procedures in place for child protection and safeguarding adults. Although there was a contact list posted on the wall in the administrative office, staff did not refer to this when we asked them to explain the safeguarding procedures for the practice. They were able to describe what might be signs of abuse or neglect but they were not clear on the practice's processes for reporting potential abuse. The dentist had completed the necessary training for safeguarding adults and children in January 2015 however, for the other staff there was no safeguarding training records on file.

There was no information available to staff about the 'whistle blowing' procedures if they wanted to raise concerns about the practice or management in confidence with external bodies.

The practice had not carried out health and safety audits or risk assessments with a view to keeping staff and patients safe. For example, we saw in one surgery a plug socket with a plug attached that was hanging off the wall with some sello-tape wrapped around it, in another surgery there was a loose cable casing at the entrance that was a potential trip hazard. We found the portable electrical appliances had not been checked for safety since 2011 in some cases. The practice had not carried out risk assessments to minimise and prevent accidents that could potentially be avoided.

The dentist told us they 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.

The compliance manager informed us shortly after the inspection visit all staff would be completing the safeguarding training by 3 July 2015.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. All staff had received training in emergency resuscitation and basic life support in December 2014. The staff we spoke with were able to explain the practice protocols for responding to an emergency.

The practice had suitable emergency equipment in accordance with guidance issued by the Resuscitation Council UK. They had the relevant emergency medicines and oxygen although we noted there was no salbutamol inhaler that could help a patient if they were to suffer an asthma attack. We saw there were medicine checks being completed weekly however the last one had been completed on 15 May 2015.

We saw the practice had an automated external defibrillator (AED) and it was visible and easy to access in an emergency. (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 compliance manager informed us shortly after the inspection that all medicines and equipment had been checked and updated since the inspection.

Staff recruitment

The practice staffing consisted of one dentist, one dental nurse, one trainee dental nurse (it was their first day), a receptionist and a practice manager (who was on leave). We reviewed the staff files and saw that the practice carried out the relevant checks to ensure that the person being recruited was suitable and competent for the role. This

Are services safe?

included the checking of qualifications, identification, registration with the General Dental Council (where relevant), references and checks with the Disclosure and Barring Service (DBS). However, we were unable to find one of the staff files for a recently recruited member of staff. The member of staff had confirmed they had completed all the necessary checks before starting work.

Monitoring health & safety and responding to risks

There were some 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. Staff who had worked at the practice had signed a sheet to confirm they had read the file in January 2015, although we noted two new members of staff had not signed. However, during our visit we found cleaning products were kept in an unlocked cupboard in the patients' toilet where children could gain access.

The practice did not have a formal system in place to demonstrate how it responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA issue alerts to healthcare professionals, hospitals and GP surgeries to tell them when a medicine is being recalled or when there are concerns about the quality that will affect its safety or effectiveness. We could see that the practice had responded to information about Ebola risk as this was displayed in the waiting area following an alert.

The practice did not have a business continuity plan in place to ensure continuity of care in the event that the practice's premises could not be used for any reason. We were told there was a branch practice nearby that would assist to see urgent patients if there was an emergency closure.

Infection control

The premises appeared clean and tidy. The practice had a cleaning policy and contract in place with a cleaner. The schedule 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. However, we noted that there were no checklists after October 2014 to ensure all areas continued to be cleaned.

The systems that were in place to reduce the risk and spread of infection were not thorough or well managed. There was no infection control or decontamination policy available for staff to refer to for guidance. The lead dental nurse for infection control had left the practice and not returned for the last day of employment which was on the day we inspected. The nurse on duty explained there was no formal handover completed and processes remained unclear.

We found 10 orange bags full of clinical waste , that had not been collected. They were stored at the back of the surgery outside the building causing obstruction to the fire exit and a health and safety risk. The area where the bags were stored was not secure and next to a public pathway access where people could easily lean over the gate and unlock it.

There was a yellow clinical waste bin that was tipped onto its side and appeared to be locked and full of orange clinical waste bags lying on top of more clinical waste bags. When we pointed this out to staff they told us they had noticed this and raised it several times with the practice manager and were told they were dealing with it. When we looked at the clinical waste records we saw the waste collection consignment notes were present from 2013 to April 2015. The last collection was made on 29 April 2015. The compliance manager told us they had not been made aware of any issues with the clinical waste company. They confirmed there had not been any problems at the other sites where the same company is contracted.

We also found the clinical waste bin full in one of the surgery that had not been in use after the dentist left on 19 June 2015. When we spoke to the nurse on duty they explained that the lead nurse who had not turned up for work that day was responsible for that surgery. There was no guidance for staff to escalate matters that were not being dealt with in a timely manner.

We examined the facilities for cleaning and decontaminating dental instruments. There was a dedicated decontamination room with areas for 'dirty' and 'clean' instruments. The dental nurse showed us how they used the room and demonstrated a good understanding of the correct processes. The dental nurse wore appropriate protective equipment, such as heavy duty gloves and eye protection. Items were manually cleaned before being placed in an ultrasonic cleaner. An illuminated magnifier was used to check for any debris during the cleaning stages. Items were placed in an autoclave (steriliser) after

cleaning. Instruments were placed in pouches after sterilisation and a date stamp indicated how long they could be stored for before the sterilisation became ineffective. However, we noted that the cleaning gloves appeared to be unclean and we were told that they had not been changed for over a week. The hand washing sink was visibly dirty.

When we examined the instruments we noticed that some of the matrix bands that are used for tooth filling treatments were in pouched bags. The bands were pre-threaded and had cement on them indicating they were reused. We discussed this with the nurse and they told us that they understood that this was not the correct procedure but it was what they had been asked to do. They had been told by the previous nurse to clean the bands, sterilise and pouch them for reuse.

When we spoke to the dentist about the matrix bands they told us they did not use pre-threaded matrix bands on their patients and that if they saw this they asked the dental nurse to change the band so it was safe and not reused. The nurse confirmed they did this but they had seen other dentists who had previously worked in the practice use the reused bands.

The compliance manager informed us shortly after the inspection visit that the clinical waste had been collected and new bins had been ordered and secured to the outside wall; all instruments had been sterilised and replaced where necessary and correctly pouched and date stamped.

There were no daily or weekly checks being conducted in the practice to ensure cleaning and decontamination processes were done correctly. The steriliser for instruments was a vacuum autoclave. We found the logs incomplete for checking the autoclave was being maintained on a daily and weekly basis. The dental nurse was unsure on some of the checks required for pressure tests. There was no printer with the autoclave and no record of each cycle completed.

The compliance manager shared the results of the infection control audits they had completed in January 2015 and March 2015. There was a list of issues identified in the audits; however there had been improvements. In January the audit was scored at seven percent and by March this had improved to 53 percent. Staff commented that they had seen some improvements in infection control and processes. We noted that the audits had no timelines for actions to be completed and no responsible person listed. The compliance manager told us this was usually discussed at the area manager and practice manager level however there was no evidence of this record.

Records showed that a Legionella risk assessment had been carried out by an external company in December 2013 and was next due in December 2015. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). This process assessed the practice to be low risk. In April 2015 a water company certified that quality water is supplied to the practice. We saw evidence that dental water lines were being flushed in order to prevent the growth of Legionella; however these were done only in the morning before surgery started and not between patients and at the end of the session as is recommended guidance.

Equipment and medicines

We found that the equipment used at the practice was not regularly serviced and well maintained. For example, X-ray equipment had not received the necessary checks and the portable appliance testing (PAT) was not completed in accordance with good practice guidance.

Some medicines were stored in a fridge alongside staff members' food and drink. The practice was not monitoring and recording the fridge temperature. Therefore staff could not be sure that medicines stored in the fridge had been maintained in line with manufacturer's guidance and there was a risk that they had become ineffective. There was one item stored in the fridge that was out of date.

Prescription pads were kept in a locked cupboard and a log of all pads that had been issued was kept from October 2014 – March 2015.

Radiography (X-rays)

The practice kept a radiation protection file in relation to the use and maintenance of X–ray equipment. We found the file to be incomplete and not up to date. There was no Health and Safety Executive notification, no inventory of all the X-ray equipment, no critical examination packs of all X-ray sets used in the practice, no acceptance test for new installations of X-ray sets and no maintenance logs within the last three years. These are all requirements practices carrying out radiography on site must undertake to comply with legal obligations under The Ionising Radiations Regulations 1999 (IRR 1999) and Ionizing Radiation

Are services safe?

(Medical Exposure) Regulations 2000 (IRMER). The local rules relating to the equipment were held in the file but had the previous provider's details listed. We also found a 'radiology equipment survey' report on file that had been completed on 20/10/11 with the previous providers details listed.

We saw training records on file for the dentist who had completed training pertaining to IRMER 2000 in October 2014 but there were no other training records for other members of staff. The practice had a radiation protection advisor (RPA) registered.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During this visit we were unable to review any dental care records; however we spoke to the dentist and discussed how patient care and treatments were provided. We were told that they regularly assessed patient's gum health and soft tissues (including lips, tongue and palate). For both adults and children with adult teeth the dentist explained they carried out an assessment of periodontal tissues using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.)

The dentist told us they always checked people's medical history and medicines prior to treatment. We noted there was a sign posted in the waiting area advising patients to inform staff if their medical history had changed. They took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP).

The dentist referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to deciding appropriate intervals for recalling patients, antibiotic prescribing and wisdom teeth removal. The dentists were aware of the Delivering Better Oral Health Toolkit when considering care and advice for patients.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. The dentist told us they discussed oral health with their patients, for example, effective tooth brushing and dietary advice. They identified patients' smoking status and recorded this in their notes. This prompted them to provide advice or consider how smoking status might be impacting on their oral health. The dentist also carried out examinations to check for the early signs of oral cancer.

We observed that there were a range of health promotion materials displayed, however this was away from the main waiting area and not easy to access.

Staffing

Staff told us they had received appropriate professional development and training in relation to maintaining their registration; however they felt there were no policies and procedures training from the management team. They told us the training they had received covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies and infection control.

We found there were no records kept of the up to date training that staff had received, inductions that had been completed or annual appraisals to review career goals.

The compliance manager informed us shortly after the inspection visit that the team would be receiving training and information on policies and procedures by 3 July 2015.

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. The dentist completed a template form that included patients' details and dental concerns. Referrals were made to the local NHS hospitals or in some cases if the patient requested, to a private dental specialist. The dentist told us they kept a record of the referral on the computer system. When the patient had received their treatment they were discharged back to the practice for continued care and monitoring.

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 confirmed that treatment options, and their risks and benefits were discussed with them.

Formal written consent was obtained using standard treatment plan forms. Patients were asked to read and sign these before starting a course of treatment.

The dentist and dental nurse were aware of the Mental Capacity Act (2005). They could explain the meaning of the term mental capacity and described to us their responsibilities to act in patients' best interests, if patients lacked some decision-making abilities. However, there were no training records to confirm if staff had completed training. 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.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed staff were professional and inviting patients in for their appointments. However, we observed one patient was kept waiting past their appointment time and was not kept informed about the delays.

The dentist was working from a treatment room where there was no door to close for patients' privacy. Although the surgery was not in view for patients to observe inside, patients waiting and passing near the surgery area would be able to hear conversations that may be private. The compliance manager informed us shortly after the inspection that the surgery will be fitted with a new door by 29 July 2015.

Dental care records were stored electronically and in a paper-based format. Electronic records were password protected and regularly backed up. Paper records were stored in lockable filing cupboards in the reception area. However, we noted this remained open throughout our inspection visit even when the receptionist had stepped away from the desk..

Involvement in decisions about care and treatment

The practice displayed information in the waiting area which gave details of NHS dental charges and fees. Staff told us that they took time to explain the treatment options available. The dentist spent time answering patients' questions and understood their concerns, and respected their choices regarding treatment. Patients received a copy of their treatment plan at the reception desk.

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 receptionist gave a clear description about which types of treatment or reviews would require longer appointments. The dentist used the practice computer to indicate the type of treatment required so that the receptionist knew how long the appointment needed to be. The dentist also specified the timings for some patients when they considered that the patient would need an appointment that was longer than the typical time. The dentist told us they had enough time to treat patients and that patients could generally book an appointment in good time to see them.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups and had met some of the requirements. For example, the practice was wheelchair accessible with level access to the reception area and treatment rooms. The toilet was also suitable for wheelchairs and included appropriate hand rails. However, there were no translation systems in place when we asked staff about communicating with patients who did not have English as their first language. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. The staff told us they did not find any problems when communicating with patients because they were usually accompanied by someone who could help translate. We noted there were no aids available for people with visual impairments or hearing problems.

Access to the service

The practice is open Monday 9:00am to 7:00pm and Tuesday to Friday from 9.00am to 5.00pm. There is one full-time dentist and two part-time hygienists that work on Wednesday 9:00am to 1:00pm and Thursday 9:00am to 5:00pm.

We asked the receptionist about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message and the practice leaflet gave details on how to access out of hours emergency treatment. We saw they also displayed the information about local emergency dental services on the wall in the waiting area. The receptionist told us that the dentist kept some gaps in their schedule on any given day which meant that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated.

We noted patients had complained through the NHS Choices website about their appointment being cancelled at short notice and not being able to get through on the telephone. The practice had not carried out any audits or surveys to get any further comments about this from more patients to understand if there were problems.

Concerns & complaints

Information about how to make a complaint was displayed in the reception area. There was a leaflet available to patients to take away and read. The information advised patients that it would take up to three working days to acknowledge the complaint and they would aim to investigate the complaint within 14 working days. There was a list of other contacts that the patients may find useful and contact details for private complaints to be made.

We saw there was a notice displayed advising patients to speak to the practice manager if they wanted to make a complaint. The staff told us the practice manager was responsible for leading investigations following any complaints and that they would seek advice from the dentist following any clinical complaint. However, there were no formal or informal complaints recorded and staff were unable to explain any learning from complaints.

The compliance manager informed us shortly after the inspection that the complaints records had been updated and was due to be discussed at a staff meeting on 1 July 2015.

Are services well-led?

Our findings

Governance arrangements

The practice did not have effective governance arrangements in place. New providers had taken over the running of the practice in July 2013 and documents with the old providers' details were still presented to staff in the policy and procedures files we reviewed in our inspection. There was a significant lack of risk assessments and practice policies and procedures for staff to refer to for guidance. Staff told us there were no inductions under the new provider and they did not feel they understood enough about the new ways of working. They were not clear who the management structure was and what their roles and responsibilities were or lines for escalations.

The current practice manager was also a manager at another branch practice and staff felt they were too busy to manage some of the issues at Norwood Dental Care. There were no formal staff meetings to discuss issues within the practice, priorities, lead roles or follow up actions from issues raised by staff.

Leadership, openness and transparency

The staff we spoke with described the leadership as poor. They had raised urgent issues that they felt were a priority for the practice manager to deal with, for example removing the clinical waste, however this was not being followed up and no communication was being fed back to staff. They reported they felt frustrated and unsupported.

We noted that there was a high turnover of staff at the practice and a locum dentist had left recently after working at the practice for a short period of time and no replacement dentist was yet employed.

Management lead through learning and improvement

We found that staff did not receive appropriate professional development. We found that none of the practice staff had undergone any refresher training in information governance in the last 12 months. There was no proper system in place for recording training that had been attended by staff working within the practice. There was no evidence of an induction programme to the practice. The practice had no systems in place to share learning about complaints or incidents with a view to making improvements to patients care.

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

The practice collected feedback through the use of 'NHS Friends and Family Test' and 'Patient Satisfaction Survey'. The survey forms for this test were displayed in the waiting area. Only the NHS Friends and Family Test forms were completed. We counted four forms had been completed. Out of the four, two patients ticked 'likely to recommend' the practice, one ticked 'unlikely to recommend' and one ticked 'not likely or unlikely to recommend'. The surveys were anonymous but we noted there was no room for further comments to be included if patients wanted to add any.

There was no further survey conducted to receive patients' feedback and therefore the practice did not evaluate views to make improvements.

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 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **Regulation (12) HSCA 2008 (Regulated Activities) Regulations 2014** **Safe care and treatment** **How the regulation was not being met:** **The provider had not ensured that care and treatment were provided in a safe way for service users.** **Regulations; (12) (1), (12) (2) (a),(b), (d), (e), (f),(g),(h).**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014** **Good Governance.** **How the regulation was not being met:** **The provider did not have effective systems in place to;** **Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.** **Regulation 17 (1) (2) (a, b and f)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014**

This section is primarily information for the provider

Requirement notices

Staffing

How the regulation was not being met:

The provider had not ensured that staff had received appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform

Regulation 18(2)(a)