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Spilsby Dental Surgery

Inspection Report

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Overall summary

We carried out this unannounced inspection on 17 June 2019 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 in the centre of Spilsby, a village in Lincolnshire. It provides NHS and private treatment to adults and children.

The practice is in a grade two listed building which has limitations on modernisations that can be made. There are two treatment rooms, both on ground floor level, a decontamination room, a reception area, waiting room, office, staff toilet and patient toilet facility. There is also a staff room on the first floor of the practice. Access to the building is through a side alley. Patients with limited mobility or those who use wheelchairs are assisted by staff members to open the door to the practice.

Summary of findings

There is no car parking available on site; there is a pay and display car park with spaces for blue badge holders within close proximity of the premises.

The dental team includes: three dentists, one dental nurse, two trainee dental nurses, one dental hygienist and two receptionists. The owner of the practice, who is a qualified dentist oversees the management and administrative functions.

The practice is owned by an individual. 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 nine CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, one dental nurse, one trainee dental nurse, one receptionist and the owner of the practice. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday to Thursday from 8.30am to 5pm. It closes between 1pm and 2pm on those days during lunchtimes.

Our key findings were:

- The practice appeared clean.
- Whilst the provider had some infection control procedures which reflected published guidance, we noted areas for review and improvement to be made. For example, walls not being free from damage and abrasion in the treatment rooms and upholstery on one of the dental chairs that required repair.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of a child self-inflating bag with reservoir, clear face masks for the self-inflating bag and a child oxygen face mask with reservoir and tubing. We saw evidence that the items had been purchased after the inspection.
- The practice systems to help them manage risk to patients and staff which required review; for example sharps use and a risk assessment for the hygienist when they worked without chairside assistance. We were informed that action was taken after our visit.
- Safeguarding processes required review. Not all staff were aware of the lead for safeguarding and an up to date policy was not available. We were informed that processes had been reviewed after our visit.
- The provider had staff recruitment procedures, although some of these required strengthening, for example the recruitment of agency staff.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider did not demonstrate effective leadership and culture of continuous improvement.
- Staff worked well as a team; more management oversight was required.
- The practice had not sought any recent feedback from patients about the services they provided.
- The provider's systems for managing complaints required a more formalised structure. It was not evident that learning was shared amongst the team.
- The provider had information governance arrangements.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation/s the provider was not meeting are at the end of this report.

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

- Review staff awareness of the requirements of the Mental Capacity Act 2005 and the principle of Gillick competence and ensure all staff are aware of their responsibilities as it relates to their role.
- 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 procedures for the review of patient safety alerts to ensure that they are shared amongst the team.

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.

The practice systems and processes to provide safe care and treatment were not always operating effectively. Whilst we were informed that there had not been any recent untoward incidents, we identified some that had not been recorded. This meant that learning may not have always be shared amongst staff.

Staff had completed training in safeguarding. We did not view a dated safeguarding policy; staff did not know who the lead for safeguarding was in the practice.

Staff were qualified for their roles and the practice completed essential recruitment checks. We did not view references for one member of the team.

Not all risks were addressed at the time of our visit, for example, sharps and lone working arrangements for the hygienist.

We noted exceptions in relation to guidance contained 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 being followed. For example, walls not being free from damage and abrasion in some of the treatment rooms. A dental chair contained a number of tears which impacted upon the ability to maintain effective cleaning of the furniture.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

Other facilities were properly maintained, for example electrical and gas appliances.

The practice had mostly suitable suitable arrangements for dealing with medical and other emergencies. We noted that some items of equipment were missing from the kit. We saw evidence after our inspection that these had been obtained.

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 'fantastic', 'top class' and 'effective'. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

Dentists understood the requirements of the Mental Capacity Act 2005 and had awareness of Gillick competence. Other staff did not demonstrate knowledge or understanding in these areas.

Summary of findings

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

The systems for staff appraisal or review of their training needs required improvement; dentists had not received a review. We found there was no formal documentation held regarding staff appraisal.

We were unable to confirm that all of the clinical staff completed the continuing professional development required for their registration with the General Dental Council.

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 nine people. Patients were positive about all aspects of the service the practice provided. They told us staff were respectful, caring and helpful. They said that they were given helpful explanations about dental treatment. Patients commented that staff made them feel at ease.

We saw that staff protected patients' privacy. Patients said staff treated them with 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 held a small contract with NHS England to provide NHS care and treatment.

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered some but not all of their patients' different needs. This included providing level access for people with wheelchairs and a magnifying glass was available for those with sight difficulties. The practice did not have a hearing loop. Whilst there was access to interpreter services, these had not been used. Staff told us that the practice demographic did not require the use of this service.

The practice took patients views seriously. We found that improvements were required within the complaints management process. It was not evident that any learning points were shared amongst the team.

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 this action in the Requirement Notices section at the end of this report).

Summary of findings

We found that improvements were required by the the leader to demonstrate that they had the capacity and skills to manage the service and effectively address the risks to it. The provider did however send us some evidence after the day to show they were working towards compliance. This reflected their intentions to improve the service overall.

At the time of inspection, there was not a clearly defined management structure and not all staff felt sufficiently supported and appreciated. The practice had undergone recent changes such as the loss of a practice manager; the provider was currently overseeing the role.

The practice team kept complete patient dental care records which were, clearly written or typed. The premises were locked when not in use although records were not held securely in cabinets used for storage. We were told that action was taken after our visit to improve security arrangements.

Audit required strengthening to demonstrate clear outcomes and improvements made as a result.

Are services safe?

Our findings

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

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. We did not locate a dated safeguarding policy but flow chart information was posted on walls in surgeries to guide staff about identifying safeguarding. We noted that contact details for reporting safeguarding to external organisations was posted on a noticeboard in a staff area; this was dated as requiring review in February 2017. Not all staff knew who the current lead for safeguarding was within the practice, we were given different names of staff.

Following our inspection, the provider informed us that safeguarding procedures had been discussed with the team and updated contact information for reporting had been displayed for staff in the office.

We saw evidence that staff received safeguarding training. Staff showed awareness about the signs and symptoms of abuse and neglect and told us they would raise concerns if any were identified. Staff recalled that there had been some discussion of safeguarding previously in practice meetings; we did not see that discussions had been noted in formal practice meeting minutes.

The practice had a system to highlight vulnerable patients on records e.g. 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. We were informed that pop up notes could be created on patients' records.

The practice had a whistleblowing policy, although not all staff were aware of this. Not all staff knew of external organisations they could approach in the event of a concern being identified.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. They did not have a buddy arrangement with any other practice that could be used in the event of the premises becoming un-useable.

The practice had a recruitment policy to help them employ suitable staff. This reflected the relevant legislation. We looked at five staff recruitment records. These showed the practice mostly followed their recruitment procedure. We did not view references or other evidence of satisfactory conduct in previous employment obtained for the hygienist. Whilst a disclosure and barring service (DBS) check was held for this staff member dated in March 2013, it was ported from a previous employer; a risk assessment had not been undertaken regarding this. The practice occasionally utilised agency locum nurses. They did not have assurance that they were subject to legislative checks by the employing agency when they worked in the practice.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC). We saw that all but one member of the team had in date professional indemnity cover on the day of our inspection. Evidence was sent to us afterwards for the one staff member whose records were not available on the day.

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

Fire detection equipment, such as smoke detectors were tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

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

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits; we noted areas for improvement in audit we looked at. For example, we found that there was scope to improve how results were analysed to enable the practice to identify individual practitioner improvement requirements.

We saw evidence on the day of our inspection that some of the clinical staff completed continuing professional development (CPD) in respect of dental radiography. We

Are services safe?

did not view records for two of the dentists or the dental hygienist. Evidence of training completed for the two dentists, but not for the hygienist was sent to us after the day.

Risks to patients

There were not all the systems required to assess, monitor and manage risks to patient safety.

The practice had health and safety policies, procedures and some risk assessments; we found that a number of documents were held on the provider's computer and were not accessible by staff. The provider told us that they had changed their compliance system and they had been in the process of updating documentation. They told us that they would ensure that new documentation was printed for staff or electronic access made available to them. We found that not all staff were aware of policies and risk assessments that existed that were held in older paper form.

The practice had current employer's liability insurance.

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, a requirement from EU Directive. Whilst a sharps risk assessment had been completed which was due for review in August 2018, this did not identify the measures for staff to take when handling traditional needles and other sharp items such as matrix bands. Dentists we spoke with told us that they did not have access to a needleguard to assist them when handling needles.

Following our inspection, we were informed that a decision had been made to move to a safer sharps system. We were informed that safer sharps had been purchased and training provided to staff on their use.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. For all but one staff member, (a trainee dental nurse) the effectiveness of the vaccination was checked. A risk assessment had not been completed for the trainee dental nurse.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency medicines and some of the equipment required were available as described in recognised guidance. We did not find that a child self-inflating bag with reservoir, clear face masks for self-inflating bag or a child oxygen face mask with reservoir and tubing were held in the kit. Glucagon was stored in refrigeration, but the fridge temperature monitors showed this was not at the required level.

Following our inspection, the provider sent us evidence to show that missing items had been obtained.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. We were informed that the hygienist worked alone at times and a risk assessment had not been completed for when the hygienist was without chairside support. Following our inspection, we were informed that a risk assessment had been completed, although we did not view the assessment.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. There was scope to improve the files held to enable staff to access information quickly in the event of an incident.

The practice had an infection prevention and control policy and procedures. The policy we looked at was dated March 2017. The provider told us they were updating the policy electronically.

We looked at how the practice 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. We noted exceptions in relation to guidance being followed. For example, walls not being free from damage and abrasion in the surgeries and not all surfaces were sealed in the decontamination room.

One of the dental chairs contained a number of tears in the upholstery and had sellotape covering part of one of the chair arms. Tears in the upholstery had been identified in our previous inspection in March 2016, and action had not been taken since then to address this. An action plan had not been implemented to identify when the chair would be repaired or replaced.

During our inspection, we found a mouse trap on the floor in the decontamination room. When we spoke to the provider about this, we were informed that one rodent had

been found several months ago and there had not been a problem since this time. Other staff told us that they had also found one rodent some time ago in the staff area upstairs. The provider had not contacted a pest control company regarding this. They said that they had considered this to be an isolated incident and had found no cause for concern. They told us they had kept the trap as a precautionary measure. Following our inspection, the provider arranged for a pest control company to attend the practice and we were sent supporting documentation following their visit. This showed that the risk had been suitably managed.

We did not see evidence that clinical staff had evidence of their continuing professional development (CPD) for infection prevention and control training.

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 work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. A risk assessment had recently been updated.

Records of water testing and dental unit water line management were in place.

The practice utilised a self employed cleaner who attended the practice regularly to maintain the general areas. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated. We found sharps bins were not always stored in line with guidance contained in Health Technical Memorandum 07-01 Safe management of healthcare waste guidance. For example, a sharps bin in one of the surgeries was dated October 2018; guidance recommends that it should be collected after a maximum of three months.

The practice carried out infection prevention and control audits. The latest audit was overdue but was in the process of being completed in May 2019.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a small 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 and legible 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 mostly reliable systems for appropriate and safe handling of medicines. We were informed that medicines not required would be disposed of into sharps boxes. This was not the correct form of disposal for 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.

We looked at the process for the security and management of NHS prescriptions. We found eight prescription pads that were stored in a drawer but not locked away. Whilst there was some monitoring of prescription pads, the system was not adequate to identify if an individual prescription was taken inappropriately.

Following our inspection, we were informed that more robust security measures had been implemented in relation to prescription pads.

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

Track record on safety and Lessons learned and improvements

The provider did not demonstrate that they had undertaken effective risk assessments in relation to some safety issues. For example, sharps and lone working for the hygienist.

Are services safe?

There was an accident book held in the practice. We noted three accidents reported since May 2016. The records demonstrated that action had been taken to report and address the issues. We noted that two accidents in September 2017 and January 2018 involved a light over the dental chair falling onto patients which had resulted in minor injuries. Whilst action was taken to repair the light on both occasions, a notification was not made to the manufacturer or other external organisation to inform them of a potential fault.

There was a policy and procedure for significant events. We were informed that there had not been any recent incidents, although we identified some that could have been formally recorded. This meant that learning may not have always been shared amongst staff.

We noted there were some historic incidents reported that had been subject to investigation.

There was a system for receiving and acting on safety alerts. The practice owner received and reviewed alerts, and we were shown examples of some received. Alerts received were not shared with the team.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received feedback from patients who spoke positively about the treatment they received. Comments included that clinical care was 'fantastic', 'top class' and 'effective'.

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

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

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

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion information to help patients with their oral health.

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

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

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. A dental hygienist was working within the practice; if required, referrals to them were made.

Consent to care and treatment

The practice 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 dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

The practice's consent policy included information about the Mental Capacity Act 2005. The dentists understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. We noted that other staff we spoke with were not clear on their understanding of the Act.

Dentists were aware of Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Whilst they were aware of the need to consider this when treating young people under 16 years of age, other staff we spoke with were not clear about this.

Dentists 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 dentists assessed patients' treatment needs in line with recognised guidance.

We did not view records to show that the practice audited patients' dental care records to check that the dentists/ clinicians recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. We noted areas for review or improvement. The provider had recently taken over the practice management following the previous practice manager leaving. The provider attended the practice once a week. Staff we spoke with told us they felt they would benefit from increased managerial presence as current arrangements were fragmented.

We were told that staff new to the practice had a period of induction and staff we spoke with confirmed they had received an induction. We were not provided with any documented induction records for staff and could not locate any in the staff files we looked at.

Are services effective?

(for example, treatment is effective)

We were not able to confirm that all clinical staff completed the continuing professional development required for their registration with the General Dental Council.

We were not provided with evidence of how staff discussed their training needs, for example at annual appraisals. Dentists we spoke with told us they had not received an appraisal or formal discussion regarding training requirements.

Co-ordinating care and treatment

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

The 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 to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The practice also had systems for 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 all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

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

Patients said staff were understanding.

We looked at feedback left on the NHS Choices website. We noted that the practice had received four out of five stars overall based on patient experience on eight occasions. Reviews left were mostly positive and some made reference to individual staff members.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the waiting area provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff told us they could take them into another room. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it. We noted that in practice meeting minutes dated January 2018, staff spoke about patients' medical history forms and that the importance of them only being discussed in the treatment room.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records in cabinets. We noted that whilst the building was secured when the practice was not in use, the cabinets were not locked. The provider told us after the inspection that security arrangements had been improved.

Involving people in decisions about care and treatment

Staff told us they helped patients be involved in decisions about their care. We noted that some improvements could be made in relation to compliance with the requirements under the Equality Act / Accessible Information Standard.

- There was access to interpreter services for patients who did not speak or understand English. We were told that the service had not been utilised as there had not been any patients identified who would benefit from this.
- The practice did not have access to information in different formats/texts to aid communications. We were informed that the font size could be changed on documents held on the computer and printed if required.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice provided general dentistry. They did not have a website to inform patients about the range of treatments available at the practice. Whilst they had a practice information leaflet, this did not include specific information. The provider told us that they updated the NHS Choices website.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included the use of pictorial and verbal information.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care. We noted that a patient review left on NHS Choices made reference to staff making a nervous patient feel at ease and stopping during a procedure to check on their wellbeing.

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

The practice currently had a small number of patients for whom they needed to make adjustments to enable them to receive treatment. Patients had access to ground floor treatment rooms and staff told us they would offer any assistance where required.

The practice had made some but not all reasonable adjustments for patients with disabilities. There was step free access and a magnifying glass available at the reception desk to assist those with sight problems. The practice did not have a hearing loop. Whilst there was a patient toilet facility, this was not suitable for wheelchair users due to the access. The practice was situated in a grade two listed building which had limitations on modernisations that could be made.

Timely access to services

The practice held a small contract with NHS England to provide NHS care and treatment. Patients registered with the practice could access care and treatment within an acceptable timescale for their needs.

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day, they were invited to sit and wait to be seen.

Patients 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 unduly waiting.

The NHS Choices website and the practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients were directed to contact NHS 111.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them when they were received.

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.

The owner of the practice was now responsible for dealing with these, following the practice manager leaving their post. Staff would tell the owner about any formal or informal comments or concerns straight away so patients received a quick response.

The practice owner told us they aimed to settle complaints in-house. The practice leaflet did not include information about organisations patients could contact if not satisfied with the way the practice dealt with their concerns, however.

We looked at a complaint the practice had received in February 2019. This showed that an explanation was provided to the complainant following their concern raised. It was not clear when we reviewed the documentation that all aspects of the complaint had been investigated and addressed. For example, it was not evident that staff involved had been spoken with and any learning points identified to prevent a future recurrence.

Are services well-led?

Our findings

Leadership capacity and capability

We found that improvements were required by the leader to demonstrate that they had the capacity and skills to manage the service and effectively address the risks to it. The provider did however send us some evidence after the day to show they were working towards compliance. This reflected their efforts to improve the overall service.

We undertook an unannounced inspection and the provider showed responsiveness in attending the inspection and travelling some way when they were informed of this.

We were informed that the provider was approachable by staff, including when they were not in attendance at the practice on a day to day basis.

Vision and strategy

The provider held a small contract with NHS England to deliver NHS care and treatment. They also provided private treatments to patients. The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

Staff told us that they felt they would benefit from increased managerial presence to address day to day issues that arose in the practice. A practice manager had been employed until recently prior to our inspection. The provider told us they were currently covering their role and were considering options for the future.

It was not evident that all the team felt sufficiently supported and valued. We noted that some members of the team were due to leave their employment. The provider told us their plans for the replacement of staff and provision of cover.

We did not view formal documentation to support that openness, honesty and transparency were demonstrated when responding to incidents and complaints. Not all incidents had been recorded and whilst there was some evidence that complaints were managed, we did not see that learning was shared amongst the team.

The provider was aware of the requirements of the Duty of Candour.

Staff could raise issues or concerns with the provider. We saw evidence of how some of these were addressed, for example faulty equipment. We found that issues raised in our previous inspection in March 2016 regarding replacing the upholstery on one of the dental chairs had not been addressed by the point of this inspection.

Governance and management

The systems and processes in operation were not always effective in supporting good governance and management. For example, risk assessments had not been completed or were ineffective in relation to the hygienist working alone and the use of sharps in the practice.

There were not clear responsibilities, roles and systems of accountability. For example, not all staff were aware of the lead for safeguarding concerns on the day of our inspection.

The owner had overall responsibility for the management and clinical leadership of the practice. They were also responsible for the day to day running of the service, with support from the team.

The provider's system of clinical governance which included policies, protocols and procedures were not all accessible to members of staff. Policies were being reviewed and updated at the time of our visit. There were insufficient security arrangements for the management of prescription pads at the point of our inspection.

There were not always clear and effective processes for managing risks, issues and performance. Dentists had not received a formal appraisal of their work.

Appropriate and accurate information

Quality and operational information was used to monitor performance.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. We did however note that whilst patient paper records were held in a building which was secured when not in use, they were not locked in cabinets used to store them. We were informed after our inspection that immediate action was taken to ensure improved security.

Are services well-led?

Engagement with patients, the public, staff and external partners

The practice involved staff and external partners to support quality sustainable services. Patient feedback through practice surveys had not been undertaken to obtain detailed views about the service provided.

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.

Staff felt able to provide feedback through meetings and informal discussions.

Continuous improvement and innovation

There were limited systems and processes for learning and continuous improvement.

Whilst there was evidence of audit such as radiographs and infection prevention and control, some audit was overdue. It was not clear that audit had driven improvement within the practice or the team.

The dentists and hygienist had not received a formal annual appraisal. It was therefore not evident how learning needs, general wellbeing and aims for future professional development were discussed and recorded.

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 **Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **How the regulation was not being met** **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: • Not all policies were up to date or made available to all staff. Not all staff knew of lead contacts or who to contact externally to report any whistleblowing concerns. • An effective policy and procedure framework was not in operation to enable staff to report, investigate and learn from incidents and complaints. • Not all staff had received a formal appraisal of their work. • There was some ineffective monitoring for staff CPD, for example, up to date radiography training for the hygienist, and evidence of updates of infection prevention and control training completed by clinical staff. • There were limited systems for monitoring and improving quality. For example, audit activity had been limited such as radiography and infection and prevention control and clear outcomes were not evident.

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Requirement notices

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:

- Evidence was not held regarding references or other evidence of conduct in previous employment for one member of the clinical team.
- The registered person did not have assurance that agency staff had been subject to legislative checks prior to them working in the practice.
- Risk assessment had been limited at the time of our inspection in relation to the hygienist working alone, the use of sharps risks and the security of prescription pads. One member of the team had provided a ported DBS check from a previous employer and the registered person had not undertaken a risk assessment in relation to this.