

Barton Dental Surgery

Barton Dental Surgery

Inspection Report

81 Bedford Road
Barton Le Clay
Bedford
Bedfordshire
MK45 4LL
Tel: 01582882600
Website: www.bartondentalsurgery.co.uk

Date of inspection visit: 15 February 2018
Date of publication: 26/04/2018

Overall summary

We carried out this announced inspection on 15 February 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The practice is located in Barton Le Clay in central Bedfordshire. It provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. There are no patient car parking facilities available; although patients with disabilities can be offered a space in the practice's private car park. Public car parking is available on street within short walking distance of the practice.

Summary of findings

The dental team includes three dentists, three dental nurses (including the head nurse), one trainee nurse, one dental hygienist and one receptionist. The head nurse was also undertaking management duties and had taken on the role of practice coordinator.

The practice has three treatment rooms; two of these are on the ground floor.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at Barton Dental Surgery is one of the dentists who owns the practice.

We were advised on the day of our inspection that two of the four partners had left. We have told the principal dentist to take immediate action to ensure the CQC registration of the practice is correct.

On the day of inspection we collected 20 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

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

The practice is open: Monday, Tuesday, Wednesday, Thursday from 8.30am to 4.30pm and Friday from 8.30am to 2pm. The practice is closed at lunchtimes from 1pm to 2pm Monday to Wednesday and from 2pm to 3pm on Thursday.

Our key findings were:

- The practice objectives included the provision of quality treatment in a friendly atmosphere and the maintenance of patients' oral health to prevent new diseases from occurring.
- Staff had been trained to deal with medical emergencies. We found some items of equipment and medicines required in the event of a medical emergency were missing. An order was placed for the items immediately after our inspection.

- The practice appeared clean and well maintained, although no formal monitoring of arrangements were in place.
- Safeguarding arrangements required improvement to ensure all staff maintained up to date training. Policy provision was required in relation to vulnerable adults.
- The practice had not adopted an effective process for the reporting and investigating of untoward incidents and ensuring shared learning.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- We found that not all patients' different needs were identified. The practice did not have a hearing loop or access to information in different formats.
- Patients had access to routine treatment and emergency care when required.
- Staff had received some training appropriate to their roles; there was evidence of continuing professional development (CPD).
- The practice had processes to deal with complaints efficiently.
- We found leadership and governance arrangements required significant strengthening.

We identified regulations the provider was not meeting. They must:

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

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's waste handling protocols to ensure waste is segregated and disposed of in accordance with relevant regulations taking into account guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Review the security of prescription pads in the practice and ensure there are systems in place to track and monitor their use.

Summary of findings

- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD).
- 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 its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments, although we found that some improvements could be made.

Staff received training in basic life support. The practice had some suitable arrangements for dealing with medical and other emergencies. We noted that some items of equipment and medicines were missing on the day of our inspection. Immediate action was taken by the practice and an order was placed to obtain the items.

A number of staff had required training in safeguarding at the time of our inspection. This was completed immediately after our inspection took place. Whilst the practice had implemented a safeguarding policy for children, this did not include information about vulnerable adults.

Staff were qualified for their roles, but the practice had not completed essential recruitment checks or received assurance that all staff were suitable to undertake their roles.

The practice did not demonstrate that they used learning from incidents to help them improve. The practice had not implemented an effective policy and procedure for the reporting of untoward incidents. Following our inspection, we were provided with a newly implemented incident reporting policy.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. In the sample of dentist completed patient records we looked at, we noted that the detail of record keeping could be improved.

Patients described the treatment they received as excellent, professional and first class. One of the dentists told us they discussed treatment with patients so they could give informed consent.

The practice had arrangements when patients needed to be referred to other dental or health care professionals, but monitoring systems required strengthening.

The practice had not implemented a formal induction programme, although no new staff had been appointed recently. Staff had received annual appraisals.

The principal dentist understood their responsibilities under the Mental Capacity Act 2005 when treating adults who may not be able to make informed decisions. The dentist had undertaken Mental Capacity Act training. Dental nurses had not completed training in the Act.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 20 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, considerate and caring. They said that they were given helpful and informative explanations about dental treatment, and said their dentist listened to them. Patient comments included that staff made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

We found that not all patients' different needs were identified. The practice had step free access and patients with wheelchairs were seen in a larger treatment room on the ground floor. Whilst patient toilet facilities were available these had not been modified or adjusted for patients with mobility problems. The practice did not have a hearing loop installed.

The practice did not have access to information in different formats or languages or access to an interpreter service. Staff told us that they did not consider that existing patients or other people in the community would benefit from an interpreter service.

The practice took patients' views seriously. They valued compliments from patients and had processes to respond to concerns and complaints efficiently. We noted that any discussions held amongst staff to share learning and improve the service had not been documented.

No action



Are services well-led?

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

The practice had a number of policies, procedures and risk assessments to support the management of the service and to protect patients and staff. However there were some gaps in required documentation, such as a recruitment policy and safeguarding policy for vulnerable adults.

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

There was a management structure although one staff member had not been provided with an up to date job description and appropriate training to enable them to fully undertake their role. Staff told us they felt supported by the committed practice coordinator.

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

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

Requirements
notice



Summary of findings

The practice asked for the views of patients and took these into account in the delivery of the service.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a procedure to report accidents that occurred. We looked at the accident book and noted the last recorded accident, which involved a needle stick injury occurred in 2013.

An effective policy and procedure framework was not in operation to enable staff to report, investigate and learn from untoward incidents and significant events. We found staff were not informed of how to report incidents when they occurred. The practice had not recorded any incidents and told us they had not identified any.

The absence of recording and investigating any incidents or accidents impacted upon the practice's ability to reduce risk and support future learning. We were provided with a new policy for incident reporting after our inspection took place.

The principal dentist received national patient safety and medicines alerts; although we noted these were not directly from the Medicines and Healthcare Products Regulatory Authority (MHRA), but a secondary source. A log was not maintained of alerts received to show whether they had been reviewed and any necessary action taken. We were not provided with evidence to show that relevant alerts were discussed with staff.

Reliable safety systems and processes (including safeguarding)

Dentists demonstrated awareness about their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had a safeguarding policy; this included information about children but did not include information regarding vulnerable adults. The policy was undated. We noted a safeguarding procedure and contact information was posted on a wall in the practice for staff to refer to.

We saw limited evidence that staff received up to date safeguarding training on the day of the inspection. We noted that the lead for safeguarding was the principal dentist and they had received the training required to undertake their role. We were not provided with evidence

of safeguarding training for one of the other dentists or for the dental nurses. Following our inspection, these staff completed safeguarding training and we were provided with evidence of their certificates.

We were not provided with documentation to show that all staff had received Disclosure Barring Service (DBS) checks or that risk assessments had been undertaken, to ensure staff were suitable to work with vulnerable adults and children. The practice told us that they had not identified that dental nurses or a receptionist would require a DBS check or risk assessment.

The practice had an undated whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. The head nurse was the lead for COSHH.

We looked at the practice's arrangements for safe dental care and treatment. We noted that the practice had not implemented the safer sharps system and documentation we reviewed did not include reasons for not doing so. They had however, taken measures to manage the risks of sharps injuries by requesting dentists use a needle guard when handling needles. We were shown a needle guard that was available for use. The policy stated that nurses were not to handle used needles.

Our discussions with the dentists identified that rubber dam was not universally used by all of the dentists when providing root canal treatment. One of the dentists told us they used rotary files. This did not comply with guidance from the British Endodontic Society. We also noted that the reasons for not using rubber dam were not routinely recorded in dental care records.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Training last took place in January 2018.

Are services safe?

Most emergency equipment and medicines were available as described in recognised guidance, although we noted some exceptions. We found that size one oropharyngeal airways, a childrens' face mask for a self-inflating bag and syringes were missing. We also noted that needles held had expired. We also found that the practice did not hold supplies of aspirin, midazolam or glucagon. The practice did however hold some medicines not required in a dental setting such as atropine sulphate, diazepam and chlorphenamine. We found that diazepam, a controlled medicine had not been locked away.

We discussed the issues with the provider; they immediately took action and placed an order for items that were missing. We were informed after the inspection that medicines that were not required had been removed and disposed of appropriately.

The provider told us that they shared the use of a defibrillator with the local community. This was placed outside the front of the practice. The provider told us they were not responsible for undertaking checks on the equipment. They told us that the ambulance service maintained the equipment; however when we looked at it, we saw a notice that the fire service were responsible.

One of the members of the team undertook checks on the emergency medicines to check they were within their expiry date and in working order.

Staff recruitment

The practice had not implemented a staff recruitment policy and procedure to help them employ suitable staff.

We looked at six staff recruitment files. We noted that four of these staff had been working at a previous partner practice and had moved across to work in this practice. We were informed that the previous partner practice had undertaken recruitment checks, but these records had not been passed across to the practice.

Files we looked at showed the practice were not compliant with information required by Regulation 19, Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, in four of the files we looked at there was no evidence of photographic staff identity; in five of the files we looked at there was no evidence of Disclosure Barring Service (DBS) checks. Risk assessments had not been completed for the staff without DBS checks on their current files.

During the day of our inspection, we were provided with evidence of photographic identity for three staff members. Following our inspection, the provider sent us evidence that they had applied for new DBS checks in respect of the dental nurses. We were informed that the practice were making efforts to obtain a DBS check conducted for one of the dentists from the previous partner practice, and if this wasn't received, they would undertake a new check.

There was no information regarding references or other evidence of satisfactory conduct in previous employment in any of the files we examined.

We noted that one member of the dental nurse team was an apprentice at college and another was a former apprentice. We were advised that the college undertook checks and held recruitment documentation for these staff. The provider had not sought to obtain this information or received assurance regarding checks undertaken.

During our review of these staff records, we looked at immunisation documentation held in relation to their Hepatitis B immunity. We noted that two staff members had provided documentation which showed they had received immunisation; however their immunity status was not recorded. Two other members of staff did not have immunisation recorded in their files. Risk assessments had not been completed for these staff.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. We were provided with evidence of the nurses' indemnity cover after our inspection as this was not available for us to check on the day.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date. A fire risk assessment had been undertaken in January 2018. We noted that servicing for fire equipment had been undertaken within the previous twelve months as well as portable appliance testing (PAT) on electrical equipment for safety.

We identified issues that required attention by the provider. For example, they had not appointed a fire marshal and staff had not yet undertaken fire training. We were informed that the last fire drill test was practised in February 2017.

The practice had current employer's liability insurance and the clinicians' professional indemnity insurance was up to date.

Are services safe?

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

The segregation and storage of dental waste was partially in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw some waste consignment documentation. We found that the provider was disposing of amalgam and gypsum waste incorrectly. We discussed this with the provider and they took steps to review their current contracting arrangements with the waste collection company.

Infection control

The practice had an undated infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Evidence of annual infection prevention and control training was not available on all of the staff files we looked at on the day of our inspection. We were informed that some of this training was due for completion or the certification was not available for review on the day.

We were provided with evidence after our inspection which showed that staff had completed this training.

The practice had mostly suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. Staff were unable to tell us how often household gloves used for manual cleaning of instruments were changed and who held responsibility for this. We also noted that the manual cleaning process could be improved to ensure that water used for the washing of dental instruments did not become contaminated with water used for rinsing. We found that detergent water being used for cleaning instruments in the hygienist room was cloudy which could affect the quality of the cleaning process.

The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

We identified metal 3-in-1 syringes were used rather than disposable alternatives which presented an increased risk

of patient cross contamination. We also noted that suction tips required removal as these were not able to be cleaned effectively. The provider told us that action would be taken to address this.

We identified that an audit was required of stock as we found some expired local anaesthetic cartridges were held. We also noted that some items contained signs of wear, for example basic periodontal examination (BPE) probes.

The practice carried out an infection prevention and control audits annually and not twice a year as recommended in guidance. The latest audit showed the practice was meeting the required standards.

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The latest risk assessment was undertaken in January 2018. The practice had not been testing and recording water temperature and they were not performing any tests for biofilm.

Staff shared responsibilities for cleaning of the premises. They did not have schedules but were aware of the cleaning requirements for the areas. The practice was clean when we inspected.

Equipment and medicines

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

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

The practice had not kept records of NHS prescriptions as described in current guidance. When prescription pads were received into the practice, a log had not been maintained of the stationery received. The stationery was stored securely. The provider told us after our inspection that systems had been strengthened.

Radiography (X-rays)

The practice had mostly suitable arrangements to ensure the safety of the X-ray equipment. We noted that rectangular collimators were not available for use with the X-ray equipment. This issue had already been identified in reports dated December 2016 and March 2017 produced by Public Health England following equipment performance tests. Following our inspection, the provider told us they would now be fitted to the equipment.

Are services safe?

The practice met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. We looked at a sample of 13 patient records. The template used by the clinicians included information for recording about the condition of patients' gums using the basic periodontal examination scores, but did not include an area for recording about intra oral and extra oral examination.

In the sample of dentist records we looked at, we noted that the detail of dental record keeping could be improved.

We saw that the practice undertook audit activity in relation to patients' dental care records in order to check that the dentists recorded the necessary information. However the audit we reviewed did not contain evidence relating to learning outcomes.

Health promotion & prevention

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

Children at high risk of tooth decay were identified and were offered fluoride varnish applications or the prescription of high concentrated fluoride tooth paste to keep their teeth in a healthy condition.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a small selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

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

The practice had not implemented a formal induction programme for staff new to the practice. The principal

dentist told us they had access to a template for completion in respect of any new staff who may be employed. We were informed that current staff had been given an informal induction when they started, but this was not documented or signed.

We confirmed clinical staff had completed (or were completing) the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals. We noted that appraisals were not dated, but staff confirmed these had been undertaken within the past 12 months.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice had not implemented a system for monitoring referrals to ensure they were processed effectively.

Consent to care and treatment

The practice team told us they understood the importance of obtaining patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. In the sample of patient records we looked at completed by one of the dentists, we found that the level of detail could be improved. We also noted that information recorded in the sample of hygienist completed records was more detailed.

Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice held information electronically about the Mental Capacity Act 2005. The principal dentist understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. We noted that dental nurses had not undertaken training about the Mental Capacity Act.

Dentists were aware of the guidelines relating to competency principles when treating any young person

Are services effective?

(for example, treatment is effective)

aged under 16 years. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

We noted that a comment received from a nervous patient included that staff were compassionate and understanding. Patients could express a preference when they booked an appointment about which dentist they wanted to see.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the main waiting area provided limited privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

The practice had an information leaflet available for patients to take away and information about the practice was also available on their website.

Involvement in decisions about care and treatment

The practice gave patients information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

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

Staff told us that they currently had a small number of patients for whom they needed to make adjustments to enable them to receive treatment. We were told that patients who used wheelchairs were seen in a larger treatment room on the ground floor where access was easier.

Staff told us about examples where they had assisted patients with particular needs. For example, helping elderly patients out of the dental chair and ensuring that staff removed their dental masks

when speaking with a patient who lip read. We were told that patients who were anxious were provided with reassurance.

Staff told us that whilst patients were not routinely contacted to remind them to attend an appointment with the dentist, reminders were issued if a patient had a longer appointment booked or if they had an appointment to see the hygienist. Patients were also contacted if they had not made an appointment to attend the practice and they were due to be seen.

Promoting equality

The practice had ensured step free access for patients with disabilities. Whilst patient toilet facilities were available, these had not been adjusted or modified for patients who used wheelchairs. The practice did not have a hearing loop installed.

Staff said they had not yet obtained information in different formats and languages to meet individual patients' needs.

They did not have access to interpreter/translation services; we were informed that staff did not consider that any of their existing patients or other people in the community would benefit from this.

Access to the service

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

New patients were invited to download a patient registration form and complete a medical history form from the website prior to their first attendance at the practice.

We confirmed the practice kept waiting times and cancellations to a minimum, where this was possible.

The practice was committed to seeing patients experiencing pain on the same day and kept thirty minutes free on a daily basis for emergency appointments. Staff told us they would also be flexible for patients with dental emergencies and if blocked time had been used, they would still ensure these patients were seen. Staff also told us that people who were not registered with the practice but were in the local area had also been seen for dental emergencies.

The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients were advised to telephone NHS 111 outside of usual working hours.

Patients confirmed they could make routine appointments easily and did not comment negatively about access to the service.

Concerns & complaints

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

The practice coordinator told us they aimed to settle complaints in-house and would invite patients to speak

Are services responsive to people's needs?

(for example, to feedback?)

with them in person to discuss these, if it was considered appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received during the previous twelve months. Complaints reviewed showed the practice responded to concerns raised and did so in an appropriate timeframe.

The complaints summary provided to us included brief learning points for the dentists, although we noted that any discussions held to share learning and improve the service had not been documented.

A number of compliments we looked at praised the practice for their effective and responsive approach, and included comments about individual staff.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The head nurse who also undertook the role of practice coordinator was responsible for the day to day running of the service. Staff knew the management arrangements. We noted that the head nurse had not been provided with an up to date job description and relevant training to undertake the practice coordinator role. They had however been working in the management post for some time. The absence of a defined job description identifying areas of responsibility and the provision of suitable training had the potential to impact upon the ability of the staff member to always work effectively.

The practice had a number of policies, procedures and risk assessments to support the management of the service and to protect patients and staff. However there were some gaps in required documentation. For example, the practice had not implemented a recruitment policy and safeguarding policy for vulnerable adults. Risk assessments had not been completed for staff working without DBS checks and for those whose Hepatitis B immunity levels were not recorded. We also noted that policies were undated; this impacted upon the ability of the provider to be able to identify if all policies were up to date and when they were due for review.

We noted there were significant areas of improvement required in governance arrangements. These included ensuring that all risks were identified and addressed promptly, with appropriate action taken to manage and reduce any risks from recurring. For example, the practice had not ensured that all medicines and equipment that may be required in an emergency were available at the time of our inspection; although we noted that action was taken immediately after the inspection to address this issue. We found that the provider had not acted upon identified risks, for example, water checks for legionella, fire training for all staff and ensuring that rectangular collimation was fitted to X-ray equipment.

Staff demonstrated awareness of the importance of confidentiality in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open culture at the practice. They said they felt able to raise any issues with the practice coordinator and felt confident they could do this, if any issues were to arise. The principal dentist attended the practice approximately once a week; as a result we found that senior management support was limited. Most issues were therefore raised through the practice coordinator. Staff told us that the practice coordinator was committed, approachable, would listen to any concerns and act appropriately. The dental nurses told us that they worked as a team alongside the practice coordinator. We saw evidence that the practice coordinator dealt with issues professionally.

The practice held staff meetings twice a year. We looked at meeting minutes from July 2017 and January 2018. We noted that the records were not detailed and did not reflect any structured agenda. We were informed that other informal, ad hoc meetings were held amongst dental nurses and dentists; these had not been documented. Staff told us that immediate discussions would be held to share any urgent information.

Learning and improvement

The practice had some limited quality assurance processes to seek to encourage learning and continuous improvement. Audits included dental care records, X-rays and infection prevention and control. We found some audit outcomes were limited. For example, the latest radiography audit did not identify individual names of practitioners. This meant that it may be difficult to identify any particular trends or issues in relation to individual clinicians, and therefore learning outcomes more limited. The record keeping audit did not include information relating to individual clinicians or include clear learning outcomes, action plan or evidence of improvement.

The principal dentist had ensured that the dental nurses had received annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. We held discussions with the provider about them ensuring that all staff felt supported and equipped to undertake their roles; particularly in relation to training for the practice coordinator. The provider told us

Are services well-led?

that they were committed to ensuring that relevant training took place. Following our inspection, the principal dentist contacted us and told us that they had agreed that the practice coordinator would undertake a practice manager apprenticeship course which should commence shortly.

We saw documentation that showed staff had completed some mandatory training every year, such as medical emergencies and basic life support. We noted on the day of our inspection that training in safeguarding and infection control had not been completed by all staff working in the practice. We were provided with evidence after our inspection that showed this had now been completed.

The General Dental Council requires clinical staff to complete continuing professional development. We looked at records available on the day and were provided with other supporting documentation after our inspection that confirmed the continuing professional development that had been undertaken.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We were told about examples of suggestions from patients that the practice had acted on. For example, the carpet was changed in one of the waiting areas in response to patient feedback.

Staff were able to provide any feedback or suggestions informally to the provider and practice coordinator.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance.</p> <p>How the regulation was not being met</p> <p>There were limited systems or processes established to enable the registered person to assess, monitor and improve the quality and safety of services provided. In particular:</p> <ul style="list-style-type: none">• An effective policy and procedure framework was not in operation to enable staff to report, investigate and learn from untoward incidents and significant events.• There were limited systems for monitoring and improving quality. For example, radiography audit activity did not result in action plans and evidence of improvements to the service.• Policy provision did not include the consideration of safeguarding for vulnerable adults. <p>There were limited systems or processes established to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The provider had not undertaken risk assessments in relation to staff working within the practice without evidence of disclosure barring service checks and for those staff who did not have evidence of Hepatitis B immunity levels held on their records.• The provider had not ensured that policy provision was available in relation to recruitment procedures. The provider had also not ensured that information

Requirement notices

was held for each staff member as specified in Schedule 3. In particular: proof of identity including a recent photograph and satisfactory evidence of conduct in previous employment.

- The provider had not implemented a system for the review and action of patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority. (MHRA)
- The provider had not mitigated all of the risks associated with legionella; water temperature had not been recorded and tests for biofilm were not performed.
- The provider had not mitigated the risks presented by fire; staff had not completed fire training.
- The provider had not mitigated the risks to patient safety by ensuring rectangular collimation was available on X-ray equipment.