

Welcare Dental Centre

Welcare Dental Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 16 March 2016 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 not providing safe care in accordance with the relevant regulations. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

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. (see full details of this action in the Requirement Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Background

The practice offers NHS primary care dentistry to adult patients and children. The practice is owned by Welcare Dental Practice. There are two dentists, two dental nurses, one trainee dental nurse, one receptionist and a practice manager.

The practice is open Monday to Thursday from 8.00am to 4.00pm, and Fridays from 8.00am to 2.00pm. A longer opening time is offered on a Tuesday until 5pm.

There is an identified registered person for the practice. 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.

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

Summary of findings

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.

Before the inspection eight patients provided feedback about the service. All of these were very positive about the practice staff and the treatment they received.

Our key findings were:

- There was an effective complaints system.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- There was appropriate equipment for staff to undertake their duties, but the practice could not demonstrate that equipment was well maintained and that the building was safe.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- Patients could access urgent care when required.
- The practice was not well-led, however staff felt involved and supported and worked well as a team.
- The governance systems were not effective.
- The practice did not seek feedback from staff and patients about the services they provided.

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

- Ensure there are suitable arrangements for fire safety in the building. These arrangements must make sure that they meet the requirements of current legislation and guidance, manufacturers' instructions and the provider's policies or procedures.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice are held.

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 suitability of all furniture in the premises to ensure they do not cause a breach in infection control.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review availability of medicines to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental 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?

We found that this practice was not providing safe care in accordance with the relevant regulations. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The practice had effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, management of medical emergencies and dental radiography. However the provider could not demonstrate that fire fighting procedures and equipment and that the building were safe for use.

There was a nominated person in respect of Duty of Candour. The Duty of Candour is a legal duty on health providers to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of Candour aims to help patients receive accurate, truthful information from health providers.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and how to report them. Staff had received training in infection control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs. However we found that there was a lack of information recorded to demonstrate this. Staff induction processes were in place and had been completed by new staff.

Are services effective?

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

Consultations were carried out in line with good practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors noted.

On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was used to plan patient care and treatment. Patients were offered options of treatments available and were advised of the associated risks and benefits. Patients were provided with a written treatment plan which detailed the treatments considered and agreed together with the fees involved.

Patients were referred to other specialist services where appropriate in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD) activities. However the practice manager did not have systems in place to monitor this.

Are services caring?

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the treatment room or in another private room.

Summary of findings

Comments on the eight completed CQC comment cards we received included statements saying the staff were helpful, understanding and pleasant and all staff were excellent.

Are services responsive to people's needs?

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

Patients could access urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

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 at the end of this report).

Staff were supported through training and offered opportunities for development.

Staff reported that the registered manager was approachable and they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice regularly sought feedback from patients in order to improve the quality of the service provided through the NHS Friends and Family test, but did not seek feedback regarding their own service provision.

The practice undertook various audits to monitor its performance and help improve the services offered. The audits included infection control, X-rays, clinical examinations and patients' records.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues.

Welcare Dental Centre

Detailed findings

Background to this inspection

The inspection was carried out on 16 March 2016 and was led by a CQC inspector. The inspection team also included a dentist specialist advisor.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with one dental nurse, two dentists, the registered manager and one patient. We reviewed policies, procedures, and other records relating to the management of the service. We reviewed eight completed CQC comment cards.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered provider. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice manager told us that any accident or incidents would be discussed at practice meetings or whenever they arose. The practice used their policies and procedures when recording incidents and accidents. The practice manager told us that the policies and procedures were in the process of being up dated.

The practice used a complaints policy to deal with complaints. The policy set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The registered manager told us that any learning from the complaints was shared at practice meetings.

One of the principal dentists was aware of the responsibilities under the duty of candour. There was a nominated person in the practice for duty of candour purposes. We were told us that if there was an incident or accident that affected a patient they would apologise to the patient and engage with them to address the issue in accordance with their practice's policy and procedures governing the duty of candour.

The practice manager told us that they received alerts by mail from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, action taken as necessary and the alerts were stored for future reference.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for child protection and safeguarding vulnerable adults using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The registered manager was the lead for safeguarding. All staff were trained to level two in respect of safeguarding children. The lead role included providing support and advice to staff and overseeing the safeguarding procedures within the practice. We saw that all staff had received safeguarding training in vulnerable adults and children within the last 12 months. Staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns and were confident that if they raised any concerns they would be followed up appropriately by the registered manager.

The dentists we spoke with confirmed they routinely used a rubber dam when providing root canal treatment to patients. The dentists who used a rubber dam were following the guidance issued by the British Endodontic Society. A rubber dam is a small rectangular sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient.

We looked at a selection of patients' dental records. They were completed in accordance with the guidance provided by the Faculty of General Dental Practice (FGDP) – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. For example, they recorded that medical histories had been up dated prior to each treatment. Records showed that soft tissue examinations, diagnosis and consent were recorded, in addition to other information such as alerts generated by the dentist to remind them that a patient had a condition which required additional care and advice.

The practice had a whistleblowing policy which staff were aware of. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations.

We found that fire safety training was out of date and although there was a fire risk assessment for the building this had not been reviewed. The fire extinguishers and emergency lighting were checked annually. There was no designated fire marshal who had received training about this role in the event of a fire.

Are services safe?

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and staff had received training in basic life support including the use of an Automated External Defibrillator (AED) but this was out of date. We saw that the dentist had last undertaken AED training in 2010. However evidence was seen after the inspection to show they had completed a course in September 2015. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where the emergency items were kept. We saw that the practice kept records which indicated that the emergency equipment, emergency oxygen and the AED were checked regularly. Emergency medicines were checked daily. However when we checked the emergency equipment we found that a number of medications and the oxygen cylinder were out of date and had not been reordered.

Staff recruitment

We saw that the practice had a recruitment policy but this had not been followed when recruiting new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed three recruitment files and found that information recorded in them was not consistent with the requirements of Schedule 3 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

The practice manager confirmed that all staff had been checked or were undergoing a check by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We saw that all relevant staff had personal insurance or indemnity cover in place arranged by the practice.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that may arise in providing dental services generally and those that were particular to the practice. There was a health and safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. However the fire risk assessment was not dated and there was no evidence that it had been reviewed. Staff, however, signed a disclosure annually to state they had read and understood the fire safety policy.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. The practice had a system to update the folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw that the registered manager had a system in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance.

We found that the landlord gas safety certificate and the electrical safety certificate were out of date. Both of these certificates are required to establish the overall condition of all the electrical wiring and gas services in a building, stating whether they are satisfactory for continued use. Each certificate records the date when re-inspection is required. On the providers electrical wiring certificate we saw that this had been completed in 2010 with a re-test period in three years. There was no evidence to demonstrate that this had been retested since that date. The Gas Safety (Installation and Use) Regulations 1998 checks had not been completed. Failure to update these checks had the potential to be a risk in the safety of the building.

Infection control

The practice had an infection control policy and staff indicated that they had read the policy each year.

There were cleaning schedules in place for cleaning the premises and cleaning records were maintained suitably. Equipment that was used for cleaning the premises was stored suitably in line with current guidelines.

The practice had a dedicated decontamination room that was set out according to the Department of Health's

Are services safe?

guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' areas. There was a separate hand washing sink for staff, in addition to two separate sinks for decontamination of dental instruments. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed to guide staff. Staff told us that they wore appropriate personal protective equipment when working in the decontamination room and when treating patients and this included disposable heavy duty gloves, aprons and protective eye wear. A dental nurse was the lead for infection control.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). A dental nurse we spoke with spoke knowledgeably about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined under illuminated magnification to ensure they were perfectly clean before being sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. Instruments were transported between the surgeries and the decontamination room in closed boxes.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions.

Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

All staff were aware of the designated 'clean and 'dirty' areas within the surgeries. These zones were clearly identified in all the surgeries.

We saw that the practice had completed an infection control audit every six months.

It could not be demonstrated in staff records that staff had received infection control training within the last two years. However evidence was seen after the inspection to show they had completed a course.

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Paper hand

towels and liquid soap was also available in the toilet. We saw that the sharps bins were being used correctly and located appropriately in the surgeries. Clinical waste was stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

When we reviewed staff files we could not assure ourselves that all clinical staff had received inoculations against Hepatitis B, as records in files were not available. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. However evidence was seen after the inspection that showed they had received inoculations.

The lead nurse was the lead for legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. We reviewed the legionella risk assessment report and found that this had not been reviewed since June 2013, however there were no concerns identified. The practice undertook monthly tests of their waterlines. These and other measures were taken to increase the likelihood of any contamination being detected early and treated.

We saw the use of orthodontic files was in line with current guidance for single patient use only. When a file had been used it was sterilised then bagged. The name of the patient was then recorded on the bag. Once secure the bag was then placed in the patients notes ready for us again on the patient.

Equipment and medicines

Portable Appliance Testing (PAT) was undertaken annually. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) We saw that the last PAT test had taken place in May 2015. The practice displayed fire exit signage and had appropriate fire-fighting equipment in place which was serviced in January 2016.

The maintenance records for equipment such as compressors and X-ray equipment did not show that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose. Evidence provided after the inspection showed that servicing had taken place in May and September 2015.

Are services safe?

Local anaesthetics were stored appropriately. Other than anaesthetics and emergency medicines, no medicines were kept at the practice.

Radiography (X-rays)

The practice had a radiation policy. The X-ray equipment was located in each of the surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which was displayed in each surgery and stated how the X-ray machine should be operated safely; however these rules were not dated to

show when they had been drawn up or reviewed. The file also contained the name and contact details of the Radiation Protection Advisor. We saw that the dentists were up to date with their continuing professional development training in respect of dental radiography.

The practice did not have a maintenance log which showed that the X-ray machines had been serviced regularly. We saw the results of the last annual X-ray audit, recorded in the patient record audit, which was in accordance with the Faculty of General Dental Practice (FGDP) guidance. However on in-depth audit which showed that the X-rays were graded and the reasons for taking the X-ray were recorded was not undertaken.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information on the patient's electronic dental records for future reference. In addition, the dentists told us that they discussed patients' life styles and behaviours such as smoking and drinking and where appropriate offered them health promotion advice. This was recorded in the patient's records. We saw from the dental records we looked at, that at all subsequent appointments patients were always asked to review their medical history form. This ensured the dentists were aware of the patients' present medical condition before offering or undertaking any treatment. The records showed that routine dental examinations included checks for gum disease and oral cancer.

The dentists told us that they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. We saw from the dental records that these discussions took place and the options chosen and fees were also recorded.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations.

Patients requiring specialist treatments that were not available at the practice such as orthodontics were referred to other dental specialists. Their oral health was then monitored after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice and the fees for treatment. Staff told us that they offered patients information about effective dental hygiene and oral care in the surgeries. The dentist undertook all dental health promotion.

The dentist advised us that they offered patients oral health advice and provided treatment in accordance with the Department of Health's guidance 'The Delivering Better Oral Health' toolkit. Treatments included applying fluoride varnish to teeth. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay. The records we reviewed confirmed this.

Staffing

We saw that all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

Staff training was not being monitored and recorded by the practice manager. Records we reviewed could not demonstrate that all staff had received training in basic life support, infection control, radiology and radiation protection, fire safety and safeguarding children and vulnerable adults. There were no systems in place to monitor staff training and review when updates were required.

Staff we spoke with told us that they had staff annual appraisals and thought that they were useful.

Staff told us that they worked well as a team and covered for each other when colleagues are absent for example, because of sickness or holidays. As the dentists were a husband and wife team the practice closed when holidays were taken. Arrangements were in place with another local dentist to provide cover for patients if required.

Working with other services

The dentist explained that they would refer patients to other dental specialists for minor oral surgery and orthodontic treatment when required. The referrals were based on the patient's clinical need. In addition, the practice followed the two week referral process to refer patients for screening for oral cancer.

Consent to care and treatment

Staff we spoke with demonstrated an awareness of the Mental Capacity Act (MCA) 2005 and its relevance to their role. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the

Are services effective?

(for example, treatment is effective)

capacity to make particular decisions. The dentists demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA. However the practice could not provide any evidence to show that all staff had received MCA awareness training within the last 12 months.

Staff ensured patients gave their consent before treatment began. Staff informed us that verbal consent was always

sought prior to any treatment. In addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in a surgery room which was not being used.

Staff we spoke with understood the need to maintain patients' confidentiality. The registered manager was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient records, both paper and electronic were held securely.

Comments on the eight completed CQC comment cards we received included statements saying the staff were extremely understanding, provided treatments with care

and attention and provided an excellent service all round. We reviewed 20 NHS Friends and Family responses, all recorded they were extremely likely to recommend this dentist.

Involvement in decisions about care and treatment

Comments made by patients who completed the CQC comment cards confirmed that patients were involved in their care and treatment.

The staff we spoke with understood the principles of the Gillick competency test and applied it. The test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. Staff told us that patients with disabilities or in need of extra support would be given as much time as was needed to provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the reception and waiting areas described the range of services offered to patients and the practice opening times. Information was also available explaining the practice's complaints procedure. The registered manager told us that they offered patient information leaflets on oral care and treatments in the surgery to aid patients' understanding if required or requested.

Tackling inequity and promoting equality

The practice was situated in a residential area of Morecambe. There was on street parking available with designated disabled parking spaces. All patient areas were on the ground floor and there was a disabled friendly toilet available. Patients who had mobility problems were able to access the premises via the rear door and with the use of a portable wheelchair ramp.

The practice had an equality and diversity policy and staff had received equality and diversity training within the last 12 months. Staff told us that patients were offered

treatment on the basis of clinical need and they did not discriminate when offering their services. The practice had access to a translation service for patients with English as a second language and may require assistance. Both the dentists spoke Polish as a second language.

Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day. For patients in need of urgent care out of the practice's normal working hours they were directed by answerphone message to another dental practice which was covering the emergency rota.

Concerns & complaints

The practice had a complaints policy and procedures. The practice made available information in the waiting areas on how to complain. The staff we spoke with were aware of the complaints process and told us that they would refer all complaints to the registered manager to deal with. Complaints received in the last 12 months were processed in accordance with its complaints policy.

Are services well-led?

Our findings

Governance arrangements

The practice did not have comprehensive governance arrangements in place such as policies and procedures for monitoring and improving the services provided for patients. Where policies were in place such as a recruitment policy, safety policy and an infection control policy, these were not adhered to or reviewed regularly. Staff we spoke with were aware of their roles and responsibilities within the practice. All governance arrangements were overseen by the registered provider.

Leadership, openness and transparency

There was an open culture at the practice which encouraged candour and honesty. Staff told us that it was a good practice and they felt able to raise any concerns with each other and the registered manager. They were confident that any issues would be appropriately addressed. Staff also told us that they worked well together and supported each other.

The registered manager and staff who we spoke with told us that they felt fully supported by staff and the provider management team.

Learning and improvement

The practice did not maintain robust records of staff training which showed that all staff were up to date with their training. We saw that training was accessed through a variety of sources including formal courses and reading journals with multiple choice question tests. Although the manager was aware of some staff undertaking these as part of their CPD there were no mechanisms in place to monitor results. We could not assure ourselves that staff were given sufficient training to undertake their roles and given the opportunity for additional training.

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

The provider sought the views of patients using a NHS Friends and Family test. This only recorded if the patient would recommend the practice to another person. There were no surveys undertaken by the practice which demonstrated that the provider actively sought the views of patients about the service in general.

We saw that the practice held practice meetings which were minuted. However these were not undertaken on a regular monthly/ six weekly basis. The manager told us that being such a small practice staff shared information on a more informal basis. However we not see any evidence of this happening as when the practice closed for lunch all dental and administration staff left the building.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA 2008 Regulations 2014 Safe Care and Treatment How the regulation was not being met: <ul style="list-style-type: none">• The provider did not have effective systems and procedures in place to maintain the safety of their premises and the equipment within it.• 12 (2) (d)
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 HSCA 2008 Regulations 2014 Staffing How the regulation was not being met: <ul style="list-style-type: none">• Staff did not receive appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out their duties. 18 (1) (2) (a)
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Regulation 19 HSCA 2008 Regulations 2014 Fit and Proper Persons employed How the regulation was not being met: <ul style="list-style-type: none">• The practice recruitment arrangements were not in line with Schedule 3 of the Health and Social Care Act

This section is primarily information for the provider

Requirement notices

2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice are held.

19 (3) (a) (b)