

Dental Care Clinic Limited

# Dental Care Clinic Limited - Loughborough Road

## Inspection Report

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### Overall summary

We carried out this announced inspection on 08 July 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 providing well-led care in accordance with the relevant regulations.

##### **Background**

The practice is in the city of Leicester and provides NHS and private treatment to adults and children. The practice provides general dentistry services.

# Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. There are no car parking facilities. Public car parking spaces, including some for blue badge holders, are available on side streets within close proximity of the practice.

The dental team includes four dentists, four dental nurses, one receptionist and a practice manager. The practice has three treatment rooms, two are on ground floor level. There is a separate decontamination facility.

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. The registered manager at Dental care Clinic Ltd – Loughborough Road is one of the dentists.

On the day of inspection, we collected 47 CQC comment cards filled in by patients.

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

The practice is open: Monday to Thursday from 9am to 6pm and Friday from 9am to 5pm. The practice closes during lunchtimes between 1pm to 2pm.

## Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance. We noted some exceptions in relation to guidance being followed. Systems were strengthened following our inspection.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were mostly available, although we noted liquid glucose, a child self-inflating bag with reservoir and clear face masks sizes 0 to 4 were missing. These were obtained immediately after our inspection.
- The provider had most systems to help them manage risk to patients and staff. We noted some areas for improvement at the point of our inspection, for example, ensuring that all risks arising from legionella were suitably managed.

- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures; however, references from previous employers were not held for two members of the team.
- The clinical staff provided patients' care and treatment in line with current guidelines. We found that further detail was required in some aspects of record keeping.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had mostly effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had systems and processes to investigate, respond to and manage complaints.
- The provider had suitable information governance arrangements.

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

- Review the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.
- Review the practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities.
- Review the practice's system for recording, investigating and reviewing incidents with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and

# Summary of findings

Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England and ensure that alerts are shared amongst the dental team.

- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.

# 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.

**No action**



### **Are services effective?**

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

**No action**



### **Are services caring?**

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

**No action**



### **Are services responsive to people's needs?**

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

**No action**



### **Are services well-led?**

We found that this practice was providing well-led care in accordance with the relevant regulations.

**No action**



# Are services safe?

## Our findings

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

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

Staff had clear 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. One of the dentists was the lead for safeguarding. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The registered manager who was one of the dentists had completed training in relation to modern day slavery, forced marriage and female genital mutilation.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

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. In the event of the premises becoming unusable, patients could be referred to the provider's other practice based in Rothley.

The provider had a recruitment policy and procedure to help them employ suitable staff. We looked at four staff recruitment records to check compliance with legislative requirements. These showed the provider followed their recruitment procedure, although we noted exceptions in relation to references being obtained for two members of staff from their previous employers.

One staff member had worked for an agency when they accepted a permanent position at the practice and we were told that the practice had not retained references received through the agency at that time. The practice had not applied for a reference (or other evidence of previous satisfactory conduct) from another staff member's former employer, but they had obtained personal character references.

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

Staff 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 and firefighting equipment were regularly tested and 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 we saw the required information was in their radiation protection file. We noted there were some areas for management review such as; recording the name of the radiation protection advisor and nominating a second radiation protection supervisor to ensure that all working sessions were covered. Following our visit, we were sent updated documentation containing this information.

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

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety. We noted some areas that required review to ensure that all processes were working effectively.

The practice had health and safety policies, procedures and most risk assessments to help manage potential risk. We noted that risk assessments had not been completed for the cleaner who worked alone or historically for pregnant staff. The provider told us they would take action to address this.

# Are services safe?

The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The dentists used traditional needles rather than a safer sharps system. There were safeguards available for those who handled needles. The sharps risk assessment required further detail to include the types of sharps handled by staff and the precautionary measures to be taken to mitigate the risk of any injuries occurring. Following our visit, we were sent evidence of an updated 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. We found that some staff did not have their immunity levels recorded. Risk assessments were held on file for these staff whilst this information was sought.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were mostly available as described in recognised guidance, although we noted some exceptions. The practice did not hold liquid glucose (although they held glucose in tablet form and could still deal with a diabetic incident), a child self-inflating bag with reservoir or clear face masks sizes 0 to 4. Whilst held in the kit, we found that the portable suction pipe required checking as it was bent. This may affect its action. Following our visit, we were sent order confirmation details for self-inflating bags and masks and evidence that liquid glucose had been obtained.

We noted that the First Aid kit contained items that were out of date and therefore required replacement. Following our visit, we were sent order details for a new First Aid kit purchased.

We found staff kept records of their checks of the AED, medicines and oxygen but not of other equipment held in the kit.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

There were suitable numbers of dental instruments available for the clinical staff. Whilst measures were in place to ensure they were decontaminated and sterilised, we looked at a small sample of sterilised instruments and

noted that some contained cement or were worn and scratched. The practice told us they would undertake an audit of its instruments and purchase new items where required. Following our visit, we were sent documentation to show that the practice were improving their systems.

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

The provider had an infection prevention and control policy and procedures. They 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 also noted some exceptions in relation to guidance being followed.

The provider did not have all suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. For example, we noted that used dental instruments were not kept moist following their use, whilst waiting to be reprocessed.

We also noted that equipment used by staff for cleaning and sterilising instruments was not being accurately validated in line with the manufacturers' guidance. For example, the foil and soil tests undertaken on the ultrasonic bath were not being administered correctly.

Whilst the autoclave was subject to Time Steam and Temperature (TST) tests, the practice was not recording the automatic control test on a daily basis. We discussed this with the provider. They told us that a log would be created for the automatic control test and that they would immediately change their process for administering the other tests, taking into account manufacturers' guidance. Following our visit, we were sent evidence regarding improved processes implemented for undertaking tests. We were also sent evidence to show that one of the dental nurses had updated their training in this area.

The records showed equipment used had service contracts in place, and equipment was serviced in accordance with this.

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

Staff completed infection prevention and control training and received updates as required.

# Are services safe?

We saw staff had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The practice undertook water testing, but we found that this was not being undertaken correctly. Following our visit, we were provided with assurance that testing was now being undertaken correctly.

The practice had identified concerns in April 2019 in relation to water lines being contaminated following dip slide testing. Whilst they had taken action to address their findings, this was ongoing and had not been resolved at the point of our inspection. Following our inspection, we were informed of updated action that had been taken.

We noted that the lead for legionella had not completed additional training as the lead. Following our visit, we were sent evidence to show that the lead had updated their training in this area.

Dental unit water line management was in place.

The practice employed a cleaner to maintain the general areas of the practice. 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 provider carried out infection prevention and control audits twice a year. The latest audit in July 2019 identified some improvement was required, but the documentation we reviewed did not include an action plan.

## **Information to deliver safe care and treatment**

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

The practice did not have a written protocol to prevent a wrong tooth extraction based on the Local Safety Standards for Invasive Procedures (LocSSIPs) tool kit for dental extractions.

Dental care records we saw were legible and 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 mostly reliable systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. We noted that the expiry dates were not logged or monitored for dispensed antibiotics however. This would help to ensure that medicines did not pass their expiry date.

The arrangements for the storage of NHS prescriptions required review to ensure that they were always held securely. Following our visit, we were provided with evidence to show these were now stored securely.

Whilst monitoring logs were in place for prescriptions, any prescriptions that had been void were not retained. This would help to demonstrate that a prescription had not been taken inappropriately.

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

## **Track record on safety and Lessons learned and improvements**

The practice had a positive safety record. There was an accident book held in the practice. There had not been any reported accidents since June 2015.

There was a policy and procedure for significant events. We found that policy required some review as it did not include reference to less serious untoward incidents that may occur. We looked at four reported significant events. These showed that the practice investigated and took action when incidents had occurred. We also identified a number of less serious incidents that had not been formally recorded. Lack of formal reporting may impact upon the ability of the practice to learn when things went wrong and ensure staff awareness. Following our visit, we were sent information about reporting less serious untoward incidents, intended for incorporation into the practice policy.

There was a system for receiving and acting on safety alerts. One of the dentists, who was the registered manager received these and undertook review. We looked at a file collated of alerts received. This did not include a recent alert which had been issued by the Medicines and Healthcare products Regulatory Agency (MHRA). The

## Are services safe?

dentist was not aware of this alert and told us they would investigate why this had not been received. We did not find documentation to support that alerts were shared amongst the team.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

We received many very positive comments from patients about treatment received. Patients described the treatment they received as excellent, professional and effective. We did not receive any negative comments from patients.

### Effective needs assessment, care and treatment

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.

### 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 patients based on an assessment of the risk of tooth decay.

The dentists told us that where applicable, they discussed smoking, alcohol consumption and diet with patients during appointments. Records we looked at did not always include that patients' social history were discussed.

The practice provided some health promotion literature to help patients with their oral health.

Staff were aware of national oral health campaigns in supporting patients to live healthier lives. For example, smoking cessation. Patients were referred locally to receive further help and support.

A dentist 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.

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

### Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and mainly recorded the risks and benefits of these, so they could make informed decisions. We found that further detail could be included regarding the implications of not undertaking any or only undertaking a part of the care and treatment, in the small sample of records we looked at.

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

The practice's consent policy included information about the Mental Capacity Act 2005. The team demonstrated awareness of their responsibilities under the Act when treating adults who might not be able to make informed decisions. Whilst staff had completed training, we noted that they may benefit from further discussions regarding the application of the Act.

The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. We found that staff knowledge could be improved regarding the

need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. One patient commented that they travelled further to attend the practice because their dentist was always informative, they trusted them and the treatment they provided.

### Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. We looked at a small sample of patient records. We found there was scope to improve the detail recorded. For example, intra-oral examination soft tissue checks and risk assessment for caries, oral cancer and tooth wear. The dentists assessed patients' treatment needs in line with recognised guidance.

# Are services effective?

(for example, treatment is effective)

Following our visit, the provider sent us documentation to show how they would ensure that further detail was recorded in patients' records.

We saw the practice audited patients' dental care records to check that the dentists recorded the necessary information. We found that audit could be strengthened to include further detail.

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. For example, the practice manager was also qualified as a dental nurse. The receptionist had worked in the practice for five years and we noted they had built many positive relations with patients.

The provider paid for all staff training, staff DBS and GDC registration checks as well as their indemnity cover, where applicable.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

## **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.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider 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.

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

# Are services caring?

## Our findings

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

### **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 polite 'with a lovely smile each time we enter' and they were always efficient and accommodating.

One patient comment card referred to the kindness of staff shown to a patient who had a disability.

We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. Patients told us they were seen promptly when they had urgent needs.

An information folder was available for patients to read.

We looked at feedback left on the NHS Choices website. We noted that the practice had received five out of five stars overall based on patient experience on one occasion. The review referred to the kindness of staff and their welcoming approach.

### **Privacy and dignity**

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the downstairs waiting area provided limited privacy when reception staff were dealing with patients. If a patient asked for more

privacy, staff told us they could take them to a private area. The reception computer screen was 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 speak or understand English. Patients were also told about multi-lingual staff that might be able to support them. Languages spoken included Gujarati and Punjabi.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available if required.

Staff gave patients clear information to help them make informed choices about their treatment. 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 dentist described to us the methods they used to help patients understand treatment options discussed. These included for example X-ray images, written, verbal and pictorial material. The practice had access to an intra-oral camera.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### 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.

Staff were clear on the importance of emotional support needed by patients when delivering care. We were provided with examples of how the practice met the needs of patients with dental phobia, those living with a mental health condition, and those with other long-term conditions.

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

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

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and an accessible toilet with a hand rail; the facility did not have an alarm fitted. Following our visit, we were sent evidence to show that an alarm had been fitted. Information in different languages was placed next to the cord to explain its use, if required.

The practice issued appointment reminders to patients by text message 48 hours in advance. Telephone calls or letters could be issued instead to those patients who preferred these methods of contact.

### Timely access to services

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

The practice had an appointment system to respond to patients' needs. 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 answerphone provided contact details for patients needing emergency dental treatment when the practice was closed. Patients were advised to contact NHS 111.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

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

The provider had a policy providing guidance to staff on how to handle a complaint. Information contained in the practice information folder 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 registered manager and practice manager aimed to settle complaints in-house and told us they would invite 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 manager had dealt with their concerns.

We looked at comments, compliments and one complaint the practice had received within the previous 12 months.

The complaint reviewed showed the practice responded to the concern appropriately with a positive outcome.

# Are services well-led?

## Our findings

We found that this practice was providing well-led care in accordance with the relevant regulations.

### Leadership capacity and capability

We found that the leaders had the capacity and skills to deliver high-quality, sustainable care. The leaders, supported by the practice team demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it. Whilst we noted some areas of risk that required further review by the practice, we saw that the provider took immediate and responsive action to improve those systems and processes.

The leaders were knowledgeable about issues and priorities relating to the quality and future of services.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

There was a vision and set of values. The practice's statement of purpose included the provision of treatment of dental care needs of all people without prejudice, providing the best service including all treatment options allowing patients to make informed decisions.

The practice planned its services to meet the needs of the practice population.

### Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The staff focused on the needs of patients. We were provided with examples of how staff had helped patients with specific needs. Some staff told us they knew a number of their patients well. Patient feedback supported that a caring and responsive service was provided.

Openness and transparency were demonstrated when responding to incidents and one complaint received. We noted that a patient's complaint was addressed in a timely way with a positive outcome.

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

Staff felt able to raise concerns or issues with management, if any were to arise.

### Governance and management

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

The registered manager was one of the dentists and had overall responsibility for the management and clinical leadership of the practice. The practice manager was 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.

We saw there were processes for managing most risks, issues and performance. We identified areas on the day of our inspection that required further review for example, legionella and validation of equipment used in the decontamination process. We also found that systems required strengthening in relation to the recording of less serious untoward incidents and detail in relation to record keeping. We were provided with assurance after our inspection; this showed how improvements in all areas were being implemented.

### Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance.

The provider 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

# Are services well-led?

Staff involved patients, staff and external partners to support high-quality sustainable services.

The provider used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service.

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 provider 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. For example, following staff suggestions one of the chairs in a treatment room was being re-upholstered.

## **Continuous improvement and innovation**

There were systems and processes for learning and continuous improvement.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. We found there was scope to improve some audit undertaken to include more detail, for example in radiography and record keeping.

The registered manager showed a commitment to learning and improvement. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of 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.