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Oldbury Dental Centre

Inspection Report

Oldbury Health Centre
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Overall summary

We carried out this announced inspection on 2 May 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 providing well-led care in accordance with the relevant regulations.

Background

Oldbury Dental Centre is in Oldbury Health Centre Dental Department, Oldbury, West Midlands and provides NHS treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available in the Health Centre car park.

The dental team includes two dentists. The three dental nurses, receptionist and dental nurse manager who work at the practice are employed by Birmingham Community Healthcare Trust but are based at this practice. The

Summary of findings

practice has one treatment room and a separate decontamination room. The receptionist, reception and waiting area are shared with those patients visiting the community dental practice.

The practice building is leased by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 19 CQC comment cards filled in by patients.

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

The practice is open: Monday 9am to 12.30pm, Tuesday and Thursday 9am to12.30 and1.15pm to 4.30pm and Wednesday 9.30am to 12.30pm and 1.15pm to 4.30pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures. Dental nurses were employed by the Birmingham Community Healthcare Trust. The Trust also had suitable 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.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team. Regular staff meetings were held.
- The practice asked patients for feedback about the services they provided. Positive feedback had been received.
- The practice had systems in place to deal with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

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

Review the practice's responsibilities to take into account the needs of patients with disabilities and to comply with 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.

We asked the following question(s).

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. Systems were in place to use learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks. Dental nurses were employed by the Birmingham Community Healthcare Trust who completed recruitment checks on these staff in line with their recruitment procedure.

Premises and equipment were clean and 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 efficient, informative and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The practice supported the dentist to complete training relevant to their roles and had systems to help them monitor this. Birmingham Community Healthcare Trust had systems in place for the dental nurses working at the practice.

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 19 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, kind and friendly.

They said that they were given detailed information about how to care for their teeth and treatments were explained clearly, and said their dentist listened to them. Patients commented that they 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.

Summary of findings

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face interpreter services and had some arrangements to help patients with sight or hearing loss. A hearing loop was not available in the practice although we were told that a portable hearing loop was available at the main reception desk of the Health Centre.

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

Are services well-led?

No action

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

The practice had 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. There was a clearly defined management structure and staff felt supported and appreciated.

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

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

No action

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays)

The practice 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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The principal dentist was the safeguarding lead. We saw evidence that staff received safeguarding training and we were told that this was completed on an annual basis. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Contact details for local safeguarding authorities were readily available and staff were aware who held the lead role regarding safeguarding at the practice.

There was 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. This system included recording information and a pop up alert on patient clinical records.

The practice were aware of the action to take regarding adults that were in vulnerable situations for example those who were known to have experienced female genital mutilation. The principal dentist had completed training regarding this.

The practice had a whistleblowing policy. Staff told us that this policy was available on each computer desktop and they felt confident they could raise concerns without fear of recrimination. Dental nurses were employed by Birmingham Community Healthcare Trust and said that the Healthcare Trust also had a whistleblowing policy and they could speak with someone at the Trust if they had any concerns.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice. Contact details were available in case of emergency. The plan was last reviewed in April 2018.

The practice had a staff recruitment policy and procedure to help them employ suitable staff, These reflected the relevant legislation. We were also shown a copy of the Birmingham Community Healthcare Trust recruitment policy. Dental nurses, the dental nurse manager and the receptionist were not employees of this dental practice. These staff were all employed by Birmingham Community Healthcare Trust. We were told that all dental nurses who worked at the practice had been employed by the Community Trust for over ten years.

We looked at two staff recruitment records. These showed the practice followed their recruitment procedure. We were told that the practice did not use agency and locum staff. Where a shortage arose, dental nurses would be provided by the Community Healthcare Trust.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. We also saw a copy of the indemnity cover provided for the dental nurses employed by the Community Healthcare Trust.

The practice ensured that equipment was safe and maintained according to manufacturers' instructions, including electrical and gas appliances. The practice was located in the dental department of a purpose built Health Centre. The Landlord of the premises was responsible for the service and maintenance of the building, some of the information requested was not available on the day of inspection as this information was held by the Landlord. This information was forwarded following this inspection.

The landlord of the premises was responsible for ensuring that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. We were shown records to demonstrate that the fire alarm was checked on a weekly basis. There were no records to demonstrate that fire extinguishers or emergency lighting received monthly

checks to ensure they were in good working order or had received an annual service. A record of maintenance was recorded on a sticker on the fire extinguishers. The dental nurse manager confirmed that the annual service had been completed. We were told that they would contact the company who had completed the service and ask for evidence to demonstrate that this had been done.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. We were sent a copy of the most recent service record of the X-ray machinery following this inspection.

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.

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 saw copies of various risk assessments including the fire and the practice risk assessment. The practice had also developed a risk assessment checklist.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance. This was on display in the waiting room.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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. A risk assessment was in place for Hepatitis B non-vaccinated and non-responding staff.

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept daily records of their checks to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentist 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. Control of substances hazardous to health (COSHH) folders were available containing manufacturer's safety data sheets and risk assessments for all substances in use.

The practice had an infection prevention and control policy and procedures. These were reviewed on an annual basis. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which was completed on 23 November 2017. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

An external cleaning company completed the cleaning of the general areas of the practice. The treatment room and decontamination room were cleaned by the dental nurses. We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored

appropriately in line with guidance. The practice did not have a copy of their clinical waste acceptance audit. We were told that this was completed by the Landlord and would be forwarded. Following this inspection we received evidence that the practice had been in contact with the Landlord requesting this information.

Infection prevention and control audits were completed twice a year by staff from the Community Healthcare Trust. The latest audit was not available as it had recently been undertaken. We were shown the previous audit dated 22 September 2017 this showed the practice was meeting the required standards. We were told that there were no actions from the most recent audit.

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 accurate, complete, and legible and were kept securely and complied with data protection 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 practice 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

The practice had a good safety record. There were comprehensive risk assessments in relation to safety issues. The practice had systems in place to monitor and review incidents. This helped it to understand risks and gave a clear, accurate and current picture that could lead to safety improvements. In the previous 12 months there had been no safety incidents recorded.

Staff employed by the Birmingham Community Healthcare Trust would also report any accidents or safety incidents via an online incident reporting system. The practice had an untoward incident policy which had been reviewed annually. A separate accident record book was available if any accidents were reported by patients or the dentists at the practice. We were told that there had been no accidents at the practice and there were none recorded in the accident book.

Lessons learned and improvements

The practice had implemented systems and processes to learn and make improvements for when things went wrong. The practice had not recorded any untoward or significant events since it had opened.

The staff were aware of the Serious Incident Framework. There were adequate systems for reviewing and investigating when things went wrong. This included discussions at practice meetings.

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.

No action

Are services effective?

(for example, treatment is effective)

Our findings

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 needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice had access to digital X-rays which could be shown to the patient to enhance the delivery of care.

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 told us they 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. Patient dental care records that we saw demonstrated this.

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

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

Patients with severe gum disease were referred to specialist if more advanced periodontal treatment was required.

The practice carried out detailed oral health assessments which identified patient's individual risks.

Consent to care and treatment

The practice 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 told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Evidence was available to demonstrate that advantages and disadvantages of treatments were discussed with patients. Patients confirmed their dentist listened to them and gave them clear, detailed information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to young peoples' competence, by which a child under the age of 16 years of age can consent for themselves. The staff we spoke with were aware of 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.

Monitoring care and treatment

The practice kept detailed 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 the practice audited patients' dental care records to check that the dentists recorded the necessary information. The last audit was dated 3 April 2018; this had been reported on and any action taken.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles for example the team had dedicated leads with delegated responsibilities for various tasks. The dental nurse manager supported dental nurses and was responsible for any maintenance issues in conjunction with the Landlord of the premises.

Staff new to the practice had a period of induction based on a structured induction programme. The dental nurse manager was responsible for completing the induction of dental nurses. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Dental nurses told us they discussed training needs at annual appraisals and at six monthly one to one meetings. The dental nurse manager confirmed they conducted the

No action

Are services effective?

(for example, treatment is effective)

annual appraisals for dental nurses. We were told that staff kept their own appraisal records, personal development plans and training records. These were checked during the six monthly one to one meetings to ensure that staff were up to date with any training and to provide support if required. Dental nurses attended quarterly "locality meetings" which were also used to provide training. We were told that training was also provided by external sources, at a training day which was held twice per year or via on-line training.

Co-ordinating care and treatment

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

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 and processes 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. The practice were using an online referral system which enabled them to check the status of any referral they had made.

No action

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 caring, polite and efficient. We saw that staff treated patients in a friendly, respectful manner and were helpful and accommodating to patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Anxious patients told us that staff made them feel relaxed, calm and less anxious about visiting the dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. Staff told us that they made follow up phone calls to the parents of children who had attended the practice in dental pain. They also, to patients who had a difficult or lengthy treatment or to any patient who had been referred to hospital.

Magazines were available in the waiting area and patients were able to ask for a drink of water. The results of the Friends and Family Test were on display in the waiting room.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The reception and waiting area was open plan and there was limited privacy when reception staff were dealing with patients. The receptionist discussed ways in which they tried to maintain privacy and confidentiality. 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 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. The practice had some knowledge of the Accessible Information Standard (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 have English as a first language. There was no information in the reception area, including in languages other than English, informing patients that this service was available. We were told that some of the staff at the practice were multi-lingual and might be able to support patients if required.
- Staff communicated with patients in a way that they could understand. We were told that any documentation could be printed off in large print upon request. For example medical history forms or complaint information.
- Staff helped patients and their carers find further information and access community services.

The practice gave patients clear information to help them make informed choices. Patient dental records that we saw and discussions with staff demonstrated this. 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. All patients were given a written treatment plan with detailed costs.

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

The dentist described to us the methods they used to help patients understand treatment the options discussed with them. These included for example photographs, models, videos or X-ray images.

No action

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.

Staff were clear on the importance of emotional support needed by patients when delivering care. We were told that staff took their time to chat to patients who were dental phobic. Staff said that they had been asked to hold patient's hands whilst they were undergoing treatment. Additional time was given during their appointments and dentists were notified that the patient was anxious by a pop up note on their records.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made some reasonable adjustments for patients with disabilities. These included a passenger lift to the first floor of the building where the dental practice was located and an accessible toilet with hand rails and a call bell free access. There was no hearing loop at the practice but we were told that there was a portable hearing loop at the main reception on the ground floor of the building. The practice did not provide a magnifying glass. We were told that staff would assist partially sighted patients to fill in and sign forms. Patients who required the use of Braille would be referred to the community dental service who would be able to support the patient.

Staff told us that text or reminder letters were sent to patients to remind them of their appointments.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. We noted that the next routine appointment was available the following day. Staff told us that patients who requested an urgent appointment were seen the same day. Where no appointments were available patients in dental pain were told that they would have to sit and wait to see the dentist.

The practice had an efficient appointment system to respond to patients' needs. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting. The practice had completed a review of waiting times and no issues had been identified. The practice took part in an emergency on-call arrangement with a local practice and 111 out of hour's service.

The practice information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. 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 practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint.

The principal dentist was responsible for dealing with complaints. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. 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 last 12 months. These showed the practice responded to concerns appropriately. Complaints were discussed at meetings held between the dentists to share learning and improve the service.

No action

Are services well-led?

Our findings

Leadership capacity and capability

The dentists had the capacity and skills to deliver high-quality, sustainable care.

The principal dentist had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff were involved in regular meetings at the practice. For example monthly meetings were held by the two dentists dental nurses attend quarterly "locality" meetings; specifically for the staff who worked at this practice, informal daily "huddle" meetings were held between all staff and the Community Healthcare Trust held monthly meetings for their staff.

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

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. Dental nurses also received support from the Birmingham Community Healthcare Trust.

The practice focused on the needs of patients. Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to complaints. Systems had been implemented for incident reporting which encompassed openness and transparency. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff told us they were able to raise concerns and were encouraged to do so. 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 principal dentist had overall responsibility for the management and clinical leadership of the practice. The dental nurse manager was responsible for the management of the dental nurses. 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 reviewed on a regular basis. All policies were available on computer desktops and staff confirmed that they were easily accessible.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. All staff received training regarding information governance provided by the Community Healthcare Trust.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used 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

No action

Are services well-led?

allow patients to provide feedback on NHS services they have used. We saw the FFT results for May to July 2017 and March 2018 and noted that positive feedback was received. A poster was on display in the waiting area detailing the latest FFT results.

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.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

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

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

The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. All clinical staff had developed personal development plans.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The General Dental Council also requires clinical staff to complete continuing professional development. Dental nurses told us that the Community Healthcare Trust provided support and encouragement for them to do so.