

# InDental Practice Limited

# InDental Practice

## Inspection Report

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## Overall summary

We carried out this announced inspection on 23 October 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

InDental practice is in Gateshead, Tyne and Wear and provides NHS and private treatment to adults and children.

InDental practice occupies the ground and first floor of a purpose-built premises; its sister practice – InDental Orthodontics – is also on the first floor. There is level access for people who use wheelchairs and those with pushchairs. A lift is also available. Car parking spaces are present near the practice.

The dental team includes the principal dentist, the practice manager, eight associate dentists, 11 dental

# Summary of findings

nurses (including one trainee dental nurse), two decontamination staff, a dental hygienist, two dental therapists and three receptionists. The practice has eight treatment rooms - six on the ground floor and two on the first floor.

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 InDental practice was the practice manager.

On the day of inspection, we collected 23 CQC comment cards filled in by patients.

During the inspection we spoke with the principal dentist, the practice manager, three associate dentists, four dental nurses, a decontamination operative, a dental therapist and two receptionists.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesday, Thursday and Friday 9am to 5.30pm

Tuesday 9am to 7pm.

## Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures; these did not reflect published guidance in relation to temperature monitoring of manual decontamination procedures.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk. These systems were not always effectively monitored.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The provider had 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 had closed-circuit television (CCTV) on the premises. The practice's CCTV protocols did not follow national guidance.
- The practice provides preventive care and support to patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice leadership could be improved.
- The practice had suitable information governance arrangements.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The monitoring of dental nurses' training and development could be more robust, for example, by introducing an appraisal system.
- Significant events and incidents were not logged.

We identified an area of notable practice.

- The practice holds a patient forum every six months. Patients are invited to the practice one evening, are provided with refreshments and asked for five positive and five negative aspects of their experience at the dental practice. The results are then analysed and implemented into practice. The Department of Health invited the practice manager to events to discuss the practice forum as an exemplary to other practices. We believe this is notable because it shows the provider values patients' opinions, welcomes compliments from patients and responds to concerns or recommendations constructively.

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

- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's protocols for the use of closed-circuit television taking into account the guidelines published by the Information Commissioner's Office.

# Summary of findings

- Review the practice's risk management systems to ensure risk assessments are carried out for all hazardous substances identified by the Control of Substances Hazardous to Health Regulations 2002, and for all other risks identified on-site.
- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Review the practice's protocols for ensuring referrals are monitored adequately.

# 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.

The practice had systems and processes to provide safe care and treatment.

They used complaints to help them improve. There was no record of significant events or incidents that had occurred at the practice.

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

The provider completed essential recruitment checks for employees. Staff were qualified for their roles.

Premises and equipment were clean and properly maintained. The practice did not follow national guidance for monitoring the temperature of cleaning solutions for manual decontamination procedures and storage of burs (dental instruments).

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

The provider did not manage all risks identified on-site. For example, they did not assess the risk to an employee who had a latex allergy or clinical employees whose immune status to Hepatitis B was unknown.

No  
action  


### Are services effective?

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

The dental professionals assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional and excellent. The dental professionals 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. Referrals were not tracked to ensure they were dealt with in a timely manner and appropriately.

The practice supported staff to complete training relevant to their roles. The monitoring of dental nurses' training and development could be more robust, for example, by introducing an appraisal system.

The staff were involved in quality improvement initiatives and peer review with other dental professionals as part of its approach in providing high quality care.

No  
action  


### Are services caring?

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

We received feedback about the practice from 23 people. Patients were positive about all aspects of the service the practice provided. They told us staff were patient, caring and highly attentive to their needs.

No  
action  


# Summary of findings

They said that they were given helpful, honest explanations about dental treatment 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. A CCTV system was in operation - appropriate signs were not displayed to notify people of this. There was no CCTV policy and a privacy impact assessment had not been completed in line with the General Data Protection Regulation (GDPR) requirements. Patients said staff treated them with dignity and respect.

## Are services responsive to people's needs?

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

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

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

The practice took patients views seriously.

**No  
action**  


## Are services well-led?

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

The systems to manage risks and discuss the safety of the care and treatment provided could be improved.

There was a defined management structure and staff felt supported and appreciated. The practice manager was very responsive on the inspection day and took prompt action to rectify shortcomings where possible.

The practice team kept patient dental care records which were clearly 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. The practice took patients views seriously; a patient forum was set up to specifically discuss these.

**No  
action**  


# Are services safe?

## Our findings

### **Safety systems and processes, including staff recruitment, equipment & 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 saw evidence that staff received safeguarding training apart from one recently qualified dental therapist. The practice manager took prompt action to ensure this dentist had received appropriate training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on records, for example, children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or those who require other support such as with mobility or communication.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure.

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

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

The practice's fire risk assessment was undertaken by an external contractor. The risk assessment did not reflect the practice's actual procedures – it indicated fire drills were regularly carried out and testing of fire detection equipment, such as smoke detectors and emergency lighting, was carried out with documents in place to support this. The practice had a fire drill over two years ago. No testing of equipment was carried out in-house. Documents were therefore not in place. We discussed the importance of reviewing the fire risk assessment and the practice manager took immediate action to do so.

We saw certificates to confirm firefighting and fire detection equipment, such as fire extinguishers and smoke alarms, were regularly serviced by an engineer. We saw the emergency lighting had recommendations following its most recent maintenance check in January 2018. The practice manager was unsure whether these had been implemented. Following our inspection, we received confirmation that the practice manager had arranged a fire drill, contacted the external person to review their fire risk assessment and organised for their emergency lighting to be amended.

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.

The practice had a cone beam computed tomography (CBCT) machine. Staff had received training and appropriate safeguards were in place for patients and staff. The practice's radiation protection advisor (RPA) and medical physics expert (MPE) could not undertake a detailed analysis of the image quality in their previous assessment of the machine. They had recommended the practice manager to contact the installer to review the software – and then to arrange for the RPA and MPE to return to complete the assessment. The software was checked however the practice manager had not requested the RPA to return to complete the full assessment. They realised this oversight was due to a misunderstanding and immediately sent us evidence of arranging for the RPA to return.

# Are services safe?

We saw evidence that the dentists justified, graded and reported on the radiographs they took, and that staff carried out radiography audits every year following current guidance and legislation – apart from for CBCT X-rays. The principal dentist told us they would send us evidence of their quality assurance programme for their CBCT X-rays however we did not receive any.

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. These systems required reviewing.

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.

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 did not have evidence to ensure all 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 asked to see records for three members of staff:

- We were shown confirmation of immunity for one member of staff.
- A second member of staff had evidence of their initial immunisations but no evidence of actual immunity.
- The third staff member had provided their vaccination record which stated they needed a blood test to check immunity; the provider was unaware if this had been actioned.

Risk assessments were not carried out for these staff to mitigate the risk of working in a clinical environment where the effectiveness of the vaccine was unknown. We received evidence that risk assessments were completed the following day for both staff.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Immediate Life Support (ILS) training for sedation was also completed.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept 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, dental hygienist and dental therapists when they treated patients in line with GDC Standards for the dental team.

The provider had some risk assessments to minimise the risk that can be caused from substances that are hazardous to health. They had not assessed all the hazardous materials on site and had not retained the safety data sheets of all materials for immediate access. The practice manager sent us evidence of risk assessments with safety data sheets attached the following day. They also assured us they would review their assessments periodically.

The practice manager was unaware that one member of staff had a latex allergy. A template latex risk assessment was available and, following our inspection, this was used to carry out a personalised latex allergy risk assessment. The practice manager sent us evidence of this the following day and assured us they would review the allergy status of all staff at the time of employment.

The practice had an infection prevention and control policy and procedures. They followed some of the guidance in the Health Technical Memorandum 01-05: decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training and received updates as required.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments; these were not fully in line with HTM 01-05. There was no thermometer to measure the temperature of solution used during manual decontamination cleaning and burs (instruments used to drill teeth) were not stored in accordance to guidance. The practice manager ensured all burs were sterilised on the inspection day and sent us evidence of thermometers being purchased. 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 systems in place and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before returned work was fitted inside a patient's mouth.

# 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. The risk assessment identified actions to be completed and control measures to be carried out. The risk assessment recommended the practice's water pipes to be Water Regulatory Advisory Scheme (WRAS) approved. The practice manager was unaware of whether they were. The risk assessment also recommended draining of the expansion vessel every six months. This was last completed in November 2017. A recommendation that the shower was to be disinfected every three months had not been completed. Air conditioning units were installed prior to the Legionella risk assessment – the provider had not recognised the need to ensure these were used and maintained in accordance with guidance. All the above recommendations were arranged for completion following our inspection.

We saw records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual. The cleaner occasionally worked alone; a lone working policy or risk assessment was not in place to mitigate any risks to their safety. These documents had been completed and sent to us following the inspection.

The practice 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 twice a year. The latest audit showed the practice was meeting the required standards.

## **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 dentists 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 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**

There were some comprehensive risk assessments in relation to safety issues. The practice did not monitor and review all significant events and incidents that occurred. We were told of one incident which occurred more than a year ago. There was no record of this incident or the action taken or outcome.

## **Lessons learned and improvements**

There were some systems for reviewing and investigating when things went wrong. The practice had an accident book and we saw this was appropriately completed. The practice manager was aware of the Serious Incident Framework however did not have a system in place to monitor and review incidents.

The practice staff learned and shared lessons, identified themes and took action to improve safety in the practice.

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.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep dental professionals 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 offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

The practice had dual screen televisions in all treatment rooms and a microscope for endodontic work (root canal treatment) in one treatment room.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. They were also a member of a 'good practice' certification scheme.

### 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 dental professionals 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 dental professionals 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.

Dental professionals described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum

condition. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

### Consent to care and treatment

The dental professionals 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 dental professionals gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed staff 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 understood their responsibilities under the act when treating adults who may 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 can give consent for themselves. The staff 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 practice carried out conscious sedation for patients who were suitable. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines

# Are services effective?

(for example, treatment is effective)

management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

The records also showed that staff recorded details of the procedure along the concentrations of nitrous oxide and oxygen used.

The operator-sedationist was supported by a suitably trained second individual. The name of this individual was recorded in the patients' dental care record.

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

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

The provider carried out appraisals for the dentists, dental hygienists and dental therapists. We saw evidence of completed appraisals. Dental nurses were encouraged to regularly discuss training needs verbally with the practice manager.

## **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 had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two weeks wait arrangements to help make sure patients were seen quickly by a specialist.

The practice was a referral clinic for dental implants; clinicians were aware of all incoming referrals daily. There was no system in place to monitor all referrals to make sure they were dealt with promptly. We discussed the importance of this with the practice manager and they assured us a referral log would be implemented.

# 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 that staff were respectful, caring and professional in manner. We saw that staff treated patients appropriately and were friendly towards patients at the reception desk and over the telephone. Patients said staff were compassionate and understanding and they could choose whether they saw a male or female dentist.

Information folders, patient survey results and thank you cards were available for patients to read.

### 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 waiting areas provided privacy when reception staff were dealing with patients. 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.

Patients' electronic care records were password protected and backed up frequently. Paper records were also stored securely.

A video CCTV system was in operation within the premises. Appropriate signs were not displayed to notify people of

this and the practice did not have a CCTV policy. A data protection impact assessment had not been carried out, in line with GDPR requirements. The practice manager took action on the inspection day to provide signage in the premises, advising patients that CCTV was in use.

### Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under the Equality Act.

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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

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

Methods to help patients understand treatment options discussed included dual monitors within treatment rooms, images and models.

# 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.

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

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, a magnifying glass and accessible toilet with hand rails and a call bell.

A disability access assessment had been completed and an action plan formulated in order to continually improve access for patients. For example, the practice manager was arranging for an evacuation chair to be installed for those who may benefit in the event of a fire.

Staff telephoned all patients 48 hours prior to their appointment to make sure they could get to the practice.

### 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 in their practice information leaflet and on their website.

The practice had an efficient 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 ran smoothly on the day of the inspection and patients were not kept waiting.

They practice took part in an emergency on-call arrangement with other local practices and the emergency 111 out of hour's service.

The practice website, 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 practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. 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. 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 and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The provider and practice manager had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were visibly addressing these. The practice manager promptly rectified any short-comings that were found during the inspection. They recognised these were due to an oversight and misinterpretation; they were also considering delegating work to other members of staff to ensure this would not recur.

Staff reported the provider and practice manager were approachable. They worked closely with all staff to make sure they prioritised compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills amongst other staff members.

### Vision and strategy

There was a clear vision and set of values throughout the practice. The practice had a realistic strategy and supporting business plan to achieve priorities. They described to us their plans to enhance the care provided. This included installing an evacuation chair for those who may require it.

### 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 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 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. 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 provider 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 and were reviewed on a regular basis.

There were processes for managing risks, issues and performance. Some processes were not effective. For example, all recommendations from the Legionella risk assessment were not completed. The provider had not recognised the practice's fire risk assessments were not reflective of what we found on inspection. Not all hazardous substances on-site were risk assessed and there were no supporting safety data sheets available. There were no risk assessments for lone-working or for a member of staff with a latex allergy. These were all addressed immediately and we were provided evidence of this.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and 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.

### 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 patient surveys and comment cards to obtain staff and patients' views about the service. They also held a patient forum every six months where patients are invited to the practice to discuss their needs. Patients are

# Are services well-led?

provided with refreshments and given an opportunity to present five positive aspects and five negative aspects about their experience of dental care. Examples of suggestions the practice had acted on included:

- Putting a mirror up on the wall for patients.
- Better opening hours
- Dental professionals requested not to talk to patients without eye contact, for example whilst typing.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used. The most recent results demonstrated 99% of patients would recommend the practice to others.

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 and infection prevention and control. We were told there was a quality assurance system for CBCT X-rays; the provider did not send us evidence of this.

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

The provider carried out appraisals for the dentists, dental hygienists and dental therapists. We saw evidence of completed appraisals. Dental nurses were encouraged to regularly discuss training needs verbally with the practice manager. We saw evidence of personal development plans in some staff files. The practice manager ensured all staff completed their CPD together and so did not feel documented appraisals or systems to monitor staff training were required to address the training requirements of staff. Following our inspection, the practice manager confirmed they had arranged for all dental nurses to undergo appraisals.

Staff 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. The practice provided support and encouragement for them to do so.

## **Leadership capacity and capability**

The provider and practice manager had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were visibly addressing these. The practice manager promptly rectified any short-comings that were found during the inspection. They recognised these were due to an oversight and misinterpretation; they were also considering delegating work to other members of staff to ensure this would not recur.

Staff reported the provider and practice manager were approachable. They worked closely with all staff to make sure they prioritised compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills amongst other staff members.

## **Vision and strategy**

There was a clear vision and set of values throughout the practice. The practice had a realistic strategy and supporting business plan to achieve priorities. They described to us their plans to enhance the care provided. This included installing an evacuation chair for those who may require it.

## **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 practice focused on the needs of patients.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

# Are services well-led?

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. 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 provider 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 and were reviewed on a regular basis.

There were processes for managing risks, issues and performance. Some processes were not effective. For example, all recommendations from the Legionella risk assessment were not completed. The provider had not recognised the practice's fire risk assessments were not reflective of what we found on inspection. Not all hazardous substances on-site were risk assessed and there were no supporting safety data sheets available. There were no risk assessments for lone-working or for a member of staff with a latex allergy. These were all addressed immediately and we were provided evidence of this.

## **Appropriate and accurate information**

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and 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.

## **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 patient surveys and comment cards to obtain staff and patients' views about the service. They also held a patient forum every six months where patients are invited to the practice to discuss their needs. Patients are provided with refreshments and given an opportunity to present five positive aspects and five negative aspects about their experience of dental care. Examples of suggestions the practice had acted on included:

- Putting a mirror up on the wall for patients.
- Better opening hours
- Dental professionals requested not to talk to patients without eye contact, for example whilst typing.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used. The most recent results demonstrated 99% of patients would recommend the practice to others.

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.

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