Dental Care Falmer

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Inspection Report

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Date of inspection visit: 1 September 2015
Date of publication: 03/12/2015

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 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.

Dental Care Falmer is a general dental practice which is situated within the campus of Sussex University in Falmer, East Sussex. The practice offers NHS and private dental treatment to adults and children.

The practice has two dental treatment rooms, a decontamination room for the cleaning, sterilising and packing of dental instruments, a reception area and a waiting area. All areas of the practice are located on the ground floor. The main entrance and all other areas of the practice are fully accessible for patients with mobility difficulties.

The practice is open Monday to Friday 9.00 to 5.00pm. The practice does not offer Saturday appointments at present.

Dental Care Falmer has one dentist, one dental nurse and one hygienist. The clinical team are supported by a practice manager and a receptionist.

Before the inspection we sent CQC comments cards to the practice for patients to complete to tell us about their experience of the practice. We collected 17 completed cards. All of the comments cards provided a positive view of the service the practice provides. Patients commented that staff were helpful, friendly and respectful. Patients wrote that they were given the right advice and care.

Summary of findings

Several patients also commented that the environment was safe and hygienic. We also spoke with four patients during our inspection who were satisfied with the treatment and support they received at the practice.

Our key findings were:

- Patients were satisfied with the treatment they received and were complimentary about staff at the practice.
- There were some systems in place to reduce the risk and spread of infection.
- Most of the staff at the practice maintained the necessary skills and competence to support the needs of patients. However, the practice manager had not undertaken any training courses within the last year.
- We observed that staff showed a caring approach towards patients arriving at reception.
- The practice did not have a robust system in place to collect patient feedback.
- The provider did not have the necessary recruitment documentation in place, including interview notes, application forms, proof of identification and references.
- We were unable to review multiple documents and records that we required on the day of inspection as these could not be located by staff.
- Staff had not received recent appraisals or supervisions.

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

- Ensure a review of systems that are in place to detect, prevent and control the spread of healthcare associated infections, with particular regards to the correct positioning of sharps bins and the transportation of used instruments.
- Ensure recruitment records include all of the necessary employment checks for all staff, including Disclosure and Barring Service checks (DBS), interview notes and references.
- Ensure all members of staff maintain the necessary skills and competence to support the needs of patients.
- Ensure all relevant records and documentation are fully accessible and can be located promptly when required.
- Implement a robust system of collecting and analysing patient feedback in order to take patient's comments and views into account.
- Implement a robust system to respond to concerns and complaints raised by patients.
- Ensure a full legionella risk assessment is undertaken at the practice.

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 current Health and Safety and sharps guidelines (2013) in relation to the handling of sharps.
- Consider the use of rubber dam kits in accordance with current guidelines.
- Consider the use of a log to record the checking of emergency medicines and equipment.
- Implement a secure system for the storage of prescription pads.
- Implement regular staff meetings including the recording of staff meeting minutes.
- Maintain up to date training records and schedules for all members of staff at the practice.
- Implement a system of regular appraisals and/ or supervisions for all staff at the practice.
- Implement a process of the review of all policies and protocols in order to reflect current guidelines, along with a robust policy review system. This includes the COSHH file.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.
- Consider Mental Capacity Act 2005 training for relevant members of staff.

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 some systems in place to assess and manage risks to patients. Staff were recording accidents and incidents effectively, however, there was no evidence that learning had taken place as a result. Prescription pads were not stored securely and there were no audit trails or logs of completed prescriptions. The provider had not undertaken a full legionella risk assessment. However, records showed that temperature checks of water outlets had been checked by an external company.

There were some processes in place for the management of infection prevention and control. However, we found that there were no sharps bins in either of the surgeries. These were kept in the decontamination room where the dental nurse was removing used sharps. Staff were unaware of the correct positioning of sharps bins. Used instruments were transported from both surgeries in an open metal trays. This included the transportation of used sharps close to the reception area.

There were processes in place for health and safety, dental radiography and the management of medical emergencies. However, there was no log of the checks that had taken place on emergency medical equipment and emergency medication. There were systems in place for identifying and recording incidents. The sharing and learning process from incidents was not clear. The staffing levels were safe for the provision of care and treatment.

The provider did not have the necessary recruitment documentation in place, including interview notes, proof of identification and references. Various recruitment documents could not be located on the day of inspection.

Are services effective?

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

Patients told us they were given time to consider their options and make informed decisions about which treatment option they preferred. The dental care records we looked at mostly included accurate details of treatment provided. We saw examples of effective collaborative team working. Most staff members received professional development appropriate to their role and learning needs. However, the practice manager had not completed any recent training or professional development.

Are services caring?

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

We reviewed CQC comment cards that patients had completed prior to the inspection. Patients were positive about the care they received from the practice. Patients told us they were treated with care and staff were friendly. We observed that privacy and confidentiality was maintained for patients using the service on the day of our inspection.

Are services responsive to people's needs?

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

We found the practice had an efficient appointments system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. We observed good rapport between staff and patients attending appointments on the day of the inspection. Patients told us that staff were responsive in helping them to feel calm and reassured.

Summary of findings

The provider had responded to a recent complaint. However, staff had differing knowledge of the recording of events and records were fragmented.

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 some clinical governance and risk management structures in place. The practice did not hold regular staff meetings. Staff had not received recent appraisals or supervisions.

We were unable to review multiple documents and records that we required on the day of inspection as these could not be located by the provider. Some of the documents were sent to us following the inspection.

There was no evidence that the provider had acted on feedback received from patients as there was no clear system in place to capture patient's comments and views. The practice had not received feedback from NHS Friends and Family Test (FFT) results and this had not been followed up at the time of inspection.

The practice manager had not completed any recent continued professional development or training courses within the last year. There was no oversight of the training courses that other staff members had attended. The practice manager was not aware of the training courses that the dental nurse had attended as they had completed these in their own time.

Dental Care Falmer

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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

Before the inspection we reviewed limited information that we held about the provider. We did not receive any of the requested information that we asked the provider to send us in advance of the inspection. This included their statement of purpose, a record of complaints within the last 12 months and information about staff working at the practice.

During the inspection we spoke with the registered manager who was also the principal dentist, a dental nurse and the practice 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 looked around the premises and the dental treatment rooms. We reviewed a range of policies and procedures and other documents including dental records.

We reviewed 17 CQC comments cards during the inspection and spoke to four patients who were registered at 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

Staff told us that they discussed incidents and accidents informally. We observed that a standard accident reporting book was being used by staff to record incidents. Records showed that staff had taken appropriate action such as first aid. There was no evidence that learning had taken place as a result of accidents or incidents.

The registered manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and confirmed that no reports had been made.

We were told that in the case of a patient being affected by something that went wrong, the patient would be offered an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had policies in place for child protection and safeguarding vulnerable adults, however, these were out of date. We observed that child protection, adults at risk and domestic violence posters were displayed in the reception area which included relevant contact numbers.

The dentist had attended recent safeguarding training and knew that they had to keep this up to date. The practice manager and dental nurse had not attended recent safeguarding training. When asked, the dental nurse had a limited awareness of the term 'safeguarding'. However, they were able to describe the signs and symptoms of abuse or neglect and stated that they would discuss any concerns with the dentist. The provider sent us evidence that the dental nurse had attended safeguarding training following our inspection.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern if it was necessary.

The British Endodontic Society uses quality guidance from the European Society of Endodontology regarding the use of rubber dams for endodontic (root canal) treatment. The practice did not use rubber dam kits in line with the current guidance. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal treatment.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Appropriate emergency equipment and an Automated External Defibrillator (AED) were available. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Oxygen and medicines for use in an emergency were available and were stored securely. We saw that the emergency kit contained appropriate emergency drugs.

There was no evidence of a log to demonstrate that checks were made to ensure that the equipment and emergency medicines were safe to use. The provider told us that equipment and medicines were checked but they did not keep a record. The dental nurse was not aware as to whether there was a protocol in place for the checking of emergency equipment and medicines.

Records showed that most of the staff had completed annual training in AED use and basic life support. Staff we spoke with knew the location of the emergency equipment. There was no evidence that the practice held regular scenario sessions in dealing with a medical emergency.

Staff recruitment

The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. There was evidence that the provider had carried out Disclosure and Barring Service (DBS) checks for some staff members. This included the hygienist and the dentist. There was no evidence that DBS checks had taken place for the dental nurse and practice manager.

The practice did not have an effective system in place for the safe recruitment of staff. Recruitment documentation was found to be fragmented or missing for each member of staff. There was no evidence of interview notes, references, induction records, proof of identification or application

forms. However, we saw evidence that proof of identification checks had taken place for the hygienist, who was self-employed. Proof of identification for the practice manager, dentist and receptionist was sent to us following the inspection.

Monitoring health & safety and responding to risks

The practice had arrangements to deal with foreseeable emergencies. A health and safety policy was in place for the practice, however we noted that this was out of date. The practice had a log of some risk assessments such as fire safety. We were told that this had been carried out by the University. The most recent fire risk assessment was sent to us following the inspection. However, there was no evidence as to whether measures which had been put into place to manage identified risks or if any actions had been taken. We were told that the University completed a fire safety checklist every three months. However, the practice manager told us they did not receive copies of the checklists and they were not made aware of any actions that needed to be taken.

The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants and dental clinical materials. However, we noted that this had been written in 2010.

The provider was unable to access the emergency continuity plan on the day of inspection. This was sent to us following the inspection. The plan included the procedures to follow in the case of specific situation which might interfere with the day to day running of the practice and treatment of patients, such as loss of electrical supply and fire.

The practice had a fire alarm system in place which was linked to the University campus. We reviewed documents which showed that checks of fire extinguishers had taken place. Staff told us that fire drills and fire alarm checks were carried out regularly by the University, which included the practice. Records showed that some staff had attended fire training. We saw that the fire evacuation procedure was clearly posted in areas throughout the practice.

Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05) published by the Department of health, sets out in detail the processes and practices which are essential to prevent the transmission of infections. During our inspection, we observed processes at the practice to check that the HTM 01-05 essential requirements for decontamination had been met. The practice had an infection control policy and a set of procedures which included hand hygiene, cleaning and decontamination guidance.

We looked around the premises during the inspection and found all areas to be visibly clean. This was confirmed by the patients we spoke with and from the comments cards we reviewed. Treatment rooms were visibly tidy and free from clutter. Staff told us that they did not use daily surgery checklists, however, we observed a list of surgery routines which were displayed throughout the practice. Staff told us that water line flushing was taking place, however there was no evidence to demonstrate this.

There were designated hand wash basins in each surgery and in the decontamination room. Appropriate handwashing liquid was available and we observed hand washing posters on the wall.

Decontamination was carried out in a dedicated local decontamination room (LDU) which we found fit for purpose. We saw a clear separation of dirty and clean areas. There were adequate supplies of personal protective equipment (PPE) such as face visors, aprons and gloves. We observed that used instruments, sharps and gauze were carried in an open metal tray from each surgery to the decontamination room sink, passing through the reception area on the way. Instruments were not placed into sealed plastic boxes and holding solutions were not used.

The decontamination lead showed us the procedures involved in manually cleaning, rinsing, inspecting and sterilising dirty instruments along with the storing of sterilised instruments. The member of staff wore appropriate PPE during the decontamination process. Dirty instruments were cleaned and rinsed prior to being placed in an autoclave (sterilising machine). We observed that there was an illuminated magnifier available to check for any debris or damage throughout the cleaning stages. We noted that there was no thermometer available to check the water temperature of the solution which was used at the start of the decontamination process.

The practice had systems in place for the daily quality testing of decontamination equipment. Records confirmed

that these had taken place. Staff showed us the paperwork which was used to record validation checks of the sterilisation cycles. We observed maintenance logs of the equipment used to sterilise instruments. Most of the instruments were pouched and stamped and stored in treatment room drawers. There were sufficient instruments available to ensure that services provided to patients were uninterrupted.

There was no evidence that a risk assessment process for Legionella had been carried out which ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk of patients and staff of developing Legionnaires' disease. (Legionella is a term for particular bacteria which can contaminate water systems in buildings.) Following the inspection, we were sent records which showed that water temperature checks had been carried out by the University. The practice manager told us that a full Legionella risk assessment had been requested by an external company.

There was no evidence that the provider had carried out an Infection Prevention Society (IPS) self-assessment decontamination audit relating to HTM01-05. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. This was carried out the day after the inspection and we received documentation from the provider which demonstrated that this had taken place.

The practice had a sharps injury protocol for reporting and handling sharps injuries which informed staff of the process to follow in the case of a sharps injury. This involved a referral to a local Occupational Health department. The dental nurse told us that they were handling and disposing of used sharps in the decontamination room. We noted that there were no sharps boxes in either of the surgeries. Staff were not aware of the safe positioning of sharps bins at the practice. The provider had not undertaken a sharps risk assessment in relation to the current Health and Safety and sharps guidelines (2013).

The practice had some records of staff immunisation status with regards to Hepatitis B. We saw evidence that the hygienist had a record of Hepatitis B status. Records for the dentist were sent to us following the inspection. However, there was no evidence of the immunisation status of the dental nurse. Hepatitis B is a serious illness that is transmitted by bodily fluids including blood.

We observed that practice waste was stored and segregated into safe containers in line with the Department of Health guidance. The practice used an appropriate contractor to remove dental waste from the practice including amalgam, lead foil, extracted teeth and gypsum. Waste was stored securely in locked bins in an external area at the practice.

We were told that staff carried out environmental cleaning of the practice at the end of each day. We noted that there was one mop, bucket and set of cloths which were used to clean all areas of the practice, including the toilet. Staff did not have an awareness of national guidance relating to the colour coding of cleaning equipment.

Equipment and medicines

There were systems in place to check and record that all equipment was in working order. However, records to demonstrate this could not be accessed on the day of inspection. Pressure vessel inspection reports, compressor service reports and performance reports for X-ray sets were sent to us following the inspection. Records showed that the practice had contracts in place with external companies to carry out servicing and routine maintenance work in a timely manner. This helped to ensure that there was no disruption in the safe delivery of care and treatment to patients.

The dentist recorded the batch numbers and expiry dates for local anaesthetics cartridges and these were recorded in the dental care records. Prescription pads were not stored securely and traceable records were not kept of each prescription. We found that prescription pads were stored in an unlocked drawer in the decontamination room. The door of the decontamination room had been left open and was adjacent to the patient waiting area. There was no evidence in the dental care records we reviewed that an audit trail was kept of prescriptions and no separate log was maintained.

Radiography (X-rays)

The practice was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). An external Radiation Protection Advisor (RPA) had been appointed and the dentist was the Radiation Protection Supervisor (RPS) for the practice. There was no evidence of a radiation protection file at the practice.

Are services safe?

We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to the X-ray machine were displayed in the surgery. The provider was unable to locate the most recent radiography audit at inspection. This was sent to us following the inspection.

We saw evidence that the dentists recorded the reasons for taking X-rays and that the images were checked for quality and accuracy. Records showed that the dentist was up to date with IR(ME)R training requirements.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found that the practice planned and delivered patients' treatment with attention to their individual dental needs. We found that patient's dental care records were mostly clear and contained appropriate information about patients' dental treatment. The practice kept electronic records of the care given to patients. We reviewed the information recorded in patients' dental care records about the oral health assessments, treatment and advice given to patients. We found that a template was used within all of the records which included an assessment of gum disease, risk of dental decay and an assessment of soft tissue mouth conditions. However, we noted that Basic Periodontal Examination (BPE) scores were consistently noted as 'normal' within the template and subsequent referrals to the hygienist were made. In cases where patients had been seen by the hygienist, BPE scores were recorded.

There was limited evidence that the practice kept up to date with current guidelines and research in order to develop and improve their system of clinical risk management. There was no evidence in dental care records that the provider was adhering to current National Institute for Health and Care Excellence (NICE) guidelines, such as when to decide how often to recall patients for examination and review. There was also no evidence that the practice had protocols and procedures in place for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.

Health promotion & prevention

The waiting room contained a limited amount of written literature regarding effective dental hygiene and how to reduce the risk of poor dental health. We observed that there were no practice leaflets on display. The dental records we reviewed did not demonstrate that smoking cessation had been discussed with patients.

Patients completed a medical questionnaire which included questions about smoking and alcohol intake. There was evidence that the dental nurse had undertaken training courses related to health promotion. This was sent to us following the inspection.

Staffing

The practice had one dentist, one dental nurse and one hygienist. The clinical team were supported by a practice manager and a receptionist.

The receptionist had completed appropriate training. Clinical staff had attended continued professional development training which was required for their registration with the General Dental Council (GDC). This included infection control, basic life support and health and safety. The provider did not hold full individual training records for each member of staff at the practice. Records were fragmented or missing. Some training documents were sent to us following the inspection. The practice manager was not aware of the training courses which staff had completed or were required to undertake. The practice manager had not attended any training courses within the last year and was unaware of how to access relevant training. We were told that the dental nurse had completed learning courses in her own time. There was no evidence staff shared their learning and knowledge as a result of attending training.

There was no evidence in the documents we reviewed that new members of staff followed an appropriate induction programme when they joined the practice. There was no appraisal system in place to identify training and development needs. Staff told us they had not received a recent appraisal or supervision and that discussions took place informally.

Staff we spoke with told us they were clear about their roles and responsibilities and were aware of how to access to the practice policies and procedures. Staff were not aware that the practice policies were out of date. The provider told us that they had electronic copies of updated policies but had not printed them off.

Working with other services

The practice was able to carry out the majority of treatments needed by their patients but referred more complex treatments such as difficult extractions to specialist services. These included local NHS hospital dental services, specialist clinicians and internal referrals to the hygienist.

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental

Are services effective?

(for example, treatment is effective)

services for further investigations. The practice completed detailed proformas or referral letters to ensure the specialist service had all of the relevant information required. Staff were able to describe the referral process in detail.

Consent to care and treatment

The dentist described the methods they used to ensure that patients had the information they needed to be able to make an informed decision about treatment. They explained to us how valid consent was obtained from patients at the practice. We reviewed a number of patient's dental care records which indicated that valid consent had been obtained for treatment at the practice. There was evidence that discussions had taken place, however the content of the discussions was not detailed. Patients we spoke with told us that treatment options, risks, benefits and costs were discussed clearly. Patients told us they were given time to consider their options and make informed decisions about which option they wanted.

In situations where people lack capacity to make decisions through illness or disability, health care providers must work in line with the Mental Capacity Act 2005 (MCA). This is to ensure that decisions about care and treatment are made in patient's best interests. We spoke with the dentist about their knowledge of the MCA and how they would use the principles of this in their treatment of patients. They had a basic understanding of the MCA but had not received specific MCA training. The dentist had an awareness of the use of MCA assessment documentation, but was unclear as to how to locate this.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent CQC comments cards to the practice for patients to tell us about their experience of the practice. We also spoke with four patients on the day of inspection. Patients were positive about the care they received from the practice and commented that they were treated with respect and dignity.

The practice did not have an effective system in place to gain the comments and views of people who used the service. We observed that NHS Friends and Family Test (FFT) forms were available for patients to complete in the waiting area. However, the practice had not received feedback from the service and had not followed this up. The practice had patient feedback forms in place. However, there was no robust system in place to gather and analyse completed forms. The completed feedback forms we reviewed had not been dated and the results had not been correlated. The practice manager was unclear as to when the feedback forms had been completed or when the feedback forms would be used again.

During our inspection we observed that staff showed a caring approach to patients arriving at reception. We observed that privacy and confidentiality were maintained for patients on the day of the inspection. Patients' dental care records were stored in password protected computers. Staff we spoke with were aware of the importance of providing patients with privacy and spoke about patients in a respectful way.

Involvement in decisions about care and treatment

Patients were given a copy of their treatment plan and the associated costs. Patients we spoke with told us that they were allowed time to consider options before returning to have their treatment. Before treatment commenced patients signed their treatment plan to confirm they understood and agreed to the treatment. Staff told us they involved relatives and carers to support patients in decision making when required.

Patients were informed of the range of treatments available and the costs involved. We saw that prices of NHS and private treatments were displayed in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered on their website. The website contained information about the practice such as contact details. There were no details of opening hours on the website. We found the practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointment slots each day for the dentist to accommodate urgent or emergency appointments. Patients we spoke with told us they were seen in a timely manner in the event of a dental emergency. We observed that an emergency patient was seen in a timely manner on the day of inspection.

Staff told us the appointment system gave them sufficient time to meet patient needs. The practice had effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment.

Tackling inequity and promoting equality

The practice was contained on the ground floor of the building and was fully accessible to patients with mobility difficulties. The reception desk was low at one end and easily accessible for people with height considerations or for people who used a wheelchair.

We asked staff to explain how they communicated with people who had different communication needs, such as those who spoke a language other than English. Staff told us they had access to local interpreter services.

Access to the service

The practice was open Monday to Friday 9.00 to 5.00pm. The practice did not offer Saturday appointments.

Information regarding the opening hours was not available on the practice website. The practice answer phone message provided information on how to access out of hours treatment. Appointment slots were available each day so that the practice could respond to patients in pain. Several patients told us that the practice was very accommodating when scheduling both emergency and routine appointments.

Concerns & complaints

The practice had a complaints policy and procedure in place for handling complaints which provided staff with relevant guidance. The practice had received two complaints within the last 12 months. Paper records were not filed appropriately for one of the complaints and some documents were missing. A complaints log was sent to us following the inspection. We spoke with the provider regarding the complaints process which had been followed for one of the complaints. They showed us records of the action which had been taken and that the complaint had been followed up on the electronic system.

Staff had an awareness of the complaints process and described the process which would be followed. The provider told us that they were confident that all complaints would be dealt with in a timely and respectful manner. However, there was no evidence that complaints had been discussed or cascaded to staff or that improvements had been put into place as a result.

Information for patients about how to raise a concern or complaint was available in the waiting area. Patients we spoke with told us they were confident in raising a concern and would speak to the practice manager. The practice had a whistleblowing policy which staff were aware of. One member of staff we spoke with had a good understanding of the whistleblowing process.

Are services well-led?

Our findings

Governance arrangements

The dentist and practice manager were responsible for the day to day running of the service. They led on the individual aspects of governance and management within the practice. There were some systems in place to monitor the quality of the service. The practice had carried out recent audits relating to radiographs and record keeping. There was no evidence that action plans had been identified or that the results of audits were shared with the rest of the team.

The practice had a range of policies and procedures to support the management of the service. However, we noted that most of these were out of date. We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service. We saw that a limited amount of risk assessments had taken place. Fire risk assessments and fire checks had been carried out by the University. The practice manager was unaware of the results of the assessments and had not received reports from the University. We were sent evidence of a completed fire risk assessment following the inspection which had been carried out by the University. There was no evidence that control measures or actions had been put into place to manage potential risks.

The practice did not undertake regular staff meetings and there was no evidence of staff meeting minutes. Staff told us that the last staff meeting had taken place approximately seven or eight months ago. This was confirmed by the practice manager. However, staff told us that informal discussions took place on a regular basis.

We were unable to review multiple documents and records that we required on the day of inspection. Various documents could not be located by the practice manager. The practice manager told us that the receptionist was responsible for records and documentation kept at the practice. As the receptionist was not present on the day of the inspection, we were told that many of the documents could not be located. Some of the documents were sent to us following the inspection.

Leadership, openness and transparency

There was no evidence to highlight that changes or improvements at the practice had been discussed. Staff told us they were kept informed of any changes and updates verbally. Staff told us that the registered manager was approachable.

The practice had a statement of purpose which outlined their aims and objectives in the care and treatment of patients. The team appeared to work effectively together and there was a supportive and relaxed atmosphere. The registered manager and practice manager were highly visible within the practice.

Management lead through learning and improvement

The practice manager was aware of the need to ensure that staff had access to learning and improvement opportunities. However, there was no oversight of the learning that staff were required to complete in order to develop within their role. Some of the staff who were working at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records were kept to ensure staff were up to date with their professional registration.

The dental nurse told us that they had completed training and development in their own time. They had also accessed relevant dental journals in order to remain up to date with current guidelines. There was no training schedule in place in order to highlight when staff were due to attend training updates.

There was no system in place for staff to receive annual appraisals or supervisions. There was no evidence of staff completing an induction programme at the practice. Staff did not attend regular practice meetings. We were told that discussions regularly took place between the team but these were always informal.

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

The practice did not have effective systems in place to seek feedback from patients using the service. The practice manager told us that NHS Friends and Family Test (FFT) data had not been returned to the practice. We were told that this would be requested immediately. Feedback forms were not available to patients in the waiting area. The

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feedback forms we reviewed had not been dated or analysed. The practice manager was unclear as to when the feedback forms had been completed or how often the feedback forms were used.

There was very limited evidence that changes and improvements had been put into place as a result of patients' feedback at the time of inspection. The practice manager told us that they welcomed feedback and suggestions in order that the practice may learn and improve. Staff members told us that they could discuss ideas and share experiences with the registered manager and the rest of the team. However, the discussions were informal.

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 **The practice did not ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.** Regulation 12(2)(c) **The practice did not have systems in place to assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated.** Regulation 12(2)(h)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **The practice did not establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.** Regulation 16(2)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The practice did not maintain securely such other records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity.**

This section is primarily information for the provider

Requirement notices

Regulation 17(2)(d)(i)

The practice did not maintain securely such other records as are necessary to be kept in relation to the management of the regulated activity.

Regulation 17(2)(d)(ii)

The practice did not seek and act on feedback from relevant persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

Regulation 17(2)(e)