

Osborne Orthodontics Ltd

Osborne Orthodontics / Osborne Family Dentists – North Shields

Inspection Report

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Date of inspection visit: 27 November 2018.

Date of publication: 14/01/2019

Overall summary

We carried out this announced inspection on 27 November 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection, in response to concerns received, to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. This 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 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.

Background

Summary of findings

Osborne Orthodontics is in North Shields and provides NHS and private treatment to adults and children. Most of treatment provided within the practice is orthodontic although a small amount of general dentistry is also carried out. The dental practice is on the first floor of a shared building. Access to the first floor is via a staircase and this is made known to patients in the practice leaflet. Car parking spaces are available near the practice. There is one large treatment room with two dental chairs and an office area within. A decontamination and X-ray room are adjoined to the treatment room. There is a separate reception and waiting area.

The dental team consists of two principal dentists (one of whom is a specialist orthodontist), two dental nurses, a decontamination assistant, a practice manager who is also a qualified dental nurse, and two receptionists. The practice manager was recently recruited and is currently undergoing induction.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Osborne Orthodontics is one of the principal dentists.

On the day of inspection, we collected 23 CQC comment card filled in by patients. These provided an overall positive view of the practice, with some patients' commenting on long waiting times.

During the inspection we spoke with the two principal dentists, two dental nurses, two receptionists and the practice manager.

The practice is open for treatment between 9am and 8pm Monday to Saturday on a "by appointment only basis".

We looked at practice policies and procedures and other records about how the service is managed.

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. Appropriate medicines and life-saving equipment were available apart from three items. These were ordered the following day.
- The systems to help manage risk to patients and staff needed improvement.
- The provider's safeguarding systems needed to be improved.
- The provider had staff recruitment procedures which did not follow national guidance.
- 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. A closed-circuit television system (CCTV) was in operation within the corridor, treatment room and waiting room. Signs were displayed to make people aware of the CCTV. The provider did not have a CCTV policy, nor had carried out a data protection impact assessment, in line with the General Data Protection Regulation (GDPR).
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider could not demonstrate effective leadership.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable arrangements for the safe storage of clinical records.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

Summary of findings

- 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 responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.
- Review the practice's systems for environmental cleaning taking into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and the current national specifications for cleanliness in the NHS.
- Review the practice's protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

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). We will be following up on our concerns to ensure they have been put right by the provider.

The practice did not have complete systems and processes to provide safe care and treatment.

The provider could not be assured that all staff had undergone safeguarding training and to the appropriate level. Staff knew how to recognise the signs of abuse and how to report concerns however this was inconsistent in detail. The safeguarding policy did not contain sufficient contact information for adult referrals.

Staff were qualified for their roles. The provider did not complete essential recruitment checks for all employees.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies except for a child-sized oxygen mask and buccal midazolam (a medicine used for epileptic fits). They also had not risk assessed the need for child defibrillator pads given the predominantly child patient base. We received email confirmation the following morning that these items had been ordered.

The provider did not have systems to identify and manage all risks identified on-site. For example, they did not complete risk assessments for clinical employees whose immune status to Hepatitis B were unknown, they did not ensure hazardous substances were risk assessed, they did not ensure lone workers were risk assessed for safety. The original fire and Legionella risk assessments could not be located and they were not able to provide any assurance that the results of these had been reviewed. They were uncertain that all possible risk control measures were in place.

Requirements notice 

Are services effective?

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

The orthodontic dental professionals assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional and excellent. The orthodontic dental professionals discussed treatment with patients so they could give informed consent and recorded this in their records.

No action 

Summary of findings

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles. The systems to help them monitor this were ineffective.

The staff were involved in quality improvement initiatives, including a “good practice scheme” and peer review, as part of its approach in providing high quality orthodontic care.

Are services caring?

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

We received feedback about the practice from 23 people. Patients were positive about the service the practice provided and commented that staff provided the best treatment possible.

They said that they were always welcomed and said their orthodontist listened to them. Patients also commented on waiting times and we saw evidence that this was being addressed.

We saw that staff protected patients’ privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect. A CCTV system was in operation within the treatment room, corridor and waiting areas. Appropriate signs were displayed to notify people of this. There was no CCTV policy in place and a data protection impact assessment had not been completed in line with the General Data Protection Regulation (GDPR) requirements.

No action



Are services responsive to people’s needs?

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

The practice’s appointment system took account of patients’ needs. Patients could get an appointment quickly if in pain. Patients commented waiting times were regularly more than 30 minutes, often up to one hour. The provider had recognised this and introduced a new software system which would allow waiting times to be monitored more robustly.

Staff considered patients’ different needs. This assessment was not documented. The practice was on the first floor of a shared building and there was no provision made for those in wheelchairs or with pushchairs. This was described in the practice leaflet and the provider made sure patients were offered details of an alternative practice with accessible premises. The practice had access to interpreter services. The provider had assessed the needs of those with sight and hearing problems and was considering implementing measures for these patients.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



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 systems to manage risks and discuss the safety of the care and treatment provided needed to be improved.

The principal dentists were aware that there was a lack of focus on managerial and governance duties over the years; this was now being addressed. The practice manager had been recently recruited and was undergoing an induction period.

Staff said they felt supported and appreciated by the principal dentists. They were provided with opportunities to progress in their clinical careers.

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

The monitoring of dental nurses' training and development was not effective. There were no appraisals carried out, or any methods to monitor staff training (e.g. a training matrix).

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. Clinical audits were carried out but results were not analysed and documented with action plans where applicable.

The provider demonstrated listening to the views of patients and staff.

The practice risk management systems were not effective. The provider did not have effective systems in place to assess and reduce all the risks on-site. These include: medical emergency drug and equipment provision, control of hazardous substances, Legionella, fire and recruitment procedures.

Requirements notice

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice systems to keep patients safe needed to be improved.

Not all staff knew 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. These were not detailed with contact information for adult referrals. The provider could not confirm whether the reception staff had received safeguarding training and whether other staff had completed training to an appropriate level. The practice manager confirmed reception staff had read through the safeguarding policy at their induction and had not completed training. We checked seven staff files and were shown evidence that only one member of staff had the appropriate level of training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. This was inconsistent in detail amongst the staff we talked to. They were not aware of other safeguarding subjects such as modern-day slavery or female genital mutilation and the provider did not know a safeguarding referral would require a notification to the CQC.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of reprimand.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. This was a very rare requirement as the practice mainly provided orthodontic treatment.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy to help them employ suitable staff.

We looked at seven staff recruitment records. These showed the practice did not consistently follow their recruitment procedure.

- Five employees did not have a DBS check carried out prior to their employment and a risk assessment was not in place to mitigate the risk of not doing so. DBS checks, or an adequate risk assessment, should be undertaken at the point of employment to ensure the employee is suitable to work with children and vulnerable adults. We saw DBS checks had since been completed for three out of five members of staff. The remaining two were underway.
- References were not sought for two members of staff as per the practice's recruitment policy.
- Photographic identification was not sought for six out of seven members of staff.
- Contracts were not provided to three members of staff.
- The General Dental Council certificate and evidence of indemnity was not sought for a locum dentist. These documents were sought during our inspection and we saw evidence of this.

We noted that all other clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that equipment was safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

The practice had a fire risk assessment carried out several years prior; this document could not be located and there was no evidence that the assessment report had been reviewed at the time or recommendations actioned. The provider assured us they would request this document to be sent from the assessors. We did not receive this. There were smoke detectors and fire extinguishers on-site. Records showed the fire extinguishers were regularly serviced. There was no fire marshal assigned and fire drills were not carried out. The newly recruited practice manager had implemented a log to check and test the smoke detectors.

The practice had arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.

Are services safe?

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. Audits did not include an analysis of the results or action plans where appropriate. They also did not allow for distinction between clinicians.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography. They were unable to show evidence of this for three members of staff.

Risks to patients

The systems to assess, monitor and manage risks to patient safety were not effective.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulations when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider did not have evidence that all 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 asked to see records for five members of staff:

- One member of staff was undergoing the course of Hepatitis B vaccinations.
- A second member of staff had confirmation of their vaccinations but not of its effectiveness.

Risk assessments (to mitigate the risk of working in a clinical environment where the effectiveness of the vaccine was unknown) had not been carried out for these members of staff. The provider had a template for the risk assessments and assured us they would complete these for both members of staff.

Staff knew how to respond to a medical emergency and told us they completed training in emergency resuscitation and basic life support (BLS) every year. We did not see evidence of this for all members of staff.

Emergency equipment and medicines were not available as described in recognised guidance. The practice did not have a child-sized oxygen non-rebreather mask or midazolam in the specified form (used for epileptic emergencies). They also had not risk assessed the need for

child defibrillator pads given the predominantly child patient base. These items were ordered the following morning and we received confirmation of this. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

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

We looked at the practice's systems for hazardous substance storage and risk assessment. The practice's Control of Substances Hazardous to Health (COSHH) file contained all the products' safety data sheets but not actual risk assessments of any of their materials, as required by the Health and Safety Executive. We were assured this would be addressed immediately and each substance would be risk assessed and recorded.

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 (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that any orthodontic work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The provider had a Legionella risk assessment carried out several years prior; this was misplaced and the principal dentists were unsure what control measures were originally recommended. Flushing of water lines was carried out and a dip slide had been performed within the two weeks of our inspection being announced. Following our inspection, the provider confirmed they would arrange for a Legionella risk assessment to be repeated.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected. The practice cleaner would work alone and a lone-working policy or risk assessment was not in place to mitigate the risk to their

Are services safe?

safety. We observed the mops used for clinical areas, toilets and general areas were all stored together with mop-heads touching. The provider assured us they would review the storage system and carry out a risk assessment for lone-workers.

The provider 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 twice a year. The audits we viewed did not have analysis of the results or an action plan for outstanding actions to be completed.

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 provider 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.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider 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 dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety and Lessons learned and improvements

The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been two incidents. These incidents were recorded and shared with the dental team for learning.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice provided orthodontic treatments and had systems to keep dental professionals up to date with current evidence-based practice. Detailed assessments were carried out and treatments were provided in line with recognised guidance. Patients were recalled at suitable intervals for reviews of the treatment.

Orthodontic staff described the patient referral system and treatment journey.

The practice had an Orthopantomogram (OPG) machine which gives a 2-dimensional representation of the upper and lower jaws. This also provided cephalographs for use in orthodontic treatments to enhance the delivery of care.

The orthodontic staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. They would meet frequently to discuss orthodontic cases and new approaches to treatment.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients. The two dental nurses were supported by the provider to complete their orthodontic assistance training and were supported to progress further (for example, to do an orthodontic therapy course) should they desire.

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. Staff explained this was a key part in orthodontic treatment and oral health education was a high priority within the orthodontic clinic.

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

The orthodontic dental professionals discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when necessary.

Consent to care and treatment

The orthodontic dental professionals obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The orthodontic dental professionals gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed staff listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The staff were 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 orthodontic dental professionals assessed patients' treatment needs in line with recognised guidance.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction; this was not documented. We confirmed clinical staff completed the continuing professional development (CPD) required for their registration with the General Dental Council.

Are services effective?

(for example, treatment is effective)

The provider discussed training needs verbally with the dental nurses. They did not undertake appraisals to monitor staff development.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The practice received referrals for orthodontic treatment. We spoke to staff about the two-way communication process for these referrals and on-going care. This included acknowledging the referral, assessing and treating the patient and informing the referrer of the patient's progress. Upon completion of treatment, a detailed letter would be sent to conclude the referral.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two weeks wait arrangements to help make sure patients were seen quickly by a specialist.

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.

A patient commented positively that staff were professional and caring. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders, patient survey results and thank you cards were available for patients to read.

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 waiting areas provided limited privacy when reception staff were dealing with patients. Reception staff took adequate measures to ensure patient's privacy was secured as far as possible. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were 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.

A video CCTV system was in operation within the treatment room, waiting room and corridor. Appropriate signs were displayed to notify people of this. A data protection impact assessment had not been carried out, in line with GDPR requirements and the practice did not have a CCTV policy.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

Accessible Information Standards and the requirements under the Equality Act.

The Accessible Information Standard is 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 use English as a first language. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand. Communication aids and easy read materials were not available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices about their treatment. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The provider described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos and X-ray images.

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 took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

The practice met the needs of more vulnerable patients, for example, by arranging appointments at times convenient to the patient and ensuring a sufficient appointment length was provided.

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

Feedback the practice received was responded to with a view to improving the services provided.

The practice had assessed the needs of various patient groups; this assessment had not been documented. Due to the practice being on the first floor of a shared building, access was restricted for those with pushchairs or wheelchairs. Patients were advised of this in the practice leaflet and by reception staff. The provider considered the needs of those with hearing or sight problems and felt the need for implementing measures for these patients was low. They explained if any patient required or requested assistance they would facilitate these.

Timely access to services

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

The principal dentists were aware patients were frequently waiting for up to an hour for their appointment. They responded to this appropriately by installing a new software to audit their waiting times, and ensured all patients were kept advised of the delay. Appointments also did not run smoothly on the day of the inspection and patients were kept waiting.

The practice displayed its opening hours in the premises, and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed.

The staff took part in an emergency on-call arrangement with other practices and the 111 out of hour's service. The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. Most patient complaints were in relation to staff attitude and delays in waiting for appointments. We saw the provider had responded to these by appropriate measures and were looking to implement changes to prevent recurrence.

The provider was responsible for dealing with complaints. Staff would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response.

The provider aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentists own and manage the practice. They were aware that there was a lack of focus on managerial and governance duties over the years; this was now being addressed. A practice manager was appointed recently and is currently undergoing a period of induction. Prior to this there was no long-term practice manager in place. The provider had given potential practice managers a trial period over the last year however this proved unsuccessful. The existing practice manager has set aside protected time to deal with short-comings.

The provider was not knowledgeable about all issues and priorities relating to the quality and future of services that were highlighted during the inspection. For example:

- They had inadequate systems in place to monitor and reduce all risks on-site including Legionella, fire, hazardous substances and lone-working.
- They did not have efficient protocols for recruitment or for undertaking risk assessments where necessary. For example, for staff who did not have a DBS check carried out or whose immune status could not be confirmed.
- They had not carried out a data protection impact assessment for the use of CCTV onsite, and did not have a CCTV policy in place.
- They had not documented their disability access assessment or their inductions.
- They had not carried out appraisals on staff.
- Their systems had failed to recognise the lack of medical emergency drugs and equipment.
- The provider did not have a system in place to monitor the training and development of staff such as a training matrix and appraisals.
- The practice's safeguarding policy was insufficient in detail and staff knowledge on safeguarding was inconsistent.
- The practice's audit systems did not have learning outcomes or action plans for improvement of the care and services provided.

The managerial staff understood the issues identified on the inspection day and were keen to address them. The practice manager assumed responsibility to ensure these issues would not recur.

The principal dentists and practice manager were approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice. We saw the provider took effective action to deal with poor performance.

The practice focused on the needs of patients. Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

The management system required reviewing to ensure staff had clear responsibilities, roles and systems of accountability to support good governance and management. The principal dentists had overall responsibility of the practice and the practice manager was employed to oversee the day to day running of the practice.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were ineffective processes for managing risks, issues and performance. The practice manager assured us they would review these processes. They had subscribed to a governance system a week prior to the inspection to assist them in putting right any short-comings. We saw several policies and assessments were made practice specific using this governance system.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Are services well-led?

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

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions the practice had acted on, including reducing waiting times in response to complaints from patients.

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, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, improvement and innovation. These needed improvements.

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. Audits did not have clear learning outcomes or resulting action plans to demonstrate continuous improvement.

The managerial staff showed a commitment to learning and improvement and valued the contributions made to

the team by individual members of staff. They supported staff in their development, for example to complete orthodontic training and subscriptions for staff to complete professional development. They did not monitor staff to ensure they were undergoing development appropriately, for example by using a training matrix. Staff discussed learning needs, general wellbeing and aims for future professional development during clinical supervision; they did not have formal appraisals.

Staff were not able to demonstrate they all completed 'highly recommended' training as per General Dental Council professional standards. We looked at training in safeguarding, infection prevention and control, X-rays and medical emergencies and basic life support training for five staff members.

- we had confirmation that only one had completed infection prevention and control training within the recommended interval time.
- we had confirmation that only one had completed X-ray training within the recommended interval time.
- we had confirmation that only one had completed safeguarding training to the appropriate level and within the recommended interval time.
- we had confirmation that two had completed medical emergency training within the recommended interval time.

The remaining members of staff were sure they had completed training previously, but could not confirm if this was within the recommended interval time and to the appropriate level for safeguarding.

The provider supported and encouraged staff to complete CPD by subscribing to a training package for all dental nursing staff.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <p>The registered provider did not have</p> <ul style="list-style-type: none">· appropriate safeguarding protocols and policies in place· assessments and control measures (where applicable) for the risk to service users of<ul style="list-style-type: none">- Legionella,- fire,- hazardous substances- hepatitis B· appropriate medical emergency drugs and equipment within the practice. <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed 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.</p> <p>In particular:</p>

Requirement notices

- They had inadequate systems in place to monitor and reduce all risks on-site including Legionella, fire, hazardous substances, recruitment procedures and lone-working.
- They did not have efficient systems for
 - Implementing adequate recruitment procedures.
 - carrying out a data protection impact assessment or policy for the use of CCTV onsite.
 - documenting their disability access assessment or their inductions.
 - recognising a lack of medical emergency drugs and equipment in accordance with guidance, and ensuring that all staff are up to date with training to respond to emergencies.
 - monitor the training and development of staff such as by use of a system of appraisal or a training matrix.
 - ensuring the practice's safeguarding policy was sufficient in detail and staff knowledge on safeguarding was consistent.
- The practice's audit systems did not have learning outcomes or action plans for improvement of the care and services provided.

Regulation 17 (1)

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person had systems or processes in place that operated ineffectively in that they failed to ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties. In particular:

- They did not monitor staff to ensure they were undergoing development appropriately, for example by using a training matrix.

This section is primarily information for the provider

Requirement notices

- Staff were not able to demonstrate they all completed 'highly recommended' training as per General Dental Council professional standards.
- Staff did not have formal appraisals.

Regulation 18 (2)

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- Recruitment processes were not consistent amongst staff and systems were not in place to support these. In particular for
 - undertaking DBS checks or risk assessments to mitigate the risk when not.
 - undertaking references
 - seeking photographic identity
 - seeking employment history
 - seeking evidence of indemnity and evidence of qualifications.
- prior to employment.

Regulation 19 (1)