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Daventry Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 20 December 2017 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

The practice is based in Daventry, a market town in Northamptonshire. It provides NHS and private treatment to patients of all ages.

There is currently no access for wheelchair users and families with pushchairs. Building work has recently commenced to convert the premises and make them accessible for all people. The practice does not have patient parking facilities but public car parks are available near to the practice.

Summary of findings

The dental team includes four dentists, five dental nurses, one trainee nurse, two dental hygienists, two receptionists, a practice administrator and an administrative support staff member.

The practice has three treatment rooms.

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 38 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses, two receptionists and the practice administrator. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday, Wednesday, Thursday from 9am to 5pm for NHS patients (and closes at 6pm for private patients) Tuesday from 8am to 5pm for NHS patients (and closes at 6pm for private patients) Friday from 9am to 3pm for both NHS and private patients and Saturday from 9am to 1pm for private patients only.

Our key findings were:

- The practice objectives included the provision of high quality dental treatment to the whole population; with a focus on prevention of dental disease by promoting oral health care and providing advice.
- Staff had been trained to deal with medical emergencies and appropriate medicines and lifesaving equipment was available in accordance with current guidelines.
- The practice appeared clean and was generally well maintained.
- Staff demonstrated awareness of their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had not adopted a robust process for the reporting of untoward incidents.
- Clinical staff provided dental care in accordance with current professional and National Institute for Health and Care Excellence (NICE) guidelines.
- Staff recruitment processes did not comply with legislative requirements or the practice policy.
- Patients had access to routine treatment and emergency care when required.
- Staff received training appropriate to their roles and there was evidence of continuing professional development.
- The practice responded to complaints received, but we noted that records held were not all complete.
- We found areas where ineffective leadership was in place and governance arrangements required strengthening.

We identified regulations the provider was not meeting. 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 and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray ensuring compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and the principle of young people's competency and ensure all staff are aware of their responsibilities as it relates to their role.
- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

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.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Premises and equipment were clean and properly maintained. The practice generally followed national guidance for cleaning, sterilising and storing dental instruments, although we identified some areas for improvement.

The practice mostly had suitable arrangements for dealing with medical and other emergencies.

The practice did not demonstrate that they used learning from incidents to help them improve. The practice had not implemented an effective policy and procedure framework to enable staff to report, investigate and learn from incidents.

The practice did not evidence that it received and reviewed national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA).

The practice had not completed essential recruitment checks for all of their staff. This included Disclosure Barring Service (DBS) checks, references and evidence of photographic identity. The practice had not implemented a clear process for checking that all clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date. Following our inspection, we were provided with evidence of indemnity cover in relation to staff who were not able to produce this on the day.

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, effective and professional.

The dentists discussed treatment with patients so they could give informed consent. We noted that this was not always recorded in their records.

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

The practice supported staff to complete training relevant to their roles.

Summary of findings

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 38 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, polite and attentive. They said that they were given helpful and detailed explanations about dental treatment, and said their dentist listened to them. Patients commented that staff made them feel at ease.

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 in pain.

The practice was not accessible to wheelchair users; building work was underway to convert the premises and ensure accessibility for people with mobility problems. The practice did not have a hearing loop. The practice did not have access to translation/interpreter services, but we were informed that this was not required for existing patients. Staff spoke a number of languages.

Information about the practice was not currently available in other formats or languages.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly. We found incomplete documentation was held in relation to two complaints received; it was not clear how these complaints had been resolved or concluded.

Are services well-led?

Requirements notice

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 these actions in the Requirements Notice section at the end of this report).

The practice had policies, procedures and risk assessments to help support the management of the service and to protect patients and staff. We found that these documents required review to ensure they were practice specific and were also complied with.

We noted there were significant areas of improvement required in governance arrangements. These included ensuring that all risks were identified and addressed promptly, with appropriate action taken to manage and reduce any risks from recurring.

There was a management structure and staff we spoke with told us they felt supported.

Summary of findings

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

The practice had limited quality assurance processes to encourage learning and continuous improvement. We identified that audit processes could be strengthened.

The practice asked for the views of staff and patients.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had some procedures to report, investigate and respond to accidents. An effective policy and procedure framework was not in operation to enable staff to report, investigate and learn from untoward incidents and significant events. We found staff were not informed of how to report incidents when they occurred. The practice had not recorded any incidents within the past two years.

The practice did not provide evidence to show they received and acted on national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The practice administrator told us that they received email notifications but these had not been kept. They were unable to provide us with examples of any recent notifications issued.

Reliable safety systems and processes (including safeguarding)

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. We saw evidence that staff received safeguarding training. One of the dentists was the lead for safeguarding concerns and we noted they had undertaken appropriate training for this role. Staff showed awareness about the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination although not all staff we spoke with were aware that a whistleblowing policy was held.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. We reviewed manufacturers' product data sheets held and some risk assessments. We noted that the system could be improved to ensure staff could obtain COSHH information quickly if an incident occurred. The practice administrator told us that the file was reviewed annually to ensure their records were up to date.

We looked at the practice's arrangements for safe dental care and treatment. We noted that the practice had not implemented the safer sharps system. They had however, taken measures to manage the risks of sharps injuries by using a safeguard when handling needles. We spoke with dental nurses who told us that they did not handle used needles and the dentists held responsibility for this.

We looked at the practice's sharps risk assessment. The assessment identified that the practice should implement a safer sharps system, but did not include information about the reasons for not doing so. We reviewed the sharps policy which stated inaccurately that a safety plus system was in operation.

Our discussions with the dentists identified that rubber dam was not universally used by all of the dentists when providing root canal treatment. This did not comply with guidance from the British Endodontic Society. We also noted that the reasons for not using rubber dam were not routinely recorded in dental care records. The dentist we spoke with who did not use rubber dam told us that they took some steps to mitigate the risk by using a rotary endodontic system.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. The plan required review as it did not include useful contact details for organisations such as utility companies which may need to be contacted quickly in the event of an emergency.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Training last took place in March 2017.

Emergency equipment and medicines were available as described in recognised guidance. We noted that some adrenaline had expired in the emergency box. The practice administrator told us this was an oversight and this would be removed and replaced.

We found that one of the oxygen cylinders was empty on the day of our inspection. The practice told us that this was an oversight and they had a second cylinder available which we saw. The full cylinder was held in a separate area to the clinical rooms. A member of the team was required

to use a pin code on a door to gain access to the oxygen. This meant that the oxygen may not have been obtained quickly if it was required for use. The principal dentist was not aware that a second cylinder was held.

Staff kept records of checks on other items to make sure they were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy to help them employ suitable staff. We reviewed the policy and noted that it required documentation to be obtained such as two references for newly employed clinical staff.

We looked at four staff recruitment files. These showed the practice had not followed their recruitment procedure or were complaint with information required by Regulation 19, Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, in four files we looked at, there was no documentation relating to references (or other evidence of previous satisfactory conduct in previous employment). Only one of the four staff files contained photographic staff identity.

We were provided with Disclosure Barring Service (DBS) certification for one of the dental nurses. This was dated in 2015 and had been undertaken by a previous employer. We were advised that six members of staff had been employed in 2017; however DBS checks had not been applied for at the point of recruitment. We were provided with evidence that these checks had recently been applied for. The practice could not provide us with DBS documentation for any other staff (including dentists) when we asked to see this.

During our review of these staff records, we looked at immunisation documentation held in relation to their Hepatitis B immunity. We noted that one staff member had provided documentation which showed they had received immunisation; however their immunity status was not recorded. We did not find evidence on other staff records that we looked at. The provider produced a risk assessment for non-immunised staff; however we noted that this was a generic assessment and not specific to individual staff members. We noted that the infection prevention and control policy stated that records of staff hepatitis B sero-conversion were to be held by the practice.

The practice had not implemented a clear process for checking that all clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date. Dental nurses were required to obtain their own indemnity cover, but we were not provided with evidence on the day to show that up to date documentation was held on all of their records. Following our inspection, further information was provided to us which showed that all these staff had adequate cover in place.

Monitoring health & safety and responding to risks

The practice had health and safety policies and risk assessments which covered general workplace and specific dental topics. We noted that some of the risk assessments required review or action to be taken. For example, we were provided with a copy of a fire risk assessment which was undertaken by an external specialist in October 2013. Our review of the fire risk assessment identified that a five yearly building electrical safety inspection was required. The provider was unable to provide us with evidence that this had been undertaken.

Following our inspection, the provider sent us evidence to show that a building electrical safety inspection had now been completed. The provider also sent us a copy of their latest fire risk assessment which had in fact been undertaken in May 2017. This had not been produced to us on the day of the inspection. The latest assessment had also identified the requirement for the electrical safety inspection.

The assessment also identified that a member of staff should be nominated as being responsible for fire safety management and ensure that fire drills were undertaken. The practice informed us that they had not yet undertaken fire drills, but were aware of the need for these to be undertaken. The practice had not yet nominated a fire marshall lead.

We noted that servicing for fire equipment had been undertaken in February 2017. The provider had also portable appliance testing (PAT) on electrical equipment for safety.

We asked to see documentation relating to gas systems tests but the practice was unable to provide this. After our inspection, we were provided with documentation that showed testing had now taken place.

Are services safe?

A dental nurse worked with the dentists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They generally followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. We noted that decontamination of dental instruments was undertaken in surgeries because of current space limitations within the practice. We found that some of the clinical areas were cluttered as a result.

The practice had plans to install a dedicated decontamination room on the ground floor of the building which had been acquired. We were shown plans for the extension, including the decontamination room. Building work had recently commenced prior to our inspection taking place.

Staff completed infection prevention and control training every year.

The practice had some suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We noted that there was a small non-illuminated manual magnifier to check the quality of dental items processed. The size of the magnifier may impact upon the ability of staff to check the effectiveness of the decontamination process.

We looked at a small sample of dental instruments used and found that some of these items showed signs of wear and required replacement.

We identified metal 3-in-1 syringes were used rather than disposable alternatives which presented an increased risk of patient cross contamination.

We reviewed practice meeting minutes from July and September 2017. These included records of discussions held between the practice administrator and staff about ensuring effective infection prevention and control measures were in place.

The records showed that most equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. We noted that one of the autoclaves was due for service in November 2017 and this had not been undertaken at the time of our inspection. The practice told us they were aware of this and were organising servicing to take place.

The practice carried out an infection prevention and control audit twice a year. The latest audit was undertaken in June 2017; this stated that the practice was meeting the required standards. We noted that audit processes required some improvement. For example, the audit did not identify that a suitable illuminated magnifier was required for use in the decontamination process. The practice had not produced an action plan following the audit to identify any potential areas for improvement.

We looked at the arrangements for the segregation and storage of dental waste and noted compliance with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. The provider informed us that there was not a suitable or secure area to hold clinical waste outside the premises. They were currently storing clinical waste bags in the office area used by the practice administrator. We found that these waste bags were overfilled.

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We looked at historic legionella risk assessment records. We noted that a further risk assessment was due for completion in 2015, but this had not been actioned to date. After our inspection, we were sent evidence to show that this had been completed.

Practice staff shared responsibility for cleaning the premises. We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed in some of the CQC comment cards completed that this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

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

Are services safe?

Radiography (X-rays)

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

As a result of our review of records and discussions held with one of the dentists, we found that not all of the dentists had justified, graded and reported on the X-rays they took.

We looked at a sample of X-rays which were shown to us. We saw that the radiographic X-ray sensors were damaged on the images. This affected the quality of the images taken. This issue had not been identified in any audit activity undertaken.

There was evidence that the practice had carried out limited X-ray audit activity, although we found processes required improvement. For example, we looked at a periapical X-ray audit. Periapical X-rays show the entire tooth from the exposed crown to the end of the root and the bones that support the tooth. Periapical audit objectives would include ensuring that radiographs are of the best possible standard, eliminating the need for re-exposure of the patient. The sample size requested on the form used to conduct the audit required 50 individual samples to be reviewed. The provider had included 23. This may impact upon the validity of the results of the review.

Files we looked at showed clinical staff had completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. A sample of dental care records we looked at showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the soft tissues lining the mouth and condition of the gums using the basic periodontal examination scores.

The practice had recently undertaken an audit of patients' dental care records (December 2017) to check that the dentists recorded the necessary information. The audit did not identify individual dental practitioners. This may reduce the ability to address specific areas of concern identified in the course of the audit.

The practice did not offer conscious sedation for patients within the practice but had an arrangement to refer patients who would benefit to another practice. Information about sedation was included on the practice's website.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. To facilitate this aim, the practice appointed two dental hygienists to work alongside of the dentists in delivering preventative dental care.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale in the waiting room. The practice website included a variety of information for patients about oral health.

Staffing

We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Staff new to the practice had a period of induction based on an induction programme. We confirmed in the files that we looked at that clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred 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. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. We noted that informed consent was not always recorded in patients' records. Patients confirmed in CQC comment cards that their dentist listened to them and gave them clear information about their treatment. We received a large number of positive comments regarding this.

One of the dentists we spoke with showed a general understanding about their responsibilities under the Mental Capacity Act 2005 when treating adults who may not be able to make informed decisions. We noted that refresher training was required to ensure the whole team understood the application of the principles of the Act.

The practice's consent policy referred to young peoples' competence and the dentists we spoke with were aware of the need to consider this when treating young people under 16. We spoke with a dental nurse who was not aware about the principle.

Are services effective?

(for example, treatment is effective)

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were helpful, polite and attentive. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Staff told us that they were happy to show anxious patients around the practice and they could attend an open evening which was held once a year. Staff also told us they could place an alert on anxious patients' records to ensure other staff were aware.

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 as it was in an open plan area. A radio was played in the waiting area which provided some background noise.

Staff told us that if a patient asked for more privacy they could take them into another room. The reception computer screens were not visible to patients and staff did not leave 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.

There were a selection of magazines and books in the waiting room. There was also a patient suggestion box and a patient information leaflet available for patients to read. Information about staff was posted on the wall. A notice board contained information about the practice's aims and objectives and the complaints procedure.

Involvement in decisions about care and treatment

The practice provided NHS and private dental treatments to patients of all ages. The costs for dental treatment were available to review in the practice and were also shown on the practice's website.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Comments left in CQC comment cards included that a patient's questions had been answered in detail and good advice was provided which made a difference.

A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. One comment card praised the practice's responsive approach when they needed to be seen quickly.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry, treatments for gum disease, cosmetic procedures and more complex treatment such as dental implants.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had a small number of patients for whom they needed to make adjustments to enable them to receive treatment. Reception staff told us about assistance provided to some patients who had mobility problems which involved helping them once they had climbed the stairs and offering them a drink.

Patients were sent an email or text message in advance to remind them to attend their appointment with the dentist or hygienist.

Promoting equality

The practice premises were currently unsuitable for patients with disabilities. Patients were required to access the practice by climbing a stair case. Building work had recently commenced to convert the premises and make them accessible for people who used wheelchairs and families with pushchairs.

The practice did not have a hearing loop installed. Whilst a patient toilet facility was available this was not easily accessible for those with mobility problems.

We were informed that whilst information leaflets in large print were not currently available, these had been ordered.

The practice did not have access to interpreter/translation services. The provider told us that they did not consider that the service would benefit patients because of the demographic area of the practice. We were informed that staff spoke a variety of languages which included Polish, German, Persian and French.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum where possible. We noted that the next routine appointment was available within one week.

The practice was committed to seeing patients experiencing pain on the same day and kept two appointments free on a daily basis for each dentist. We were told that patients requesting a same day appointment were also triaged and needs accommodated.

NHS patients were advised to telephone NHS 111 if they required dental treatment outside of usual working hours. Private patients were provided with the principal dentist's telephone number if they needed help outside of usual working hours. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not closed.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist or practice administrator about any formal or informal comments or concerns straight away so patients received a quick response.

The practice administrator told us they aimed to settle complaints in-house. 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 the last two years. We reviewed four complaints (including one verbal complaint). We noted that documentation regarding two of the complaints was incomplete as it did not include information as to how the complaints had been resolved or concluded. Review of the other written complaint showed that the practice responded to these concerns appropriately. We looked at practice meeting minutes; these showed that discussions had taken place amongst staff following one of the

Are services responsive to people's needs?

(for example, to feedback?)

complaints received. We did not find documented evidence to show that other complaints received had been discussed amongst staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

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

The practice had policies, procedures and risk assessments to help support the management of the service and to protect patients and staff. We found that these documents required review to ensure they were specific to the practice and complied with. For example, the sharps policy contained inaccurate information and the recruitment policy and infection prevention control policy were not complied with. We found that the practice did not have suitable recruitment processes in place.

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 arrangements to monitor the quality of the service and make improvements as a result. We noted there were significant areas of improvement required in governance arrangements. These included ensuring that all risks were identified and addressed promptly, with appropriate action taken to manage and reduce any risks from recurring. For example, legionella, staff immunisation and fire safety arrangements.

Staff were aware of the importance of confidentiality in protecting patients' personal information. We noted that discussions regarding this had taken place in practice meetings.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong; although not all staff we spoke with were aware of the term.

Staff we spoke with told us there was an open, no blame culture at the practice. They said the practice administrator encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice administrator was approachable, would listen to their concerns and act appropriately. The practice administrator discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

We identified that the practice administrator required additional help and support to enable them to fulfil their role and duties effectively.

We noted that the practice had implemented an effective system for staff to express how they were feeling on a day to day basis. All staff could view the information posted on an information board in the staff area. We were told by staff that this was a valuable tool as it encouraged everyone to be aware and mindful about how they spoke with one another.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had limited quality assurance processes to encourage learning and continuous improvement. We looked at audits of dental care records, X-rays and infection prevention and control. We did not find that the audits were comprehensive or that there were clear records of the results and any action plans and improvements. The principal dentist told us that peer review meetings were held amongst the dentists. They had not been minuted or details recorded.

The dental team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuing professional development. Staff told us the practice provided support for them to do so.

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

The practice used patient surveys and comment cards to obtain staff and patients' views about the service.

Are services well-led?

We saw examples of suggestions from staff the practice had acted on. For example, as a result of a staff suggestion, disposable visors were purchased for patients to wear during treatment as the eyewear previously worn was identified as requiring updating.

Patient testimonials were available to read on the practice's website.

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.

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 **How the regulation was not being met** 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 and X-ray audit activity did not result in action plans and improvements to the service. 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: • The provider had not undertaken risk assessments or risk assessments were ineffective in relation to legionella and fire safety. • The provider had not implemented a system for the review and action of patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority. (MHRA) • Policies were not specific to the practice or they were not complied with. For example, sharps policy, infection and prevention and control policy, recruitment policy. • The provider had not implemented a monitoring system to ensure that all clinical staff had suitable indemnity cover which was up to date.

This section is primarily information for the provider

Requirement notices

- The provider did not hold on record documentation relating to all clinical staff Hepatitis B immunity.

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 **How the regulation was not being met** There were limited procedures established and operated effectively to ensure that persons employed are of good character. In particular: • Disclosure Barring Service (DBS) checks had not been completed for staff working in the practice. Information had not been made available in relation to each person employed as specified in Schedule 3. In particular: • Proof of identity including a recent photograph and satisfactory evidence of conduct in previous employment.