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Eastfield Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 2 November 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

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

Eastfield Dental Centre is located in the city of Leicester and provides NHS and private treatment to adults and children.

There is stepped access to the premises; it is not suitable for people who use wheelchairs and those with pushchairs. Free unlimited stay car parking is available on the street directly outside the practice.

The dental team includes three dentists, two dental nurses, one dental hygienist and one receptionist. One of the dental nurses also acts as the practice manager. The practice has two treatment rooms; both are on ground floor level.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 13 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, two dental nurses (including the dental nurse who worked as practice manager) and the receptionist. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday from 9am to 5pm, Wednesday from 8.30am to 5pm, Thursday from 9am to 2.30pm, Friday from 9am to 1pm. Appointments were also available with the hygienist on Saturdays.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Most appropriate medicines and life-saving equipment were available. The practice did not hold sufficient quantities of adrenaline to enable them to repeat the dose. They did not have an adult oxygen face mask with reservoir and tubing.
- The practice had some systems to help them manage risk to patients and staff. We found exceptions which included traditional sharps being used and not ensuring that five yearly fixed wiring testing and autoclave servicing had been carried out.
- We saw documentation to show that dentists had received training in safeguarding. Two members of the clinical team had not completed safeguarding to level two at the point of inspection. Evidence was provided to show that one member of the team had completed this after the inspection had taken place.
- The provider did not demonstrate that they had thorough staff recruitment procedures. We did not see references or other evidence of satisfactory conduct in previous employment in the files we examined.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The provider was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice did not demonstrate that they had effective leadership or a culture of continuous improvement.
- Staff who we met supported each other and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The provider had a system to deal with complaints; the practice told us that no complaints had been received within the past 12 months.
- Governance arrangements required review.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Full details of the regulations the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Review the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities in relation to this.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

There had not been any reported incidents within the last 12 months. Our discussions with staff showed that not all were aware of policy or examples of what may constitute a significant or untoward event. This meant that the practice was unable to demonstrate their learning when things went wrong.

We saw documentation to show that dentists had received training in safeguarding. We were not provided with certificates for all staff however. Two members of the clinical team had not completed safeguarding to level two at the point of inspection. Evidence was provided to show that one member of the team had completed this after the inspection had taken place. Staff present on the inspection showed knowledge of how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. Whilst the practice completed some essential recruitment checks, evidence of references obtained or satisfactory conduct in previous employment was not provided to us. We were unable to view a DBS check for one of the members of the team.

Premises and equipment were clean and properly maintained, although we noted exceptions in relation to five yearly fixed wiring testing and autoclave servicing that was overdue. This was undertaken following the inspection.

The practice followed national guidance for cleaning, sterilising and storing dental instruments. Staff spoke knowledgeably and confidently about the processes used.

The practice had mostly suitable arrangements for dealing with medical and other emergencies. The practice did not hold sufficient quantities of adrenaline to enable them to repeat the dose, or an adult oxygen face mask with reservoir and tubing.

We found that arrangements for use of the hand-held X-ray equipment required review.

Are services effective?

No action

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

The dentist we spoke with assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as pain free, professional and comfortable.

The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

Summary of findings

We were unable to examine how staff worked together and with other health and social care professionals to deliver effective care and treatment. This was because we were only able to speak with one dentist on the day who had just started working for the practice.

We confirmed that some of clinical staff completed the continuing professional development required for their registration with the General Dental Council. We were not able to view all records. For example, we were told that the hygienists' records were held at their other workplace. We were provided with a summary record of training after the inspection; this had been completed at the staff member's other workplace.

Are services caring?

No action

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

We received feedback about the practice from 13 people. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, helpful and professional.

They said that they were given helpful and honest explanations about dental treatment and said their dentist listened to them. A patient commented that the dentist made them feel at ease, especially when they were anxious about visiting the practice.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if they were in pain. If the practice was closed, NHS patients were directed to an out of hours service or NHS 111. Private patients were provided with a private telephone number.

The premises were unsuitable for patients with disabilities as stepped access was required to enter the building. The practice did not have a hearing loop, although after the inspection, we were informed that one had been purchased and we were sent the details of this. There was a patient toilet facility although it was not suitable for those with mobility problems.

The practice had access to pre-booked interpreter services.

The practice took patients views seriously. They valued compliments from patients and told us they would respond to concerns and complaints quickly and constructively, if any were received.

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 section at the end of this report).

The principal dentist was not present on the day of our inspection. This meant we were unable to obtain any detailed information to support the principal dentist having the capacity and skills to deliver high-quality, sustainable care.

We noted areas that required strengthening. For example, visibility of leadership and evidence to demonstrate leadership commitment to the service and supporting staff.

There were responsibilities, roles and systems of accountability to support governance and management. We found that these were not always working effectively.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

There were some systems and processes for learning and continuous improvement; we did not see improvements that had been made to the service as a result of those systems and processes.

The practice asked for, and listened to the views of patients and staff.

Requirements notice 

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, Equipment & premises and Radiography (X-rays)

The practice had some clear systems to keep patients safe; we also found areas that required practice review.

Staff showed awareness of their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We found that the organisation of practice policies, including safeguarding, required review as older versions of policies were incorporated with newer versions. This presented a risk that an outdated version could be looked at.

We saw evidence on the day that dentists had received safeguarding training. However, some certificates for other staff were not available for our review. For example, the nurse (who was the lead for safeguarding) and the hygienist's certificates were not available. We noted that one of the dental nurses had completed level one and not level two training; level two training is required for clinical staff.

Following our inspection, we were provided with certificates dated after the inspection for the nurse who was the lead and for the dental nurse who had updated their training to level two. We were also sent a summary record of training for the hygienist. This stated they had only completed level one safeguarding training.

Staff demonstrated awareness about the signs and symptoms of abuse and neglect and how to report concerns.

There was a system to highlight vulnerable patients by use of a pop up note on their dental care records to alert staff.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination. We found that not all staff knew of the process to follow in the policy, but they did have access to it.

The dentist we spoke with used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. There was scope to improve the plan to include contact details for external agents such as utility companies.

The practice had a number of recruitment policy and procedure documents to help them employ suitable staff. The latest policy document dated October 2018 was brief and was required to be read in conjunction with other older dated documentation. The system required review and clarity as it presented a risk of confusion to the reader. When viewed together, the documents reflected the relevant legislation.

We looked at five staff recruitment records. We found that not all information was present as identified in The Health and Social Care Act 2008 (regulated Activities) Regulations 2014, Schedule 3 requirements. For example, we did not see references or other evidence of satisfactory conduct in previous employment in the five files. We found that photographic identification was not included in one of the dental nurse's files. One of the dentist's files did not include a Disclosure and Barring Service check (DBS). Whilst the hygienist's file included a DBS check, this had been ported from another employer; a practice risk assessment had not been completed.

Our checks showed that all clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. We noted that an expired GDC registration certificate was held in one of the dental nurse's files. This required replacement.

The practice ensured that most facilities and equipment were safe. We noted that five yearly fixed electrical wiring testing was overdue for completion, as it had been due for renewal in June 2018. Following our inspection, we were sent evidence to show this had been completed. Equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

The practice had some fire detection equipment such as an extinguisher (purchased in April 2018) and a fire blanket. They did not have a fire alarm/smoke detector fitted. We looked at the fire risk assessment checklist and noted that fire alarm/smoke detector was not mentioned in the

documentation. The first (and top) floor of the building was privately leased; we held discussion with the practice manager about ensuring that all fire risks had been adequately considered.

The practice were not able to find documentation to show that they were registered with the Health and Safety Executive. A copy of a HSE consent certificate was provided to us after the inspection.

The practice had some suitable arrangements to ensure the safety of X-ray equipment. We found areas that required review in relation to the use of hand held X-ray equipment. We were not provided with documentation to show that a prior-risk assessment had been conducted when the item was obtained, or that equipment had been subject to an annual routine quality assurance measurement, or that theoretical and practical training had taken place for its use. We were not assured that the equipment was stored in a theft proof cabinet when the practice was closed, as recommended in guidance.

We saw that whilst the hand-held X-ray equipment had been fitted with rectangular collimation to reduce the risk of radiation dosage to patients, other X-ray equipment had not been.

The practice had the required information in their radiation protection file; the dentist we spoke with had not viewed this.

We saw evidence that the dentist justified, graded and reported on the radiographs they took.

Dentists completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

The practice held health and safety policies, procedures and risk assessments.

There were some systems to assess, monitor and manage risks to patient safety. We identified areas for review.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The practice had not implemented the safer sharps' system. They had however, taken some measures to manage the risk of sharps injuries by providing a safeguard for use when handling needles. Whilst a sharps risk assessment had been undertaken, it did not include the reasons why the practice had not moved to a safer sharps system. We were informed by the practice manager that dental nurses did not handle used needles. Our discussions with one of the dental nurses showed that they had handled used needles; we were told that this varied with each dentist worked with.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. We noted one exception in relation to one of the dental nurses as this information was not recorded or not available to show us. The same nurse had handled used needles.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Training last took place in November 2017. We were not assured that the hygienist had completed this training.

Emergency equipment and medicines were mostly available as described in recognised guidance. We noted exceptions. The practice did not hold sufficient quantities of adrenaline to enable them to repeat the dose, they did not hold an adult oxygen face mask with reservoir and tubing. Whilst we saw plenty of in-date needles, we also saw some that required disposal as they had expired.

Staff kept records of their checks to make sure medicines and oxygen were available, within their expiry date, and in working order. We did not see records in relation to the defibrillator and equipment, although we were told these were checked on a weekly basis at the same time as medicines.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training.

Are services safe?

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. Staff spoke confidently and were knowledgeable about process.

Some of the records showed equipment used by staff for cleaning and sterilising instruments were validated and used in line with the manufacturers' guidance. We noted an exception in relation to maintenance of the autoclave used. The latest servicing documentation held was dated in 2016. Following our inspection, a service was arranged to be carried out and we were sent documentation to show this had been undertaken.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. An action plan was produced in 2016. Priority recommendations had been actioned. A lower priority training recommendation was identified for staff. This had not yet been completed. The practice manager told us that time pressures had impacted on this being completed. The practice manager worked in two practices and split her time between them.

We saw that records of water testing and dental unit water line management were in place.

General cleaning duties for the practice were shared amongst staff. The practice was clean when we inspected.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits annually and not twice a year as recommended in guidance. The latest audit in October 2018 showed the practice was meeting the required standards. We noted that the practice manager completed spot checks in surgeries to ensure compliance with expected standards.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act).

We were not able to look at examples of patient referrals that were made to other service providers to check if they contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance. This was because the only dentist available for us to speak with on the day had recently started working for the practice. They did not have any examples to show to us.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored and kept records of NHS prescriptions as described in current guidance.

The dentist was aware of current guidance with regards to prescribing medicines.

Track record on safety and lessons learned and improvements

The practice manager was proactive in undertaking regular spot checks in surgeries and we saw evidence that there was monitoring of the effectiveness of cleaning in the practice.

There were risk assessments in relation to safety issues, although we found that these were not always effective. For example, the sharps risk assessment.

The practice had not recorded any accidents within the past 12 months. Review of practice meeting minutes showed that they enabled discussions to take place amongst staff if any accidents occurred. There was an accident book to record if any accidents occurred. We were informed that a newer version of the book was currently being obtained.

Are services safe?

There was a policy for significant events. There had not been any reported incidents within the last 12 months. Our discussions with staff showed that not all were aware of the policy or that they were able to provide examples of the type of issue that may constitute a significant or untoward event. This meant that the practice was unable to demonstrate to us their learning when things went wrong.

There was a system for receiving safety alerts. These were received by the practice manager who told us they would take any appropriate action. They provided us with an example of an alert that had been issued. A log had not been maintained of relevant alerts received and action taken however.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. The dentist we spoke with was new to NHS dental practice in the UK; we noted that they were not familiar with Faculty of General Dental Practice (FGDP) radiography and Ionising Radiation Medical Exposure Regulations (IRMER) guidance.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in this speciality.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentist where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided a variety of health promotion leaflets to help patients with their oral health. These included information for children.

The practice was aware of national oral health campaigns available in supporting patients to live healthier lives.

One of the dental nurses had undertaken an oral health education course and had visited two schools to raise awareness of maintaining healthy teeth.

Guidance was included on the practice website regarding preventative dentistry including information for children.

The dentist described to us the procedures they would use to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

The dentist told us that patients with more severe gum disease would be recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The small sample of records that we looked at supported that the practice obtained consent to care and treatment in line with legislation and guidance. Those discussions held and notes made in records reflected that the dentist understood the importance of obtaining and recording patients' consent to treatment.

The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. One CQC comment card completed by a patient stated that everything was explained in excellent detail.

The practice held documented information about the Mental Capacity Act 2005. The dentist we spoke with did not demonstrate that they had developed a detailed understanding about their responsibilities under the Act if they were to treat adults who may not be able to make informed decisions.

The consent policy referred to Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The dentist we spoke with was not aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

Are services effective?

(for example, treatment is effective)

We saw examples of how staff had skills, knowledge and experience to carry out their roles. For example, one of the dental nurses had undertaken radiography training and had undertaken an oral health education course. The receptionist had acquired their skills through many years of experience working in a patient care environment.

Staff new to the practice (who were not working as a dentist or hygienist) had a period of induction based on a structured programme. We asked to see completed inductions for the dentists; these were not held. The dentist we spoke with who was newly appointed, (approximately one week prior to our inspection taking place) had completed a limited induction programme. For example, they had not viewed the sharps policy or risk assessment, infection control policy, whistleblowing or safeguarding policy.

We confirmed that some of the clinical staff completed the continuing professional development required for their registration with the General Dental Council. We were not able to view all records. For example, we were told that the hygienists' records were held at their other workplace. A summary of the hygienist's training completed was sent to us after the inspection. CPD documentation was forwarded to us after the inspection in respect of one of the dentists and dental nurses.

We saw that one of the nurses and the receptionist, who were managed by the nurse who worked as practice manager, had discussed their training needs at annual appraisals. We saw evidence of their completed appraisals. We did not see a completed appraisal for the practice manager. The two associate dentists had started working for the practice within the previous 12 months.

Co-ordinating care and treatment

We were unable to examine how staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist was unaware of particular guidelines but told us they would refer patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

We did not obtain information regarding whether all referrals were monitored to make sure they were dealt with promptly as the new dentist was unable to provide us with this.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were welcoming, helpful and professional. Many of the CQC comment cards completed made reference to individual staff. We noted that the receptionist received very positive feedback.

We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients could choose whether they saw a male or female dentist when they first attended the practice.

We looked at feedback left on the NHS Choices website. We noted two reviews left which were positive and the practice scored 5/5 stars. The comments made reference to lovely staff and one stated that they went the extra mile.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the separate waiting area provided privacy when reception staff were dealing with patients.

The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

We asked staff about how they helped patients be involved in decisions about their care and how they complied with the requirements under the Equality Act/Accessible Information Standard. (A requirement to make sure that patients and their carers can access and understand the information they are given.)

- Interpretation services were available for patients who did not have English as a first language. There were also multi-lingual staff that might be able to support patients.
- We were told that information for patients could be obtained in large print format / braille if required.
- The practice information leaflet included a statement that those with disabilities should contact the practice and efforts would be made to accommodate their needs. The leaflet required amendment as it also stated that the premises were designed so that patients with disabilities could gain access. The premises were unsuitable for wheelchair users due to the stepped access.

The practice gave patients information to help them make informed choices about their treatment. The practice website included a statement that discussions about examination and treatment recommendations would be held as well as a written treatment plan and cost estimate that could be provided. It also stated that for complex procedures, further visits were normally required to discuss the plan, options and cost. Feedback left in CQC comment cards supported that staff listened to patients, did not rush them and discussed options for treatment with them. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It mostly took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care. We were provided with some examples of how the practice met the needs of patients with dental phobia and those with a gag reflex. The receptionist told us that they knew their patient base well and this knowledge informed them when booking flexible appointment times. We were told that longer appointment times could be allocated for patients who required additional support.

Patients described their levels of satisfaction with the responsive service provided by the practice.

The premises were unsuitable for patients with disabilities as it had stepped access to enter the building. The practice did not have a hearing loop, although after the inspection, we were informed that one had been purchased and we were sent the details of this. There was a patient toilet facility although it was not suitable for those with mobility problems.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their information leaflet. We noted that the opening times displayed on their website were not accurate and therefore required amendment.

The practice had an efficient appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day (if the practice was scheduled to be open) Patients said they had enough time during their appointment and did not feel rushed. Appointments appeared to run smoothly on the day of the inspection and patients were not kept waiting.

The practices' information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. NHS patients were advised to contact a specific provider with an out of hours service or NHS 111. Private patients were provided with a private telephone number that was answered by the principal dentist or practice manager.

Patients confirmed they could make routine and emergency appointments easily and were not often kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice told us they would take complaints and concerns seriously and would respond to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. This was dated October 2014 and required review. Following our inspection, we were sent an updated version with contact information included for external organisations.

The practice information leaflet and updated complaints policy explained how to make a complaint.

The practice manager/principal dentist was responsible for dealing with complaints. Staff knew to tell the practice manager or principal dentist about any formal or informal comments or concerns straight away to enable patients to receive a quick response.

The practice manager aimed to settle complaints in-house and told us they would invite patients to speak with them in person to discuss these, if any were to be received. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice told us that they had not received any complaints within the previous 12 months.

Are services well-led?

Our findings

Leadership capacity and capability

We were not able to meet with the principal dentist on the day of our inspection as they were not present. This meant we were unable to obtain any detailed information to support the principal dentist having the capacity and skills to deliver high-quality, sustainable care. We were unable to consider the practice strategy and its objectives.

We noted areas that required strengthening. For example, visibility of leadership and evidence to demonstrate leadership commitment to the service and supporting staff.

We identified concerns regarding the capacity of practice management in delivering the range of responsibilities required of them, as their time was shared between two practices.

Vision and strategy

We were unable to establish the basis for strategic vision or discuss business planning.

Culture

Staff stated they felt respected and supported by the practice manager but acknowledged the limitations on their time as a result of them also working elsewhere.

Staff told us that there was an open culture within the practice.

Discussions we held with staff and information we looked at, supported that the practice focused on the needs of patients. Patient feedback we received was positive regarding staff' welcoming, helpful and professional approach.

We were not provided with evidence to show how openness, honesty and transparency were demonstrated. The practice told us there had not been any incidents or complaints within the last 12 months. Our discussions with staff showed that not all were aware of the incidents policy or provide examples of the type of issue that may constitute a significant or untoward event.

As we were also only able to speak with one dentist who had recently started working for the practice, it was difficult to examine the practice understanding and compliance with the requirements of the Duty of Candour.

Governance and management

There were responsibilities, roles and systems of accountability to support governance and management. The adequacy and effectiveness of these arrangements could not be established or tested due to the absence of the principal dentist on the day of the inspection.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. We noted that there was scope to improve the organisation of practice policies; we found older versions of policies such as safeguarding and recruitment had been retained in files following review. This presented a risk that an outdated version of a policy could be reviewed.

There were some effective processes for managing risks, issues and performance. We also noted areas that required significant improvement. For example, there was lack of monitoring of staff completion of safeguarding training and ensuring that all clinical staff had completed training to the appropriate level. We also noted that some items of emergency medicines and equipment were missing; this had not been identified by the practice prior to our visit. The practice had also not identified that five yearly electrical testing was overdue.

Appropriate and accurate information

The practice did not demonstrate that it had always acted on appropriate and accurate information. For example, the practice could not demonstrate that it complied with its own policy provisions. Whilst a recruitment policy was held, information required under Schedule 3 was not obtained or held on file. Risk assessments such as sharps did not identify that one of the nurses did handle used needles, when a safer sharps system had not been implemented. It was therefore ineffective in addressing the risk presented.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Are services well-led?

The practice involved patients, staff and external partners to support quality sustainable services.

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, the practice told us that whilst positive feedback was received, they had made a decision to allocate longer appointment times to help more patients understand their oral health care requirements. Staff feedback included talking and sharing any worries or concerns so everyone could feel happy and confident.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings and informal discussions. Staff felt enabled to offer suggestions for improvements to the service and said these would be listened to and acted on, if any were made.

Continuous improvement and innovation

There were some systems and processes for learning and continuous improvement, but we obtained limited information regarding this.

Documentation provided supported that the practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. A record keeping audit (April 2018) we were shown included a summary of results; it did not identify the individual practitioner and we were not shown any conclusions or action plan implemented. A radiography audit had a summary of results, but we did not see any conclusions or action plan implemented. The audits did not show how improvements were made to the service.

We were unable to explore the principal dentist's commitment to learning and improvement.

We noted that the nurse and the receptionist who were managed by the practice manager had received annual appraisals. We saw evidence of the completed appraisals in the staff folders. The two associate dentists had not worked in the practice long enough to receive an annual appraisal. It was unclear whether the hygienist had received an appraisal and we were not provided with a completed appraisal for the practice manager.

We noted that most staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The hygienist's summary of training provided by their other employer stated that basic life support training required completion.

The General Dental Council also required clinical staff to complete continuing professional development. We saw evidence for most staff that this was completed.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not have effective systems in place to ensure that the regulated activities at Eastfield Dental Care were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were limited systems or processes established to enable the registered person to assess, monitor and improve the quality and safety of services provided. In particular: • An effective policy and procedure framework was not in operation to enable staff to report, investigate and learn from untoward incidents and significant events. • There were limited systems for monitoring and improving quality. For example, infection and prevention control audits were undertaken infrequently and X-ray audit activity did not result in learning, action plans and improvements to the service. • There was limited oversight in relation to staff completion of training including safeguarding and Mental Capacity Act, and the level of safeguarding training expected for clinical staff. • Policy, protocols and procedures required update and review and staff were not familiar with policy provisions. There were limited systems or processes established to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

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Requirement notices

- The provider had not undertaken risk assessments or risk assessments were ineffective in relation to: Sharps and accepting a ported Disclosure Barring Service (DBS) check for a member of staff from another provider. `
- The provider had not identified at the point of inspection that the autoclave was overdue servicing or that fixed wiring was overdue for testing.
- The provider had not implemented a robust system for the review and action of patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA)

Regulation 17 (1) (2)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed.** There were limited procedures established and operated effectively to ensure that persons employed are of good character. In particular: • Disclosure Barring Service (DBS) checks were not produced for a member of clinical staff. Information had not been made available in relation to each person employed as specified in The Health and Social Care Act 2008 (regulated Activities) Regulations 2014, Schedule 3 requirements. In particular: Proof of identity including a recent photograph for one member of staff and satisfactory evidence of conduct in previous employment for five members of staff. Regulation 19 (1) (2)