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Castle Way Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 18 February 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

Castle Way Dental Care is in Stafford and provides NHS and private treatment to adults and children.

The dental practice is located on the first floor of Castlefields Medical Practice. The dental practice is accessed by steps. Car parking spaces, including those for blue badge holders, are available at the front of the practice.

The dental team includes one dentist, four dental nurses, (including two receptionists), one dental hygiene therapist and a business manager. The practice has two treatment rooms.

Summary of findings

The practice is owned 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 received feedback from 46 patients.

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

The practice is open: Monday 9am to 5.30pm, Tuesday 8.30am to 6pm, Wednesday 9am to 5.30pm, Thursday 8.30am to 5.30pm and Friday 9am to 3pm. The practice closes for an hour each lunch time.

Our key findings were:

- We received positive feedback from patients about the staff and the dental care they received at the practice. Positive feedback had also been recorded in the practice's comments book and on the NHS Choices website.
- The practice appeared clean and well maintained.
- The provider 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 some systems to help them manage risk to patients and staff although some improvements were required.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had 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 in place to deal with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular provide evidence that a fire risk assessment has been completed, develop and implement risk assessments regarding hepatitis B non-immunised and non-responder staff as necessary, sharps risk and complete a health and safety or general practice risk assessment.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.

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 learning from incidents and complaints to help them improve. Improvements were required regarding risk management systems. The practice had not developed risk assessments regarding sharps, hepatitis B non-immunised and non-responder staff, health and safety or general practice risk assessment. We were not shown evidence to demonstrate that a fire risk assessment had been completed.

Staff received training in safeguarding people 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.

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.

No action



Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as first class, excellent and professional. The dentist 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 provider supported staff to complete training relevant to their roles and had systems to help them monitor this. The provider was aware that appraisal systems required improvement and had plans in place to address this.

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 46 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, calming and reassuring. One patient commented that it was by far the best dentist they had ever been to.

They said that they were given detailed, helpful, 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 were told that staff were good at putting them at ease and making patients feel comfortable and relaxed.

No action



Summary of findings

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

Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. The practice had access to telephone interpreter services but had not used these recently. Staff were aware of patient's individual communication needs and felt that these were met. The practice did not have a hearing loop but staff felt that this was not required at present. Staff said that if requested, they would help patients with visual impairments complete any paperwork.

The practice took patients views seriously. They valued compliments from patients and had systems in place to respond to concerns and complaints quickly and constructively.

No action



Are services well-led?

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 provider 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 acted quickly and effectively to address a number of shortfalls identified in our inspection. For example, the correct size of emergency oxygen was purchased and the critical examination test for X-ray machinery which was slightly overdue was booked. This demonstrated that they were committed to improving their service.

No action



Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and 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. We saw evidence that some staff received safeguarding training on the day of our inspection. Further information was provided after the day to demonstrate that all staff had received up to date safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice policy did not include information for staff regarding notification to the CQC and staff we spoke with were not aware that CQC should be notified.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff could report concerns to an external organisation if they did not wish to speak to someone connected with the practice. Contact details for this organisation were detailed in the whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

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

The provider was in the process of developing a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. We were told that this would be discussed with staff, once the plan was completed.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at two 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 practice had recently applied for updated disclosure and barring checks (DBS) for all staff.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We saw that a five-year fixed wiring check had been completed in June 2017 and a Landlords Gas safety certificate was available dated February 2019. Portable electrical appliances had also been tested.

Records showed that fire detection and firefighting equipment, such as fire extinguishers and emergency lighting, were regularly serviced. We were told that a member of staff from the medical practice undertook the routine tests of fire alarms and fire exits and records were kept of this. Staff confirmed that these tests were completed. The provider had asked for this information to be made available during this inspection but this was not forthcoming.

We were told that the provider had requested a copy of the fire risk assessment from the landlord but it was not provided.

The practice had arrangements to ensure the safety of the X-ray equipment although we noted that the last three yearly critical examination test had been completed in May 2015. During this inspection the provider arranged for a critical examination test.

The required information was available in the radiation protection file.

We saw evidence that the dentist justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. The last radiography audit was completed in November 2018.

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

Risks to patients

Are services safe?

There were systems to assess, monitor and manage risks to patient safety although some improvements were required. We saw that a risk assessment checklist had been developed which recorded which risk assessments were required but these were not all available.

The practice's health and safety policies and procedures were reviewed regularly to help manage potential risk. The practice had not completed a general practice or a health and safety risk assessment. 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 although a sharps risk assessment had not been completed.

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 for most staff. Records were not available for two members of staff to demonstrate their immunity to this virus. We were told that one member of staff was a non-responder to the hepatitis B vaccination. The provider had not completed a risk assessment for this member of staff regarding this.

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 available as described in recognised guidance. The practice did not have sufficient amounts of Medical oxygen as per the guidelines. A new emergency oxygen cylinder was ordered during this inspection. Staff kept records of their checks of these to make sure emergency medicines and equipment were available, within their expiry date, and in working order.

We discussed sepsis management and identified that sepsis management had not been discussed at a clinical meeting. There was no system in place to enable assessment of patients with presumed sepsis in line with National Institute of Health and Care Excellence guidance. We were told that this was planned to be discussed at the next practice meeting.

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

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

The practice had an infection prevention and control policy and procedures. 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. 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 HTM 01-05. A hatch system was in use to transfer items to and from the decontamination room from treatment rooms. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed by an external professional in April 2017. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected. We noted that mops used to clean the practice were stored incorrectly. We were told that these would be moved immediately.

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

The practice carried out infection prevention and control audits. The latest audit showed the practice was meeting the required standards. An action plan had been completed and learning outcomes recorded. This audit was completed in June 2018. We were told that a further audit was scheduled to take place on 20 February 2019. The provider was aware that these audits should be

Are services safe?

completed on a six-monthly basis and reported that they had been without a lead nurse at the time when the audit was due. The newly employed lead nurse would be responsible for completing these audits.

Information to deliver safe care and treatment

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

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

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

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines. There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

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

The dentist was aware of current guidance with regards to prescribing medicines.

Track record on safety and Lessons learned and improvements

We were told that the landlord of the premises had commissioned risk assessments in relation to safety issues. For example, a fire risk assessment. We were not shown evidence to demonstrate this. The provider confirmed that they had asked for a copy of this information but this had not been provided.

The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. In the previous 12 months there had been no safety incidents. Evidence was available to demonstrate that previous incidents had been investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted 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. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

The practice had access to digital X-rays, clinipads and intra-oral cameras 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 dentist prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

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

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

The 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.

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 dentist

gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice team understood the importance of obtaining and recording patients' consent to treatment. All staff showed an understanding of the Mental Capacity Act and Gillick competence guidelines, and how they might impact on treatment decisions.

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 dentist assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the clinicians recorded the necessary information.

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 programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs during informal meetings with the principal dentist. Staff told us that formal appraisal meetings had not been held within the last 12 months. The business manager showed us the practice improvement plan which included the need for appraisals to be held as these meetings were overdue. We were informed that the practice's appraisal policy was under review.

Co-ordinating care and treatment

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

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

Are services effective?

(for example, treatment is effective)

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

The practice monitored all referrals to make sure they were dealt with promptly. The practice was using an online referral system which enabled them to check the status of any referral to an NHS service they had made.

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 professional, caring and efficient. We were told by two patients that although they had moved out of the area they still travelled a great distance to attend this dental practice. We saw that staff treated patients in a respectful, dignified manner 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 and that staff made them feel at ease. One patient said that their confidence in the practice had increased due to the care and attention given to them.

Information folders and a patient comments book were available for patients to read. The patient information folder contained various pieces of useful information for patients regarding privacy, information security, consent and access to information.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The practice did not have a separate waiting room, this meant that the layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. However, staff told us some of the practical ways they maintained patient confidentiality.

If a patient asked for more privacy, staff 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.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy.

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 to be involved in decisions about their care and were aware of the

Accessible Information Standards.

- Interpretation services were available for patients who did not understand or speak English.
- Staff communicated with patients in a way that they could understand. The practice did not have a hearing loop or magnifying glass. Staff described how they supported patients with reduced vision and hearing; for example, by maintaining eye contact, speaking slowly and clearly to those patients who lip read or by writing things down when needed. Staff assisted patients to complete their medical history on the clinipad if needed.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice 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. We were told that clinical staff always took the time to explain and gave information in a way that they could understand. A dentist 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.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos, X-ray images and an intra-oral camera. Patients were given written treatment plans to take away.

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. The practice met the needs of patients with dental phobia and people living with dementia or autism. Staff described examples of patients who were anxious about visiting the dentist and the methods they used to try and reduce their anxiety. Reception staff had the telephone number of a therapist who could help relieve dental phobia in patients. Staff said that they chatted to anxious patients to try and make them feel at ease.

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. The practice was situated on the first floor of a medical centre. There was step access to the dental practice and they were unable to install a lift or stair lift for patients with limited mobility. Staff told us of the action they took to physically assist any patient that required support.

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

Telephone, text and email reminders were given to patients to remind them of their appointment. Staff also made a courtesy call to patients following any extraction or lengthy dental treatment.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice operated a short notice cancellation list for patients who had expressed an interest in seeing the dentist prior to their allocated appointment. At the time of our inspection, the practice was not registering any new NHS patients.

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Appointment slots were kept free each morning and afternoon to see patients in dental pain. 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.

The staff took part in an emergency on-call arrangement with the dentist working there for private patients and the NHS 111 out of hour's service for NHS patients. The practice is also part of a consortium of local dentists who provide on-call services to provide NHS treatments for each other throughout the year at times when the practices were closed.

The practice's website and information leaflet provided telephone numbers for patients needing emergency dental treatment during the working day. Patients were requested to call the practice number out of usual surgery hours and the answerphone would give contact details for 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 had processes in place to respond to them appropriately to improve the quality of care.

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

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

The lead nurse 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. Separate policies were available for patients receiving private or NHS treatment. These policies were available within the patient information folder in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had not received any verbal or written complaints within the last 36 months. Staff discussed the systems in place to respond to complaints, investigate and discuss outcomes with

staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

We found leaders had the capacity and skills to deliver high-quality, sustainable care. Leaders demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it. A lead nurse had recently been employed and was training to become the practice manager to provide support to the principal dentist.

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 told us that the principal dentist and business manager were approachable and helpful.

Culture

The practice had a culture of high-quality sustainable care. The practice aims were included on the practice leaflet. These included using good quality modern materials and techniques, supporting staff training and development and promoting a culture of good and open communication with patients.

Staff stated they felt respected, supported and valued. They were proud to work in the practice. We were told that there was a family atmosphere and everyone was helpful and friendly.

The practice focused on the needs of patients. Staff stated that they always tried to accommodate patients' wishes and meet their needs. We were told that a lot of patients had been registered at the practice for many years. Patients confirmed this and we noted that a few had moved out of the area but still attended the dental practice as they were so happy with the dental care provided.

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 principal dentist had overall responsibility for the management, clinical leadership and day to day running of the practice. 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. Some of the policies seen had a review date recorded but contained out of date information. We were told that this was the responsibility of the previous lead nurse. The principal dentist told us about a new process that was to be implemented in which a number of policies would be reviewed each month and discussed with staff during a staff meeting. This would ensure staff had an input and gained a greater understanding of each policy.

There were clear and effective processes for managing issues and performance. Some improvements were required to risk management. The practice had not developed a sharps, general practice or health and safety risk assessment. There was no risk assessment for staff who were hepatitis B non-responders and the provider was not aware of any potential risks in the fire risk assessment as they had not seen a copy of this document.

A practice improvement plan had been developed which recorded some issues for action identified by the principal dentist and business manager. This included completion of the information governance toolkit, a review of the practice website, appraisal processes and the development of the lead nurse as the practice manager.

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.

Are services well-led?

The practice used patient surveys, a comment book and verbal comments to obtain patients' views about the service. We saw that 20 positive comments had been recorded in the comments book since the beginning of January 2019. The practice had recently enlisted the services of a contractor to obtain and review patient feedback. Those patients who had consented were sent an email or text following an appointment and asked to provide feedback. We were told that any negative comments would be fed back to the practice immediately. Positive comments would be collated and results sent to the practice on a regular basis.

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

The practice had received a five-star rating on NHS choices website through positive feedback provided by patients.

The practice gathered feedback from staff through meetings and informal discussions. Full staff meetings were held each month and minutes of these meetings were available. Standardised agenda items were included. Informal meetings were held with staff at the start of each day to discuss the day ahead and discuss any issues or other feedback. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. We were told that changes had been made to the reception area due to staff feedback.

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 (March 2018), radiographs (November 2018) and infection prevention and control. The last infection prevention and control audit was completed in June 2018, the principal dentist was aware that this was overdue for completion and a further audit was scheduled to take place on 20 February 2019. A hand washing audit had also been completed in February 2019. 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.

Annual appraisals had not been completed within the previous 12 months. This had been identified as an issue for action and was included on the practice development plan. We were told that the practice's appraisal policy was under review. Staff said that they could speak with the principal dentist or business manager at any time to discuss training, learning needs or general wellbeing.

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.