Care Quality Commission

Rodericks Dental Limited

Victoria House Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 8 April 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Victoria House Dental Practice is in Loughborough, a market town in the East Midlands. It provides NHS and private treatment to adults and children.

Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. The practice does not have its own car park facility. Car parking spaces including those for blue badge holders, are available close to the practice in public car parks and on street.

The dental team includes six dentists, five dental nurses, six trainee dental nurses, one decontamination assistant, three dental hygienists, one dental hygiene therapist, six receptionists and two practice managers. The practice has 11 treatment rooms.

The practice is owned by a company 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.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the delivery of services for which the practice is registered. The practice manager had applied for the role in September 2018, but arrangements regarding this were yet to be finalised.

On the day of inspection, we collected 43 CQC comment cards filled in by patients.

During the inspection we spoke with six dentists, three dental nurses, two trainee dental nurses, the decontamination assistant, two receptionists, the practice manager, a compliance manager and head of clinical compliance. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday to Friday from 8.30am to 5.30pm.

Our key findings were:

- The practice appeared clean, but some surgeries required action to be taken to ensure published guidance was followed.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff. We found that some issues were not addressed as promptly as they could be.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Evidence of some staff training was sent to us after the day of inspection.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs. There had been changes to the appointment system to increase access arrangements for patients.
- The practice was served by a dedicated practice manager who was new to their role; they demonstrated their effectiveness in leadership.
- Staff felt involved and supported by the practice manager, and worked well as a team.
- The provider responded to feedback left by patients about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

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

Full details of the regulation 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 procedures for obtaining and recording patient consent to care and treatment to ensure they are in compliance with legislation, take into account relevant guidance, and staff follow them.

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 systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. Evidence regarding some staff training was sent to us following our inspection.

Staff were qualified for their roles and the practice completed essential recruitment checks. We were unable to view references for staff on the day as we were informed that these were held at the provider's head office.

The practice followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. We noted exceptions in relation to the guidance being followed. For example, surfaces (including walls) not being free from damage and abrasion in some of the surgeries and not all counter surface joints in these areas were sealed. The provider took prompt action following our inspection to address the issues.

Equipment was properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, efficient and outstanding.

The dentists told us they discussed treatment with patients so they could give informed consent; however, we found that this was not always recorded in patients' records.

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

The provider supported trainee dental staff to complete training relevant to their roles and had systems to help them monitor this. Training logs showed that there was learning that required completion by some staff, for example in the Mental Capacity Act.

Summary of findings

Are services caring?

No action

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

We received feedback about the practice from 43 people. Patients were positive about the service the practice provided. They told us staff were welcoming, helpful and polite. Other feedback left on NHS Choices showed mixed levels of patient satisfaction.

Patients said that they were given clear, helpful and honest explanations about dental treatment, and said their dentist listened to them. Patients commented 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?

No action

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

The practice's appointment system had been improved recently to take into account patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to interpreter services and had arrangements to help patients with hearing loss.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

Requirements notice

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notice section at the end of this report).

The practice had most arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. We found that improvements were required in the management of the service. The provider did not demonstrate that they were effectively addressing all issues as promptly as they could, when delivering the service.

A clearly defined management structure had been implemented and staff felt supported and appreciated by the practice manager. Not all staff felt respected by the company's senior management staff.

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

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included listening to the views of patients.

Summary of findings

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered. The practice manager had applied for the role in September 2018; arrangements regarding registration were yet to be finalised.

Are services safe?

Our findings

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

The practice had systems to keep patients safe.

Staff knew 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 safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We noted that the child safeguarding policy required personalisation to the practice. This was updated after the inspection and a copy sent to us.

We saw evidence that some staff received safeguarding training on the day of our inspection. We noted that two dentists, one hygienist, six trainee dental nurses, one dental nurse, the decontamination nurse and four receptionists did not have evidence of their training available. The dental hygiene therapist had evidence of level one training and not level two; level two is recommended for clinical staff.

Following our inspection, we were provided with evidence of training completion by these staff; trainee nurses, the decontamination nurse and receptionists' training was completed after the date of our inspection. Older certificates dated within the previous three years were traced for other clinical staff including level two training by the hygiene therapist. The qualified dental nurse's certificate showed that training was last completed in December 2015.

The lead for safeguarding was the practice manager. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication. A pop up note could be added to a patient's record to ensure staff were aware of any concerns.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination. A poster was displayed in the staff room which contained information about reporting concerns.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency staff. These reflected the relevant legislation. We looked at six staff recruitment records. The files did not contain staff' references of evidence of satisfactory conduct in previous employment. We were informed by the practice manager that these were held at the provider's head office where some of the recruitment checks were undertaken. Following our inspection, we were sent evidence of references obtained and held by head office.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

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

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We saw records dated within the previous 12 months.

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

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

We saw evidence on the day of inspection that all but one member of clinical staff completed continuing professional development in respect of dental radiography. Evidence of their certificate was provided to us after our inspection.

Are services safe?

Risks to patients

There were systems to assess and monitor risks to patient safety.

The practice had health and safety policies, procedures and risk assessments to help them manage potential risk.

The practice had not undertaken any recent fire drills to ensure staff knew what to do in the event of an incident.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The practice had not implemented the safer sharps system, as described in the EU Directive. They had taken measures to manage the risks of sharps injuries by instructing the dentists to use a re-sheathing device when handling needles. A sharps risk assessment had been undertaken. There was scope to improve the assessment to include specific items or instruments used by the practice and it did not include instruction about whether dental nurses should handle needles. We noted that a reported sharps injury in November 2018 involved a trainee dental nurse unsheathing a needle. Following our inspection, we were sent a copy of a sharps risk assessment.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. We noted one exception in relation to a dental nurse as this information was not recorded on their file. Risk assessments were completed for trainee dental nurses whose immunity status was not yet known.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. The practice organised for this training to be undertaken twice a year to accommodate those staff who could not attend one of the sessions.

Emergency equipment and medicines were available as described in recognised guidance. One of the sizes of clear face masks for self-inflating bag was not held. We noted that the expiry date on the glucagon had not been reduced to reflect its storage environment. This was amended during our visit.

Staff kept records of their checks of these to make sure these were available and within their expiry date. The records did not include whether the equipment was checked to ensure it was in working order.

A dental nurse worked with the dentists, the dental hygienists and hygiene therapist when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. We looked at how the practice followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. We noted exceptions in relation to guidance being followed. For example, surfaces (including walls) not being free from damage and abrasion in some of the surgeries and not all joints were sealed. We found several clinical areas where remedial action was required. The provider had plans for action in some areas, but we were not provided with a plan for when work was due to take place. We noted that some patient feedback referred to the premises requiring improvement. Following our inspection, we were provided with evidence to show that the issues we identified were being addressed immediately.

Staff completed infection prevention and control training and received updates as required. Some evidence of staff training certificates was provided after the day.

The practice had mostly suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05.

We looked at a sample of dental instruments and noted that some contained signs of wear or cement that had not been removed after use or during the decontamination process. There was scope to improve systems by the practice undertaking an audit of its dental instruments used.

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

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

Are services safe?

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Recommendations had been actioned and records of water testing were held. The records showed that the hot water temperature had not always exceeded 50 C. This had not been looked at further at the time. The practice manager took action to address the issue and following their action, temperatures were meeting a higher temperature.

Dental unit water line management was in place. A staff lead had not been nominated to lead on legionella as recommended.

The practice utilised an external contractor to clean the general areas of the premises. We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits, although these were not always undertaken twice a year. Audits we were provided with showed they had been undertaken in December 2017, November 2018 and January 2019. The audits had identified areas for improvement, such as the sealing of surfaces. The action plan included that two of the surgeries were due to be updated in 2019. The practice did not hold information as to the specifics of when the work would take place.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored and kept records of NHS prescriptions as described in current guidance.

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

Track record on safety and Lessons learned and improvements

There were risk assessments in relation to safety issues.

The practice had processes to record accidents when they occurred. An accident book was available for completion by staff. We looked at four accidents reported since November 2018. The records showed that the accidents had been investigated and any learning points discussed with staff.

There were adequate systems for reviewing and investigating when things went wrong. The practice had a policy for reporting untoward incidents and significant events and staff showed awareness of the type of incident they would report to management. We noted two significant events reported in the previous 12 months. One of the incidents involved a patient collapse. Management found that staff had responded accordingly to medical emergency training received.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received many positive comments from patients about the care received; some referred to individual staff members. Many patients told us that they received an excellent, efficient and outstanding service. Overall, we noted high levels of patient satisfaction.

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

The practice offered dental implants. These were placed by the one of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

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

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

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion information to help patients with their oral health.

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

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

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. Three dental hygienists and one dental hygiene therapist worked in the practice; when required, referrals to them were made.

Consent to care and treatment

The practice generally obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining patients' consent to treatment. We looked at a small sample of patients' records and noted that patients informed consent was not always recorded in some clinicians' notes. For example, all possible treatment options, implications of not undertaking any or part of the treatment options or the reasonable expectations or outcome of each care and treatment option.

The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. One patient comment included that they received excellent explanations about their treatment and aftercare.

The practice's consent policy included information about the Mental Capacity Act 2005 (MCA).

Staff training records we viewed showed that most had completed training in the MCA. We noted exceptions in relation to three dentists, the therapist and hygienists, three dental nurses and four receptionists.

Staff we spoke with showed understanding of their responsibilities under the MCA when treating adults who might not be able to make informed decisions.

The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Not all staff we spoke with were aware of the need to consider this when treating young people under 16 years of age. Following our inspection, the practice manager provided us with dates for when consent would be discussed in meetings with the team.

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

Monitoring care and treatment

Are services effective?

(for example, treatment is effective)

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 saw that patients' dental care records were examined to check that the clinicians recorded the necessary information. We looked at an audit that was completed by the owner practitioner themselves and not a separate staff member.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, we saw how trainee dental nurses were supported to complete their training. During our inspection, one of these nurses was completing webinar training. The practice manager who had more recently started work in the practice, demonstrated their skills and effectiveness in undertaking the role in a large practice. One of the dentists was trained to place dental implants and the practice utilised the skills of a dental therapist and hygienists.

Staff new to the practice had a period of induction based on a structured programme. We saw evidence in staff files we reviewed to support that those clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals and monthly one to one meetings. We saw evidence of completed appraisals and how the practice were addressing the training requirements of staff. The newly appointed practice manager had implemented a system to ensure that all staff had plans to be appraised or had received appraisals.

Co-ordinating care and treatment

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

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

During our inspection, we witnessed a patient arriving for their appointment. Whilst they had been booked to see a dentist, they had not been informed prior to their attendance that their usual dentist had left the practice. We noted a negative comment left on the NHS Choices website regarding a similar issue in the previous year.

Patients said staff were compassionate and understanding. One patient stated that their dentist was always encouraging and another said that their dentist made them feel relaxed. Other patient comments included that their dentist was very good with interacting with children. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients could choose whether they saw a male or female dentist when they made first contact with the practice.

We looked at other patient feedback that included comments left on NHS Choices. The practice had received four out of five stars based on 45 visits by patients. We noted mixed reviews of the service received. Positive feedback related to clinical staff; negative reviews included patient experience of reception staff, difficulties in appointment booking and the premises requiring update.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the separate waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff could take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' 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.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the

requirements under the Equality Act and Accessible Information Standards. (A requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not use English as a first language.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available on request.

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

The practice's website provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

Patients described their levels of satisfaction with the responsive service provided by the practice. For example, those who were anxious told us their fears were understood by staff. One patient commented that their dentist and dental nurse were accommodating and responsive to the needs of a relative who had hearing difficulties.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Those with mobility problems were seen in a ground floor surgery.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a bell at the front door, a hearing loop and accessible toilet with hand rails. A call bell was not installed in the toilet facility to alert staff of a patient fall or other difficulty encountered, although one was ordered by the practice manager after our inspection.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

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

The practice had an appointment system to respond to patients' needs. Improvements had been made to the appointment system since the practice manager had been recruited. For example, dedicated administrative staff were assigned to making and receiving telephone calls for appointment bookings in a separate room. This enabled reception staff to greet patients at the front desk. The number of phone lines in the practice had increased and staff changes had been made. The practice manager told us that the IT department of the provider had monitored patient access and this had shown improvements since the new structure was implemented.

Patients were also able to book an appointment online. Appointment reminders were issued to patients by administrative staff prior to the date to remind them to attend.

Patients who requested an urgent appointment were seen the same day. Patients 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 unduly waiting.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. The majority of patients confirmed they could make routine and emergency appointments easily.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. Information was made available to patients which explained how to make a complaint.

The practice manager was responsible for dealing with complaints. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these, if 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 within the previous 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

Whilst the leaders demonstrated they had the experience, capacity and skills to deliver the practice strategy; we found that some issues were not always addressed expeditiously. For example, we identified that some of the surgeries required update in order to comply with best practice guidance in relation to infection prevention and control. A definitive time had not been provided to the practice by senior management for when the work would take place. We noted that the provider took immediate action to address the issues after our inspection.

The practice manager and other leaders were knowledgeable about issues and priorities relating to the quality and future of services. Leaders at all levels were visible and approachable.

The practice had implemented effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. Prior to the current practice manager being appointed to post, our discussions with staff showed that there was fragmented and inconsistent management arrangements. At the time of our inspection, the practice did not have a registered manager in post and this had not been filled since April 2018.

Vision and strategy If applicable

There was a vision and set of values. The provider's aims and objectives included the provision of a high quality and range of dental services to the whole community. Patient feedback we received in our comment cards supported that the objectives were being met. The practice had undergone expansion with additional surgeries being installed since the current provider had acquired the practice.

Their strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

There was evidence of high quality sustainable care for patients.

Staff stated they had seen considerable improvement in how the practice was managed since the practice manager had been appointed. Staff said they felt supported and valued by the practice manager, but not all staff felt respected by the company's senior management. We noted that the staff changing area was unsuitable as it was not contained in a private area; administrative staff worked in there also. Flat cardboard boxes had been placed against windows in order to promote some privacy from the outside. We also noted that the lighting in the room was dim and cracks in the ceiling may require formal structural review. Following our inspection, we were sent evidence to show how the issues were being addressed.

We saw the provider took effective action to deal with poor performance when this had occurred. Changes had been made in staffing since the practice manager commenced in their role and also in response to some negative feedback from patients regarding access arrangements.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, by the practice manager. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The practice manager had overall responsibility for the management and clinical leadership of the practice and received ongoing support from the provider. Support included specialist staff attending the practice to undertake some peer review for clinical staff. Two of the provider's senior management staff also attended on the day of our inspection to give assistance and support.

The practice manager was also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were being reviewed on a regular basis.

There were clear and effective processes for managing most risks, issues and performance. We identified some areas where these also required strengthening.

Are services well-led?

Appropriate and accurate information

Processes to address and respond to patient complaints and feedback were working efficiently.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice had not undertaken any recent patient surveys to obtain their feedback about all aspects of the service provided.

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

The practice used verbal and written comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients that the practice had acted on. For example, a children's table and chairs, toys and books were purchased for children to use. A radio was also placed in the waiting areas as patients had commented that it was too quiet.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on by the practice manager, where they had authority to do so.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had records of the results of these audits and the resulting action plans and improvements.

The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The whole staff team had annual appraisals or structured plans were in place for these to be updated. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of some completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 **How the regulation was not being met** The registered provider had some systems or processes in place that operated ineffectively in that they failed to enable the registered provider to assess, monitor and improve the quality and safety of the services being provided. In particular: • Action had not been taken to ensure that clinical areas were free from damage and abrasion.