

Mazdak Eyrumlu and Azad Eyrumlu Walworth Rd Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 19 June 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this practice was 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 not 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.

Walworth Rd Dental Care is a general dental practice near Elephant and Castle, London offering both NHS and private dental treatment. The practice treats adults and children.

The premises consists of a waiting area separate from the reception area and six treatment rooms over three floors. There is also a separate decontamination room and a basement area comprising of an office, stock room and filing storage room.

The staff structure of the practice consists of the practice manager (who is also a registered dental nurse), four dentists, a dental nurse, two trainee dental nurses, a receptionist and a trainee receptionist.

The practice has the services of two part time dental hygienists who carry out preventative advice and treatment on prescription from the dentists.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. On the day of our inspection the practice manager was not working at the practice.

On the day of our inspection we reviewed six comment cards that had been completed by patients. Common themes were patients felt they received professional, gentle dental care from friendly staff in a clean environment. One patient commented they always had to wait a long time for the telephone to be answered.

Our key findings were:

Summary of findings

- There were effective systems to assess and manage risks to patients for infection prevention and control and the management of medical emergencies.
- There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations.
- There were effective staff recruitment and selection procedures in place.
- The practice had an efficient system in place to ensure all equipment in use was safe, and in good working order.
- Patients' dental care records we reviewed provided a full and accurate account of the care and treatment they had received.
- Patients told us through comment cards they were treated with kindness and respect by staff.
- Staff demonstrated knowledge of the practice whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.
- There were insufficient numbers of staff available (particularly on reception) to effectively support patients' needs.
- Staff did not always receive such appropriate support and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- There was a lack of an effective system to assess, monitor and improve the quality and safety of the services provided.
- There was a lack of an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.
- There was a lack of effective processes for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients.

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

- Ensure there are sufficient numbers of staff available to effectively support patients' needs.
- Ensure staff receive such appropriate support and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- Establish an effective system to assess, monitor and improve the quality and safety of the services provided.
- Establish an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.
- Establish an effective process for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients.

You can see full details of the regulations not being met at the end of this report

There were areas where the provider could make improvements and should:

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Establish a process for monitoring the referral of patients for dental treatment and specialist procedures to other healthcare professionals which ensures timely access to care and treatment.
- Ensure enough (as is reasonably practicable) time is allocated to support patients' care and treatment needs.
- Establish an effective system to monitor environmental cleaning to ensure adequate floor cleanliness in the treatment rooms and decontamination room.

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 providing safe care in accordance with the relevant regulations.

There were effective systems in place in the areas of clinical waste control, management of medical emergencies and dental radiography. We also found the equipment used in the dental practice was well maintained and in safe working order. The staffing levels were largely appropriate for the provision of care and treatment. The exception to this was on reception

We found there were largely effective systems for the management of infection control. However, we found the floor in the decontamination room and one treatment room was visibly dirty. There were limited systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. Recommendations made following a fire risk assessment in April 2015 had not been implemented.

Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration. Patients' dental care records we reviewed provided a full and accurate account of the care and treatment they had received.

However, we also found that staff were not always up-to-date with current guidance. Staff did not always receive support and appraisal appropriate to their role and learning needs.

Are services caring?

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

Patients told us (through comment cards) they had largely positive experiences of dental care provided at the practice. We noticed from our observations on the day of the inspection that staff displayed understanding, kindness and respect at all times.

Are services responsive to people's needs?

We found that this practice was not providing responsive 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).

Patients could access treatment and urgent and emergency care and the practice offered emergency slots each day. However we found patients were not always able to contact the practice by telephone to schedule appointments. These findings did not always ensure effective and timely treatment and support of patients with dental pain.

Staff told us the practice did not always schedule enough time to undertake an assessment of each patient's needs. They told us they sometimes felt rushed or under pressure to complete patients' appointments quickly in order to see other patients who were waiting for treatment.

Summary of findings

We also found that there was lack of an effective system in place for acknowledging, recording, investigating and responding to complaints made by patients. We reviewed a random sample of five complaints which had been made within the last 12 months. Four out of the five complaints made had not been investigated or responded to in a timely manner. The provider's protocols for reviewing complaints were not being undertaken.

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).

Staff told us they did not feel supported in their roles. The culture within the practice was not seen as open and transparent and did not encourage candour and honesty.

There was not an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

There were limited systems to monitor the quality of the service. The practice did not have established systems to audit areas of their practice as part of a system of continuous improvement and learning. There was no system in place to analyse or respond to feedback received from patients in order that improvements could be made.

The practice did not always act on findings from audits and risk assessments undertaken in that necessary improvement actions were not always taken. Audits of infection control processes were not carried out every six months in line with guidance.

Walworth Rd Dental Care

Detailed findings

Background to this inspection

The inspection was carried out on 19 June 2015 by an inspector and a dental specialist advisor. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice policies and protocols, dental care records and other records relating to the management of the service. We spoke to two dentists, a dental nurse, a trainee dental nurse, a receptionist and a trainee receptionist. We also spoke with two of the corporate area business managers, assistant complaints and compliance manager and a clinical support manager who were visiting the practice on the day of our inspection. We reviewed six comment cards completed by patients and comments posted by patients on the NHS choices website.

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?

This informed our view of the care provided and the management of the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff understood the process for accident and incident reporting and most staff we spoke with understood their responsibilities under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We reviewed the accident book and although we saw a low number of accidents had been recorded, we found limited evidence to demonstrate that any learning from accidents occurred or any improvement actions were taken. A staff member told us how the practice team had supported a patient who had experienced a medical emergency in November 2014. Although the incident had been discussed at a practice meeting, it had not been documented in line with the practice incident or significant event reporting process.

We discussed this with the practice management team who agreed the need for a more transparent process. They told us staff would be reminded of the incident reporting procedure and significant event reporting; improvement actions would be documented and monitored to ensure completion and findings would be discussed at staff meetings to ensure learning is shared.

A staff member told us they and other people often tripped on the stairs leading from the basement office to the reception area. We found these incidents had not been recorded. We had concerns the provider had not taken appropriate action to assess, monitor and mitigate risks to the safety of patients, staff and visitors.

Reliable safety systems and processes (including safeguarding)

We looked at the documentation around safeguarding and abuse. The practice had policies and procedures in place for child protection and safeguarding people using the service which included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission. All staff had completed recent safeguarding training and demonstrated to us their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them.

All staff demonstrated a knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments). Information available for staff detailed the actions they should take if an injury from using sharp instruments had occurred.

Staff we spoke with told us not all dentists routinely considered using 'rubber dam' when providing root canal treatment to patients. Rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth. We discussed this with the practice management team who agreed dentists should undertake a risk assessment process for the considered use of rubber dam and document this in the patient's clinical record.

Medical emergencies

The practice had a medical emergencies policy which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). An emergency resuscitation kit, oxygen and emergency medicines were stored securely and readily accessible for use in an emergency. The practice had an automated external defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

Records showed monthly checks were carried out to ensure the equipment and emergency medicines were safe to use. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team (including use of the AED) within the last 12 months.

Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for five staff members. Each file contained appropriate documentation

Are services safe?

which included application forms, employment history and evidence of qualifications. The qualification, skills and experience of each employee had been fully considered as part of the recruitment process.

Appropriate checks had been made before staff commenced employment including evidence of professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had been carried out.

We found there was a policy in place to monitor and review when staff were not well enough to work and we saw evidence of this protocol having been applied.

Monitoring health & safety and responding to risks

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. The practice maintained a COSHH file in order to manage risks (to patients, staff and visitors) associated with substances hazardous to health.

An audit undertaken by the corporate assistant complaints and compliance manager (ACCM) in February 2015 had highlighted the practice did not follow the provider's health and safety policy. For example, the practice had not assessed the risks to the health and safety of patients, staff and visitors and the health and safety policy was not available for staff to read. On the day of our inspection (four months later), staff told us they had not been made aware of the practice health and safety policy and did not know how to access it. The provider's ACCM told us the practice had not completed the health and safety risk assessments as recommended after the provider's audit in February 2015 and arranged for these to be completed as soon as practicable.

There were some arrangements in place to deal with foreseeable emergencies. Fire extinguishers were available on each floor, had been recently serviced and staff were able to demonstrate to us they knew how to respond in the event of a fire.

The provider's audit of February 2015 had highlighted deficiencies in fire safety. The practice had then been assessed for risk of fire in April 2015. However, the report issued had been filed away without any actions taken to reduce the risks identified. We discussed this with the provider's ACCM who immediately arranged (on the day of our inspection) for mitigating action to be taken regarding

some of the risks identified. This included writing fire escape plans for each floor, installation of temporary smoke detectors until an electrician could install permanent ones and moving the microwave which had been housed in a cupboard. The ACCM told us they would arrange for other risks (including installation of fire glazing and fire safety door strips in accordance with building regulations) to be addressed as soon as practicably possible. The practice confirmed after our inspection that these actions had been taken.

Infection control

There were largely effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments and hand hygiene.

We found the practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. The practice policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. We found there was a clear flow from 'dirty' to 'clean.' A dental nurse explained to us how instruments were decontaminated and sterilised. They wore eye protection, an apron, heavy duty gloves and a mask while instruments were decontaminated prior to being placed in an autoclave (sterilising machine).

Instruments were inspected to check for any debris or damage throughout the cleaning stages using an illuminated magnifier in line with essential quality standards.

An autoclave was used to ensure instruments were decontaminated ready for the next use. We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

Are services safe?

In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination area which minimised the risk of infection spread.

The practice had an on-going contract with a clinical waste contractor. We found the practice managed clinical waste and the safe disposal of sharps appropriately. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of. This was in line with the recommended guidance.

Staff told us the importance of good hand hygiene was included in their infection control training. A hand washing poster was displayed near to the designated hand wash sinks to ensure effective decontamination. Patients were given a protective apron and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spreading.

Records showed a risk assessment process for Legionella had been carried out which ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk of patients and staff of developing Legionnaires' disease. (Legionella is a term for particular bacteria which can contaminate water systems in buildings.)

We looked at the treatment rooms where patients were examined and treated. Most rooms and equipment

appeared uncluttered and clean. However, we observed the floor in one of the treatment rooms and the decontamination room were unclean. We alerted the management staff to this who arranged for the floors to be deep cleaned. We had concerns that although environmental cleaning was carried out on a regular basis, the standard of cleaning was not appropriately monitored.

Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the annual servicing certificates. The records showed the practice had an efficient system in place to ensure all equipment in use was safe, and in good working order.

A recording system was in place for the prescribing, recording, and dispensing of the medicines used in clinical practice. The systems we viewed provided an account of medicines prescribed, and demonstrated patients were given their medicines when required. The type, batch numbers and expiry dates for local anaesthetics used were recorded in patients' dental care records.

Radiography (X-rays)

We checked the provider's radiation protection file, looked at X-ray equipment in use at the practice and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to the X-ray machine were displayed. We found procedures and equipment had been assessed by an independent expert within the recommended timescales.

The practice had an external radiation protection advisor and had appointed a radiation protection supervisor to ensure that the equipment was operated safely and by qualified staff only who had received appropriate training.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for people using best practice

Patients' dental care records we reviewed provided a full and accurate account of the care and treatment they had received. Dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals as informed by guidance issued by the Faculty of General Dental Practice (FGDP). Patients' dental care records included an examination of a patient's soft tissues (including lips, tongue and palate) and where relevant, their use of alcohol and tobacco. We spoke with two dentists who told us they always carried out these checks and showed us a sample of dental care records which demonstrated this. These measures ensured a risk assessment process for oral disease was carried out.

We found the justification, findings and quality assurance of X-ray images taken was recorded.

The practice kept up to date with current guidelines. The dentists we spoke with considered National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review. This meant patients were reviewed at the most appropriate interval according to their individual oral disease risk.

Health promotion & prevention

The practice promoted the maintenance of good oral health as part of their overall philosophy. Staff we spoke with demonstrated an application of guidance issued in the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' (DBOH) when providing preventive oral health care and advice to patients. DBOH tool kit is an evidence based tool kit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The dentists we spoke with told us they gave smoking cessation advice to patients where appropriate. This was documented in the dental care records we reviewed.

Staffing

We found there was an induction programme for new staff to follow to ensure they had the necessary knowledge and competence to effectively support the provision of care and

treatment to patients. The practice had supported a trainee dental nurse to enrol on a training course leading to an examination enabling them to qualify as a dental nurse and register with the GDC.

Staff had undertaken recent training to ensure they kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies, infection control and prevention, early detection of oral cancer and radiography/radiation protection.

The practice had an appraisal policy; however, appraisals were not carried out regularly in line with the provider's policy and were not always used to identify training needs. There was no appraisal system in place for dentists. Most dental nurse and reception staff we spoke with could not remember when their last appraisal was. They told us they did not find this to be a useful or worthwhile process in that it felt more of an opportunity for the appraiser to tell them what they were doing wrong rather than discuss any learning and development needs.

One of the corporate area business managers told us this had been identified as a concern and they had spoken to staff the day before our inspection to ask how staff felt about this. Staff told us they had been motivated and encouraged by this and looked forward to further discussion about their learning and development opportunities.

Patients told us through comment cards and information we reviewed on the NHS Choices website that it was sometimes very difficult to contact the practice by telephone. We discussed this with the receptionists who told us they did try to ensure there were always two people on reception to support patients' needs. However, they told us they were often asked to carry out other tasks such as filing which took them away from reception and left it understaffed.

Working with other services

The practice had a system in place for referring patients for dental treatment and specialist procedures to other colleagues where appropriate. Dentists we spoke with told us the practice involved other professionals and specialists in the care and treatment of patients where it was in the patient's best interest. However, staff told us the practice did not monitor their referral process to ensure patients had access to treatment they needed within a reasonable

Are services effective?

(for example, treatment is effective)

amount of time, or to check whether or not the referral had been actioned. Information we reviewed on the NHS website showed a patient had complained in June 2015 that their referral had not been actioned for three months. We discussed the referral process with the provider's assistant complaints and compliance manager who agreed a system for monitoring referrals would be implemented in the future.

Consent to care and treatment

The dentists we spoke with explained to us how valid consent was obtained for all care and treatment. We reviewed a random sample of twenty clinical patient records. The records showed and staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they wanted. This was reflected in comment cards completed by patients.

The practice asked patients to sign consent forms for some dental procedures such as tooth whitening to indicate they understood the treatment and risks involved.

The practice staff demonstrated an understanding of how the Mental Capacity Act 2005 applied in considering whether or not patients had the capacity to consent to dental treatment. Most staff members had not undertaken any relevant training. However, staff did explain to us how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met. The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Staff explained to us how they ensured information about patients was kept confidential. Patients' clinical records were stored securely. Staff members demonstrated to us their knowledge of data protection and how to maintain confidentiality. Staff told us patients were able to have confidential discussions about their care and treatment in the treatment rooms.

Patients told us through comment cards the practice staff were kind and respectful. We observed staff to be welcoming and friendly to patients on the day of our inspection.

Staff we spoke with were aware of the importance of providing patients with privacy and told us there were always rooms available if patients wished to discuss something with them away from the reception area. Sufficient treatment rooms were available and staff told us these could be used for discussions with patients.

Involvement in decisions about care and treatment

The dentists told us they used a number of different methods including tooth models, display charts, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. These were used to supplement a treatment plan which was developed following examination of and discussion with the patient.

The practice provided patients with information to enable them to make informed choices. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Patients were also informed of the range of treatments available and their cost in information leaflets and on notices in the reception area and waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had effective systems in place to ensure the equipment and materials needed were in stock or received in advance of the patient's appointment. This included checks for laboratory work such as crowns and dentures so that delays in treatment were avoided.

Staff told us the practice did not always schedule enough time to undertake an assessment of each patient's needs. They told us they sometimes felt rushed or under pressure to complete patients' appointments quickly in order to see other patients who were waiting for treatment.

Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate. Staff told us they used to have access to a translation service but this was no longer available to them. The management team told us they had been unaware of this and resolved to address the issue.

The provider offered access for people using wheelchairs at another of their practices locally.

Access to the service

The receptionists told us the practice answer phone message detailed how to access urgent care so that patients were able to access care in an emergency or outside of normal opening hours. We checked the provider's website and practice information leaflet both of which also included this information. Each day the practice was open, emergency appointments were made available for people with urgent dental needs. Reception staff told us they always apologised to patients who were kept waiting and informed them of the delay.

Six patients reported through comment cards and on the NHS choices website they often had difficulty contacting the practice by telephone to make appointments. Staff told us although they tried to ensure there were always two people at reception at all times. However, they often were asked to do other tasks by the practice manager which often left the reception understaffed. We discussed this with the management team who told us they would work to resolve this issue.

Concerns & complaints

There was a complaints policy which provided staff with detailed information about all aspects of handling complaints and compliments from patients.

Information for patients about how to make a complaint was available in the practice waiting room. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. However, we found no information available on the practice website to support patients who may have wanted to complain.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was a lack of an effective system in place which ensured a timely response.

Four out of the five complaints made had not been investigated or responded to in a timely manner. For example, the practice had not started to investigate a complaint that had been made to the practice on 30 January 2015 until 20 March 2015. This was then referred to the provider's head office for further investigation on 13 April 2015 and had not yet been resolved.

In addition, the practice was not following the provider's policy in that all investigations into complaints should be reviewed and signed off by the area business manager. We discussed this with the area business manager who acknowledged they had not been implementing the complaints policy and resolved to immediately address this.

Are services well-led?

Our findings

Governance arrangements

Staff we spoke with told us they were not always clear about their roles and responsibilities and did not feel well supported by the practice management team.

We were unable to discuss governance arrangements with the registered (practice) manager as they were not working on the day of our inspection. The practice manager had the support of the provider's area business manager who oversaw governance of the practice.

We found there were limited systems in place to identify and manage clinical and environmental risks related to the care and treatment provided to patients.

Leadership, openness and transparency

The culture of the practice did not encourage candour, openness and honesty. Staff reported there was not a positive atmosphere or teamwork and they did not feel valued or supported. Staff reported they could raise issues with the practice manager, however; they were not always approachable, did not always listen to their concerns and did not always take appropriate action where necessary. The corporate area business manager and the assistant complaints and compliance manager told us they were working to address these issues.

Management lead through learning and improvement

There had been audits of infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. However, these were not always undertaken every six months, as recommended in HTM 01-05 guidance, to ensure compliance with essential quality standards. The most recent audit undertaken February 2015 indicated the facilities and management of decontamination and infection control were mostly well managed.

The practice completed regular audits to assess the quality of X-ray images. This showed X-rays were mostly but not always taken to an acceptable standard. The audits did not demonstrate a full process in that there was no evidence to show any actions had been taken to minimise the risk of further (and unnecessary) X-ray exposure to patients.

The corporate management had undertaken a comprehensive audit in February 2015 of all practice

systems and processes. The audit demonstrated an unacceptable level of non-compliance and noted several areas for improvement including complaints, infection control, equipment and servicing, health and safety, management of medicines, radiation protection and staff documents. We found some of the actions taken included staff had now read and understood the safeguarding policy and procedure; validation tests demonstrating the efficacy of decontamination equipment was regularly carried out and recorded and an electrical safety assessment had been undertaken and certified as safe.

We also found that some of the areas highlighted for improvement had not yet been addressed. For example; complaints were not managed within set timescales and a significant event log had not been kept or sent to the provider's head office for analysis and monitoring.

On the day of our inspection visit we discussed our initial findings with three corporate management staff members. The discussion was constructive and the management team welcomed our comments and demonstrated a commitment to addressing concerns raised and establishing effective systems to promote continuous improvement and learning.

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

The practice did not conduct regular staff meetings. Staff members told us and records we reviewed demonstrated the areas for discussion were focussed more on business development targets and less on the care and treatment needs of patients. Staff reported they were able to contribute ideas to meetings which were listened to but not always acted upon.

There was no system in place to act on feedback from patients. The practice had recently implemented the NHS 'Family and Friends test' which gives patients an opportunity to comment on their care and treatment. We reviewed comments posted by patients on the NHS choices website and found a total of five comments had been posted within the last year which were all negative. Comments included patients not being able to get through to the practice by telephone, a patient having to wait outside the practice as staff were late to open the practice.

We found the practice had replied to one comment in September 2014 apologising for the care they received and advising this incident would be used in staff training and to

Are services well-led?

inform several new policies and procedures. We found no further evidence to support this and that there was no system in place to analyse any feedback received from patients in order to make any necessary improvements.

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 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints How the regulation was not being met: The practice did not have effective systems in place for; Acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. Regulation 16 (1)(2)
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: The practice did not have effective systems in place to; ·Assess, monitor and improve the quality and safety of the services provided. ·Assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. ·Seek and act on feedback from patients and staff for the purposes of continually evaluating and improving the service provided. Regulation 17 (1)(2)(a)(b)(e)(f)
Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The practice did not have effective systems in place to;

- Ensure there are sufficient numbers of staff available to effectively support patients' needs.

- Ensure staff receive such appropriate support and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Regulation 18 (1)(2)(a)