

## Castilian Street Dental Practice

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### Inspection Report

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## Overall summary

We carried out this announced inspection on 09 November 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**

Castilian Street Dental Practice is located in Northampton, the East Midlands. It provides NHS and private treatment to adults and children. At the time of our inspection, the practice was accepting new NHS patients.

The practice provides general dentistry, dental implants and orthodontics.

# Summary of findings

There is stepped access to the premises which makes it unsuitable for people who use wheelchairs. It is not possible to install a ramp at the entrance. People are informed of the restriction when they first make contact with the practice. Car parking is available on the streets and public car parks within close vicinity to the practice.

The dental team includes four dentists, two dental nurses, one trainee dental nurse and three receptionists. The practice has three treatment rooms; one is on the ground floor.

The practice is an approved training practice for dentists new to general dental practice. The two principal dentists are trainers.

The practice is owned by a partnership 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 Castilian Street Dental Practice is one of the principal dentists.

On the day of inspection we collected 45 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, one dental nurse (who worked as the head nurse) and one receptionist. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday to Thursday from 9am to 5.30pm and Friday from 9am to 4pm. The practice closes at lunchtimes from 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.
- The practice had robust systems to help them manage risk to patients and staff.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough 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 provider was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- 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 provider dealt with a complaint received positively and efficiently.
- The provider had suitable information governance arrangements.

# 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 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 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 dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, effective and excellent. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The principal dentists were both fellows of the Faculty of General Dental Practice (FGDP). Fellowship recognises the diversity of an individual's expertise and their achievements in delivering excellence in primary dental care.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

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

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

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 45 people. Patients were very positive about all aspects of the service the practice provided. They told us staff were caring, supportive and polite.

No action



# Summary of findings

We looked at feedback left on the NHS Choices website. We noted that all reviews left were very positive and the practice was rated as 5 out of 5 stars. Comments included that the dentist could be trusted, that staff cared about their patients and that care currently provided had taken the practice to the next level.

Patients said that they were given detailed, helpful and informative explanations about dental treatment. They said their dentist listened to them and did not rush. 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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

The premises were not suitable for wheelchair users. People were informed of restrictions on access on first contact made with the practice. Efforts were made by staff to accommodate patients with limited mobility and those who used pushchairs were also assisted.

The practice had access to telephone interpreter services and had arrangements to help patients with hearing loss.

Staff were clear on the importance of emotional support needed by patients when delivering care. The practice told us how they met the needs of more vulnerable members of society such as patients with dental phobia, those with mental health problems and those living with other long-term conditions.

The practice took patients views seriously. They valued compliments from patients. They responded to concerns and one complaint received in the previous 12 months 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 practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

**No action** 

# Are services safe?

## Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The leads for safeguarding concerns were the two principal dentists. We saw evidence that staff received safeguarding training. Their knowledge was also refreshed by discussions held in practice meetings. 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 that could be used 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. This included both internal and external contact details for reporting concerns. 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. We saw that kits were available for use.

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 was last reviewed in September 2018 and included details of another practice that could be used in the unlikely event of the building becoming unusable.

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

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We saw recent servicing and testing documentation.

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

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

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

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

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 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. Training was last completed in July 2018.

# Are services safe?

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 dentists 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 (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. We saw minutes of practice meetings where issues were discussed. For example, in May 2018 a hand hygiene audit was discussed and a tool was used to show the levels of cleanliness of staff's hands.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. The practice's website included information for patients about their compliance with best practice.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The latest risk assessment had been undertaken in March 2018. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

The practice utilised an external cleaning company to clean the premises. We saw cleaning schedules for the premises and monthly audits of the quality of cleaning undertaken.

The practice was clean when we inspected and patients confirmed that this was usual.

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

The practice carried out infection prevention and control audits twice a year. The latest audit in November 2018 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, (formerly known as the Data Protection Act).

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

Staff had undertaken training in sepsis and this had also been discussed amongst the team.

## **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 NHS prescriptions as described in current guidance. We noted that audit logs were not maintained of individual prescription numbers to ensure their security from potential theft or misuse. The principal dentists told us they would take action to strengthen this and contacted us after the inspection to confirm that logs had been implemented.

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

## **Track record on safety**

The practice had a positive safety record.

# Are services safe?

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 noted one accident also recorded as a significant event that had occurred within the previous 12 months. Documentation was appropriately completed.

## **Lessons learned and improvements**

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, the one clinical incident recorded within the previous 12 months resulted in tutorials for the staff involved.

Practice meetings included standard agenda items for discussion, such as significant events and complaints.

The staff were aware of the Serious Incident Framework.

There was a system for receiving and acting on patient and medicine safety alerts. Whilst staff were knowledgeable about alerts issued, they had not maintained a log of any relevant alerts to show action taken. Following our inspection, we were advised that a log had been implemented for use.



# 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 practice offered dental implants. These were placed by the principal dentist and an associate 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 access to technology and equipment available in the practice, for example, an intra-oral camera and digital X-ray system.

Training and development was at the forefront of this practice due to the principal dentists being verified trainers to support newly qualified foundation dentists. The principal dentists met with other trainers from Leicestershire and Northamptonshire. The staff were also involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

### Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists 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 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 available in supporting patients to live

healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary. Smoking cessation information was also posted in the reception area.

The practice had participated in initiatives to raise awareness of oral cancer. For example, the foundation dentist had spoken with lorry drivers as part of an organised event run by the charity Cancer Research. The practice participated in oral cancer awareness month. They had also visited a local primary school to talk with children about maintaining effective oral health.

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.

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 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. Comments on the NHS Choices website and left in CQC comment cards supported that patients were given time and sufficient information during their appointments. We saw that patients who were having implants were provided with detailed written information and were required to sign consent forms.

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 fully 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.



# Are services effective?

(for example, treatment is effective)

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 the practice audited patients' dental care records to check that the dentists recorded the necessary information. The results from audits were discussed with all staff in practice meetings.

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. The principal dentists were both fellows of the Faculty of General Dental Practice (FGDP). Fellowship recognises the diversity of an individual's expertise and their achievements in delivering excellence in primary dental care. It acknowledges a candidate's ongoing commitment to professional development and reflective practice, and diligence in upholding the highest clinical and/or non-clinical standards.

One of the dental nurses had undertaken training in fluoride varnish applications and impression taking. Another dental nurse had completed a course to assist the dentists when they placed implants. Reception staff were completing a reception skills course online.

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 and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

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

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

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 bacterial 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 caring, supportive and polite. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

We noted that a large number of patients told us in comment cards that staff were compassionate and understanding. Patients told us they would not go anywhere else for their treatment.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

We looked at feedback left on the NHS Choices website. We noted that all reviews left were very positive and the practice was rated as 5 out of 5 stars. Comments included that the dentist could be trusted, that staff cared about their patients and that care currently provided had taken the practice to the next level.

Patients could choose which dentist they wished to be treated by and were informed of this choice when joining the practice.

### 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 separate 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. There was a private room upstairs in the building that patients could be taken to. 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.

- Telephone interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff that might be able to support them. Languages spoken by staff included Gujarati and Polish.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials could be obtained. For example, information in braille could be obtained and post-operative instructions could be printed in large font.

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. One of the dentists 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 dentists described to us the methods they used to help patients understand treatment options discussed. These included for example: photographs, models, videos, software, X-ray images and an intra-oral camera. Each surgery had a screen fitted to show patients their diagnosis and treatment options available.

# 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 told us how they met the needs of more vulnerable members of society such as patients with dental phobia, those with mental health problems and those living with other long-term conditions. These included providing sunglasses to patients who were highly sensitive to light, advising patients who did not like the noise of the drill to bring headphones and music, and allocating longer appointment times or spreading appointments over several visits. Nervous patients could also be designed a treatment plan to build up their confidence before more complex or non-urgent treatments were attempted.

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. Whilst the premises were not suitable for wheelchair users, the practice told us about a wheelchair user who was registered. The practice made efforts to help accommodate the patient so that they could be seen. Parents or carers who used pushchairs were assisted by staff to gain access.

A portable hearing loop was available in the practice. A patient toilet facility was available on the first floor of the premises.

A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients.

Staff telephoned patients to check on their wellbeing following complex procedures.

### Timely access to services

Patients were able to 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 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.

Patients were advised to contact an out of hours service that provided care from 8am to 8pm, seven days a week, in the event of a dental emergency when the practice was closed. Outside of these hours, patients were advised to contact NHS 111.

The practices' 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. One patient told us that even with short notice, the practice were accommodating of their needs.

### 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. The practice displayed information in the reception area that explained to patients how to make a complaint.

The two principal dentists were responsible for dealing with complaints. Staff would tell the principal dentists about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentists aimed to settle complaints in-house and told us that they would invite patients to speak with them in person to discuss these, if any were to arise. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

# Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and complaints the practice received within the previous 12 months. The one complaint received showed that the practice responded to the concern appropriately and discussed outcomes with staff.

# Are services well-led?

## Our findings

### Leadership capacity and capability

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

The principal dentists, supported by the clinical team had the experience, capacity and skills to deliver the practice strategy and address risks to it.

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

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

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

The principal dentists were approved trainers for foundation dentists new to practice. They had trained dentists since 2011 in their current premises.

Following purchase of the existing premises, extensive renovation was undertaken and modern equipment was purchased.

### Vision and strategy

There was a clear vision and set of values. The provider's aims included the promotion of good oral health to all their patients, the provision of high quality dental care and to understand and meet the needs of their patients by involving them in decisions about their care.

The practice had a realistic strategy and supporting business plans to achieve priorities. 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. One member of the team who had worked in the practice for many years told us that there was an open culture whereby any mistakes could be openly shared for learning purposes and all the staff were team players. Staff told us 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. This was demonstrated in the significant event recorded which resulted in tutorials for the member of staff involved.

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

Staff were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### Governance and management

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

The principal dentists had overall responsibility for the management and clinical leadership of the practice. The principal dentists were also responsible for the day to day running of the service. One of the principals had completed formal management training courses.

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.

Regular practice meetings were held for staff. These included those arranged for all staff to attend as well as separate dental nurse meetings. There were clear and effective processes for managing risks, issues and performance.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to 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.

# Are services well-led?

The practice used patient surveys, written comments and any verbal feedback to obtain staff and patients' views about the service. We saw examples of suggestions from patients that the practice had acted on. For example, as a result of feedback regarding occasional waiting times, the practice discussed the importance of keeping patients informed about any delays. Measures taken included telephoning patients who were due in the same day to make them aware of a possible delay.

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 gathered feedback from staff through meetings and informal discussions. The foundation dentist was able to provide feedback through a tool as part of their development plan. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. When staff had asked for more responsibilities, tasks were delegated to them.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation. All staff were registered for online CPD modules to develop their careers and

requirements. The principal dentists were fellows of the FGDP. Peer review was undertaken with other practices and the principal dentists met with other trainers in the local area.

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

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

The whole team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. The practice provided support and encouragement for them to do so.