Diplomat House Dental Care Limited

Diplomat Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 4 July 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 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
Diplomat Dental Care is a dental practice providing NHS and private treatment for both adults and children. The practice is situated in Blandford Forum, a town in Dorset.

The practice has five dental treatment rooms in use and a separate decontamination room used for cleaning, sterilising and packing dental instruments.

The practice is based in an adapted domestic dwelling.

The practice employs three dentists, one hygienist, six dental nurses of which four are trainees and a practice manager.

The practice's opening hours are between 8am and 5pm on Monday, Wednesday and Thursday, 9am and 5.30pm on Tuesday, between 8am and 4.30pm on Friday and 8.30am and 12.30pm on Saturday.

There are arrangements in place to ensure patients receive urgent medical assistance when the practice is closed. This is provided by an out-of-hours service.

There was no registered manager at the time of our inspection at this location. We were told that the current Practice Manager was going through the CQC registration process to become 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'.

Summary of findings

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.

We obtained the views of nine patients on the day of our inspection.

Our key findings were:

- We found that the practice ethos was to provide patient centred dental care in a relaxed and friendly environment.
- Leadership was provided by an empowered practice manager.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- There was a process in place for the reporting and shared learning when untoward incidents occurred in the practice.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access treatment and urgent and emergency care when required.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) by the company.
- Staff we spoke with felt well supported by the practice manager and were committed to providing a quality service to their patients.

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

- Ensure the practice 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 is held.

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

- Review the availability of a hearing loop for patients who are hearing aid users.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting.
- Review the practice's infection control procedures and protocols taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review the practice's protocols for completion of dental records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the company's web site to ensure that it contains up to date information including opening hours and the emergency out of hours contact telephone number for patients.
- Improve the security of the door into the decontamination room to prevent unauthorised access by members of the general public and provide an annual statement in relation to infection prevention control required under The Health and Social Care Act 2008.
- Review the frequency of staff meetings to ensure all staff attend.

Summary of findings

- Review the responsibilities to meet the needs of disabled patients and the requirements of the Equality Act 2010 with respect to patient access and toilet facilities.

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 had robust arrangements for essential areas such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained.

The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents.

Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

No action

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. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice.

We saw examples of positive teamwork within the practice and evidence of good communication with other dental professionals. The staff received professional training and development appropriate to their roles and learning needs.

Are services caring?

No action

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

We obtained the views of nine patients on the day of our visit. These provided a positive view of the service the practice provided.

All of the patients commented that the quality of care was very good. Patients commented on friendliness and helpfulness of the staff and dentists were good at explaining the treatment that was proposed.

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 service was aware of the needs of the local population and took those these into account in how the practice was run.

Summary of findings

Patients could access treatment and urgent and emergency care when required. The practice provided patients access to telephone interpreter services when required.

The practice had three ground floor treatment rooms and level access into the building for patients with mobility difficulties and families with prams and pushchairs.

Are services well-led?

Requirements notice 

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Strong and effective leadership was provided by the principal dentist who was supported by empowered practice manager. The dentists and practice manager had an open approach to their work and shared a commitment to continually improving the service they provided.

There was a no blame culture in the practice. The practice had robust clinical governance and risk management structures in place.

Staff told us that they felt well supported and could raise any concerns with the principal dentist and practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

The practice had not suitably identified risks associated with recruitment of staff. The provider could not provide evidence to confirm all the checks required for new staff had been carried out.

Diplomat Dental Care

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 4 July. Our inspection was carried out by a lead inspector and a dental specialist adviser.

During our inspection visit, we reviewed policy documents and staff training and recruitment records. We spoke with seven members of staff.

We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the computer system that supported the patient dental care records. We obtained the views of nine patients on the day of our inspection.

Patients gave positive feedback about their experience at the practice.

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 manager demonstrated a good awareness of RIDDOR 2013 (reporting of injuries, diseases and dangerous occurrences regulations). The practice had an incident reporting system in place when something went wrong; this system also included the reporting of minor injuries to patients and staff. Records showed that five such accidents occurred during 2015-16 and were managed in accordance with the practices accident reporting policy. The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). Where relevant, these alerts were shared with all members of staff by the practice manager.

Reliable safety systems and processes (including safeguarding)

We spoke to a dental nurse about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU directive with respect to safe sharp guidelines, thus helping to protect staff from blood borne diseases. The practice used a system whereby needles were not manually re-sheathed using the hands following administration of a local anaesthetic to a patient. The practice used a special safety syringe for the administration of dental local anaesthetics to prevent needle stick injuries from occurring. Dentists were also responsible for the disposal of used sharps and needles. A practice protocol was in place should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

We asked a dental nurse how they treated the use of instruments used during root canal treatment. They explained that these instruments were single patient use only. The practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam. They explained that root canal treatment was carried out where practically possible using a rubber dam. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured].

The practice had a safeguarding lead who was the point of referral should members of staff encounter a child or adult safeguarding issue. A policy and protocol was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Training records showed that most staff had received appropriate safeguarding training for both vulnerable adults and children. On the day of our inspection we noted that the training records of a locum dentist were not available and one dentist had not received child safeguarding to the requisite Level 2. We pointed this out to the practice manager who informed us these shortfalls would be corrected as soon as practically possible. Information was available in the practice that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff had received training in how to use this equipment.

The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had access to medical oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff.

The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

Are services safe?

Staff recruitment

The practice had a recruitment policy which detailed the checks required to be undertaken before a person started work. For example, proof of identity, evidence of relevant qualifications and employment checks including references. Staff recruitment records were ordered and stored securely.

We looked at seven staff recruitment records and records confirmed six staff had been recruited in accordance with the practice's recruitment policy.

Schedule three of the Health and Social Care Act requires that satisfactory information is obtained about any physical or mental health conditions which could be relevant to a potential staff member's role. None of the seven staff recruitment records contained this information. We spoke to the compliance manager about this who undertook to implement a monitoring system as soon as was practically possible.

The seventh member of staff was a locum dentist who we were told generally worked on Saturdays. This person's recruitment file contained evidence of their identity, eligibility to work in the UK and a GDC certificate which had expired in 2013.

We asked the practice manager about the availability of further evidence to verify that this person had the appropriate recruitment checks in place before they started to work at the practice. We were told there was no further information available. We have since received evidence to verify

The compliance manager advised us on the day of our inspection that this locum dentist would be suspended pending relevant recruitment and registration checks being made. We have since received evidence of GDC registration, indemnity and a DBS police check certificate dated 2013 but items outstanding include references, full employment history and information about any health conditions relevant to their role.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice maintained a comprehensive system of policies and risk assessments which included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the practice.

The practice had in place a well maintained Control of Substances Hazardous to Health (COSHH) file. This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The practice had in place a robust infection control policy that was regularly reviewed. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01 05 (national guidance for infection prevention and control in dental practices) Essential Quality Requirements for infection control were being exceeded. It was observed that audit of infection control processes carried out in February 2016 confirmed compliance with HTM 01 05 guidelines.

We saw that the five dental treatment rooms, waiting area, reception and toilet were visibly clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The drawers of two treatment rooms were inspected and these were clean, ordered and free from clutter. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

The dental nurse we spoke with described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01 05 guidelines. We saw that a Legionella risk assessment had been carried out

Are services safe?

at the practice by a competent person in March 2016. The recommended procedures contained in the report were carried out and logged appropriately. These measures ensured that patients and staff were protected from the risk of infection due to Legionella.

The practice had a separate decontamination room for instrument processing. The dental nurse we spoke with demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used an ultra-sonic cleaning bath for the initial cleaning process, following inspection with an illuminated magnifier; the instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively. It was observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date. All recommended tests utilised as part of the validation of the ultra-sonic cleaning bath were carried out in accordance with current guidelines, the results of which were recorded in an appropriate log book.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. This was stored in a separate locked location adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection.

We saw that general environmental cleaning was carried out according to a cleaning plan developed by the practice. Cleaning materials and equipment were stored in accordance with current national guidelines.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the two autoclaves had been serviced and calibrated in June 2016. The practice's five X-ray machines had been serviced and calibrated as specified under current national regulations in February 2016. Portable appliance testing (PAT) had been carried out in July 2016.The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored securely for the protection of patients.

We found that the practice stored NHS prescription pads securely over night to prevent loss due to theft. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage.

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the annual and three yearly maintenance logs and a copy of the local rules.

We were told that a radiological audit for each dentist had been carried out in June 2016 which were being analysed at the time of our visit by the company's clinical director. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. These findings showed that the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw training records that showed staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists carried out consultations, assessments and treatment in line with recognised general professional guidelines. One dentist we spoke with described to us how they carried out their assessment of patients for routine care.

The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment, the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general oral hygiene instruction such as tooth brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Dental care records that were shown to us by the dentists demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

The practice was focused on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim the practice appointed a dental hygienist to work alongside of the dentists in delivering preventative dental care.

A dentist we spoke with explained that children at high risk of tooth decay were identified and were offered fluoride varnish applications to keep their teeth in a healthy condition. They also placed fissure sealants (special plastic coatings on the biting surfaces of permanent back teeth in children who were particularly vulnerable to dental decay).

Other advice included tooth brushing techniques explained to patients in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'.

Dental care records we observed demonstrated that the dentist had given oral health advice to patients. However, we did find that the details were very brief. We did see that this finding was echoed by a Clinical Support Manager in a recent record keeping audit. The company's Head of Compliance told us that these findings were currently being addressed by the company's clinical director. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

Staffing

We observed a friendly atmosphere at the practice. All but one dentist and dental nurses who worked at the practice had current registrations with the General Dental Council (GDC). We checked the GDC website for the dentist who did not have evidence of current registration and found their registration to be in order.

All of the patients we asked told us they felt there were enough staff working at the practice. All the staff we spoke with told us they felt supported by the practice owner. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

The practice employed three dentists, one hygienist, six dental nurses of which four were trainees and a practice manager. There was a structured induction programme in place for new members of staff.

Are services effective?

(for example, treatment is effective)

We were told the dental hygienists normally worked without chairside support but support was available when requested. We drew to the attention of the provider the advice given in the General Dental Council's Standards for the Dental Team about dental staff being supported by an appropriately trained member of the dental team at when treating patients in a dental setting.

Working with other services

The practice manager explained how the dentists worked with other services. Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery and orthodontic providers.

Consent to care and treatment

The dentist we spoke with explained how they implemented the principles of informed consent; they had a very clear understanding of consent issues. The dentist explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options.

The dentist went on to explain how they would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their treatment. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They went on to say they would involve relatives and carers if appropriate to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005. Staff were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with dentists.

Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patients' privacy. Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable records storage cabinets.

Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.

We obtained the views of nine patients on the day of our visit. These provided a positive view of the service the practice provided. All of the patients commented that the dentist was good at treating them with care and concern.

Patients commented that treatment was explained clearly and the staff were caring and put them at ease. They also said that the reception staff were helpful and efficient. During the inspection, we observed staff in the reception area, they were polite and helpful towards patients and the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing NHS fees was displayed in the waiting area. Information was also available in the waiting area and on the practice website that detailed the costs of both NHS and private treatment.

The dentist we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentist recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded on the standard NHS treatment planning forms for dentistry where applicable.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to patients. We saw that the practice waiting area displayed a variety of information including the practice patient information leaflet. This explained opening hours, emergency 'out of hours' contact details and arrangements and how to make a complaint. The practice web site also contained useful information to patients such as how to provide feedback to the practice. We observed that the appointment diaries were not overbooked and that this provided capacity each day for patients with dental pain to be fitted into urgent slots for each dentist. The dentist decided how long a patient's appointment needed to be and took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment.

Tackling inequity and promoting equality

The practice had made some reasonable adjustments to help prevent inequity for patients that experienced limited mobility or other issues that may hamper them from accessing services. The practice used a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment but this was not advertised in the practice or on its website.

To improve access for patients who found steps a barrier, the practice had level access via an external ramp to one side of the practice and treatment rooms on the ground floor. We found the ramp to be quite steep and spoke to the practice manager about the possibility of a wheelchair user experiencing difficulty using the ramp independently and there not being an assistance call point for staff to be aware a patient was experiencing difficulty. A wheelchair accessible toilet was available but we noted there wasn't an emergency pull cord to alert staff in an emergency. The practice also didn't provide a hearing loop for patients who used hearing aids. We pointed these shortfalls out to the practice manager who told us they would address these as soon as practicably possible.

Access to the service

Diplomat Dental Care offered NHS and private dental care services for adults and children between 8am and 5pm on Monday, Wednesday and Thursday, 9am and 5.30pm on Tuesday, between 8am and 4.30pm on Friday and 8.30am and 12.30pm on Saturday.

We asked nine patients if they were satisfied with the hours the surgery was open; majority were quite satisfied with the surgery's opening hours.

The practice used the NHS 111 service to give advice in case of a dental emergency when the practice was closed. This information was publicised in the practice information booklet kept in the waiting area, NHS Choices website and on the telephone answering machine when the practice was closed. There was no information on the practice website regarding what patients could do when the practice was closed. We pointed this out to the practice manager who told us they would investigate this as soon as practicably possible.

Concerns & complaints

There was a complaints policy which provided staff with information about handling formal complaints from patients. Staff told us the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

Information for patients about how to make a complaint was available in the practice's 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. We asked nine patients if they knew how to make a complaint if they had an issue and five said yes, two said no and two were not sure.

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

For example, a complaint would be acknowledged within three working days and a full response would be provided to the patient within 10 working days. This was seen to be followed. We saw a complaints log which listed nine written complaints received over the previous year which records confirmed had all been concluded satisfactorily.

Are services well-led?

Our findings

Governance arrangements

The company had in place a comprehensive system of policies, procedures and risk assessments covering all aspects of clinical governance in dental practice. The system of policies and procedure were held on the company intranet; this enabled all staff to access these policies as required. We saw that these policies and procedures including COSHH, fire and Legionella were well maintained and up to date.

Underpinning the governance arrangements for this location was a practice manager who was responsible for the day-to-day running of the practice. The corporate provider had in place a system of area and governance lead managers who provided support for the practice manager. The practice had a clinical support manager who was a dentist who provided clinical advice and support to the other dentists and dental nurses working in the practice. The clinical support manager had appropriate support from an overall company clinical director

Staff recruitment arrangements did not include the recording of necessary checks required to meet Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Pre-employment checks missing for a locum dentist included lack of evidence of references, full employment history and information about any health conditions relevant to their role.

Leadership, openness and transparency

The corporate provider had in place a system of managers who provided support and leadership to the practice manager. We found staff to be hard working, caring towards the patients and committed to the work they did.

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice owner. There was a no blame culture within the practice. They felt they were listened to and responded to when they did raise a concern. We found staff to be hard working, caring and committed to the work they did.

All of the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry and were happy with the practice facilities. Staff reported that the practice manager was proactive and aimed to resolve problems very quickly. As a result, staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

Learning and improvement

We saw evidence of systems to identify staff learning needs, this was underpinned by an appraisal system and a programme of clinical audit. With respect to clinical audit, we saw results of audits in relation to clinical record keeping, the quality of X-rays and infection control which demonstrated that good standards were being maintained.

For example, we saw the record keeping audits for each dentist. These contained a detailed analysis of the findings by the Clinical Support Manager. They would then provide useful hints and tips as to how the dentists could improve their standards. Each dentist was also given a red, amber or green rating of their records. The governance lead for the company explained that any dentist rated red would be invited to discuss the findings with the company Clinical Director who would then arrange for further training or support.

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

The practice gathered feedback from patients through surveys, compliments and complaints. We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area.

Results of the most recent practice survey carried indicated that 94.5% of patients, who responded, said they would recommend the practice. As a result of patient feedback the practice had introduced improvements suggested by patients which included installing a radio in the waiting area.

Staff told us that the dentists were very approachable and they felt they could give their views about how things were done at the practice. Nursing staff confirmed that they had frequent meetings and described the meetings as good with the opportunity to discuss successes, changes and improvements. Staff we spoke with said they felt listened to however, reception staff told us they did not meet as often as they would like.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed • The provider's recruitment practices had failed to ensure that all persons employed at Diplomat Dental Care were of good character and had the necessary qualifications, competence, skills and experience before they started working at the service. **This was in breach of Regulation 19(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** • The provider failed to hold all the information specified under Schedule 3 in respect of all persons employed or appointed for the purposes of a regulated activity. **This was in breach of Regulation 19(3) and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**