

Mr Hanish Chotai

# Desford Dental Care

## Inspection Report

18 Manor Road  
Desford  
Leicester  
LE9 9JR

Tel: 01455 823900

Website: [www.desforddentalcare.com](http://www.desforddentalcare.com)

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### Overall summary

We carried out this announced inspection on 13 December 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**

The practice is located in Desford, a village in the Hinckley and Bosworth district, seven miles west of the centre of Leicester. It provides NHS and private treatment to adults and children.

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

# Summary of findings

The dental team includes five dentists, (including one foundation dentist), one hygiene therapist, three dental nurses, three trainee dental nurses, one decontamination assistant, one dental hygiene therapist, three receptionists and a practice manager.

The practice is an approved training practice for dentists new to general dental practice. The principal dentist and the joint owner are trainers.

The practice has four treatment rooms, all are on the ground floor.

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 collected 35 CQC comment cards filled in by patients.

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

The practice is open: Monday and Tuesday from 9am to 7pm, Wednesday and Thursday from 9am to 5pm and Friday from 9am to 4:30pm. The practice is closed during lunchtimes between 1pm to 2pm.

## Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. We noted that not all sizes of clear face masks were held or adrenaline in child form. An order was immediately made by the practice to obtain these items.

- The practice had most systems to help them manage risk to patients and staff. We noted that premises management arrangements required some strengthening. Immediate action was taken after the inspection took place.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures. The arrangements required strengthening as not all dental nurses had received a DBS check to show their suitability to work with patients and a reference had not been sought for one member of the team.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- All but one employed staff member had received an annual appraisal.
- 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 dealt 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 recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Review the practice's current performance review systems and have an effective process established for the on-going assessment and supervision 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.

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. Whilst the practice completed essential recruitment checks, we noted that not all dental nurses (including trainees) had received a DBS check and a reference had not been sought for one member of the team. Following our inspection, risk assessments were completed for these staff in the interim and the practice took action to apply for the outstanding checks.

Equipment was clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. We noted areas for improvement in relation to premises management; gas safety and fixed wiring electrical testing were overdue for completion. Wiring testing was undertaken after our visit and arrangements were made for gas safety testing to take place.

The practice had suitable arrangements for dealing with medical and other emergencies. We noted that not all sizes of clear face masks were held or adrenaline suitable in child form. An order was subsequently placed for these items and we were provided with details for this.

No action



### Are services effective?

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 professional, excellent and first class. 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.

Training and development were at the forefront of this practice due to the principal dentists being verified trainers to support newly qualified foundation dentists.

The practice supported staff to complete training relevant to their roles. Whilst most staff received an annual appraisal, we noted that the practice manager's required completion.

No action



### Are services caring?

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

No action



# Summary of findings

We received feedback about the practice from 35 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, courteous and diligent.

Many patients said that they were given helpful, detailed and informative 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. 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. This included providing facilities for patients with a disability and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded 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.

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. The lead for safeguarding concerns was the principal dentist. We saw evidence that staff received safeguarding training.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

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. Notes could be included in a pop up box in patients' electronic records.

The practice had a whistleblowing policy. Information regarding the policy and procedure was included in the new staff induction process. Staff felt confident they could raise concerns without fear of recrimination.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. The plan included details of another dental practice that could be used in the event of the practice premises becoming un-useable.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records to ensure they met with legal requirements. We found that two of the five files did not contain references or other evidence of satisfactory conduct in previous employment. We were told that one of those members of staff had

recently started working for the practice in early December 2018 and the practice were still waiting for a response to a request made. We were told that references had not been obtained for the other member of the team as they were related to the principal dentist.

We noted that one of the dental nurses and three trainee dental nurses had not received a Disclosure Barring Service (DBS) check. Non-clinical staff had also not received DBS checks; the practice had not completed a risk assessment in relation to these staff.

We discussed the issues with the provider and they told us that they would take immediate action to obtain the information. Following our inspection, we were advised that DBS checks were being applied for in relation to the trained nurse and two of the trainee nurses. We were informed that the third trainee nurse had now left the practice and risk assessments had been completed for those staff whose clearance had not yet been obtained and for those who did not hold a clinical role. We were provided with some documentary evidence to support this.

The practice had on occasion utilised locum dental nurses through an agency. We confirmed that the practice had assurance regarding pre-employment checks undertaken by the agency.

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

The practice ensured that most facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We were not provided with evidence to show that fixed wiring had been tested within the previous five years or that a gas safety certificate had been issued within the previous 12 months. Following our inspection, we were provided with evidence to show that wiring testing had now been completed and that the gas safety check was being booked. The provider also sent us documentation to show that the gas boiler had been subject to a maintenance check on 12 October 2018 and was found to be in good working order.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

# Are services safe?

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

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

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

## Risks to patients

There were most systems to assess, monitor and manage risks to patient safety. We noted exceptions, for example, fire drills as they had not been rehearsed. The practice told us after the inspection that a date had been chosen for undertaking a drill in January 2019.

The practice's health and safety policies, procedures and risk assessments were 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.

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.

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. We noted that the practice did not hold adrenaline suitable in child form and did not have all the clear face masks for self-inflating bag. Following our inspection, an order was placed for the items and we were sent details to confirm this.

Staff kept daily records of their checks on equipment and medicines to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the 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 occasionally used agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

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. 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. We saw that records of water testing and dental unit water line management were in place. We saw that appropriate action was taken when water temperature testing showed that the required temperature was not being reached.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We found that whilst the external bin was locked it was not securely attached to a fixed object to prevent its unauthorised removal. Following our inspection, we were provided with evidence to show this had been secured.

The practice carried out infection prevention and control audits twice a year. The latest audit in July 2018 showed the practice was meeting the required standards. The practice had also undertaken hand hygiene audits for staff.

## Information to deliver safe care and treatment

# Are services safe?

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

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

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

## **Safe and appropriate use of medicines**

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

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

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

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

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

The practice had a positive safety record. There were comprehensive risk assessments in relation to safety issues.

The practice had processes to record accidents when they occurred. An accident book was available for completion by staff. We looked at four accident reports completed within the previous two years.

The practice learned and made improvements when things went wrong. The practice learned, shared lessons and took action to improve safety in the practice. For example, as a result of a delay in an item being sent to the laboratory, additional recording measures were implemented to track when items were sent and received back to the practice.

Practice meeting records we looked at included detailed discussion amongst staff of significant events.

There was a system for receiving and acting on safety alerts. These were received from the local NHS area team and not directly through [www.gov.uk](http://www.gov.uk) website. Whilst staff were knowledgeable about alerts issued, they had not maintained a log of any relevant alerts to show action taken. Following our visit, the practice informed us that they had signed up to directly receive the alerts and that a log was in the process of being implemented.



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

The principal dentist was a member of the Local Dental Committee. The practice was an approved training practice for dentists new to general practice. Ongoing support and supervision provided to the foundation dentist included peer review. The practice was 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 dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists and therapist and hygiene therapist 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.

Staff told us that dentists had previously visited an infants' nursery, local school and a brownies club to raise awareness of good oral health amongst children.

A selection of products such as badges, wristbands and trolley coins were available at the reception desk that promoted mouth cancer awareness.

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

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

### 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 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'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 may 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

We looked at a sample of 19 patient records. These showed that 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 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. For example, one of the nurses had undertaken an oral health education course and a dental implants



# Are services effective?

(for example, treatment is effective)

course. We spoke with the head nurse; they demonstrated their extensive knowledge and involvement in supporting the practice manager with associated administrative tasks. We were informed that one of the dentists was undertaking a master's level course in law and ethics.

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

Staff discussed their training needs at annual appraisals. Ongoing discussions were held between the trainee dentist and the trainer dentists. We saw evidence of completed appraisals and how the practice addressed the training requirements of most staff. We noted that the practice manager had not received an appraisal however, the principal dentist would ensure this was arranged to take place.

## **Co-ordinating care and treatment**

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

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

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

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

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

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were helpful, courteous and diligent.

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

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist when they joined the practice.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. We received many very positive comments from patients about staff empathy and understanding shown towards them. This included patients who said they were particularly anxious about visiting the practice. The practice's website included information for nervous patients.

We looked at feedback left on the NHS Choices website. We noted that the practice had received 5/5 stars overall based on patient experience over 14 occasions. Reviews left included reference to the effectiveness of clinical staff and their positive approach.

A water dispenser was available for patient use in the waiting area.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the waiting area provided some limited privacy when reception staff

were dealing with patients. If a patient asked for more privacy, staff said 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 and Accessible Information Standards. (A requirement to make sure that patients and their carers can access and understand the information they are given):

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

The practice gave patients clear information to help them make informed choices about their treatment. A high number of patients confirmed in comment cards that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models and X-ray images. There were television screens in treatment rooms used to show patients their treatment options. These helped the patient/relative to better understand the diagnosis and treatment.

# 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.

For example, staff told us how they met the needs of more vulnerable members of society such as patients with dental phobia and those living with long-term conditions. Staff training in dementia and mental health included viewing educational videos. The principal dentist had undertaken training in neuro-linguistic programming (NLP) and acupuncture which could be used to help particularly anxious patients.

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

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

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop, a magnifying glass and accessible toilet with hand rails and a call bell. There was a lowered area at the reception desk to enable those who used wheelchairs to speak directly with staff. The practice had installed an outside bell for patients to alert staff if they required assistance.

### 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 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; time was allocated for emergency appointments daily and shared amongst the dentists.

Patients had enough time during their appointment and did not feel rushed. Appointments appeared to run smoothly on the day of the inspection and patients were not kept unduly waiting. We were advised that the next routine appointment was available within 24 hours.

The staff took part in an emergency on-call arrangement with some other practices to respond to private patients' needs. NHS patients were directed to contact NHS 111. The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients confirmed they could make routine and emergency appointments easily and were not often 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 policy providing guidance to staff on how to handle a complaint. Information was posted on a wall in the reception area that explained how to make a complaint.

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

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these, if appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the previous 12 months.

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

# Are services well-led?

## Our findings

### Leadership capacity and capability

We found that the clinicians had the capacity and skills to deliver high-quality, sustainable care. The leaders, supported by the rest of the team had the experience, capacity and skills to deliver the practice strategy and address risks to it.

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

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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

### Vision and strategy If applicable

There was a clear vision and set of values. The practice had developed three, five and ten yearly plans. The practice planned its services to meet the needs of the practice population.

### Culture

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

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

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, an incident involving a data protection issue resulted in responsive and thorough action being taken.

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. Regular staff meetings were held for all staff to attend as well as separate meetings for example, for dental nurses.

### 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 practice manager, supported by the head nurse 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 clear and effective processes for managing most risks, issues and performance. We identified areas for improvement, for example, ensuring that electrical and gas safety testing were completed when due and DBS checks completed for all clinical staff on their appointment. The provider demonstrated their responsive action to address the risks we identified on the day of inspection.

### 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, staff and external partners to support high-quality sustainable services.

The practice used patient surveys and verbal or written comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, the practice obtained more male focussed magazines. Changes made because of staff feedback included a bonus scheme and additional long service holidays.

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.

# Are services well-led?

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. They had completed many audits. These included audits of dental care records, radiographs, infection prevention and control, hand hygiene and work station audits.

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.

Staff directly employed received annual appraisals; except for the practice manager whose appraisal was overdue. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

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