

Mrs Tasmia Jan

# Lartey Dental Clinic

## Inspection Report

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### Overall summary

We carried out this announced inspection on 29 May 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**

Lartey Dental Clinic, known locally as Dentology Chorlton, is located in Manchester and provides NHS and private treatment to adults and children.

The practice is not accessible to people who use wheelchairs. There is a small car park at the side of the premises, which includes a space for blue badge holders. Additional street parking is available near the practice.

The dental team includes six dentists, a visiting implantologist, five dental nurses (three of whom are trainees), a dental hygiene therapist, a receptionist and an interim practice manager. The practice has three 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 collected 15 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists including the principal dentist, three dental nurses, the dental hygiene therapist, the receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 9am to 6pm.

## **Our key findings were:**

- The premises were clean, tidy 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 systems to help them identify and manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.

- Improvements were needed to ensure clinical staff provide and document 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 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 protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices. In particular, carrying out soil tests to ensure the efficacy of the ultrasonic cleaner.

# 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. Soil tests were not carried out to ensure the efficacy of the ultrasonic cleaner.

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

Information in the radiation protection file was incomplete. The principal dentist addressed this immediately after the inspection and sent evidence of this.

No action



### Are services effective?

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

We highlighted inconsistencies in the processes to assess patients' needs and document care and treatment. We discussed this with the registered provider to review to ensure care is delivered and recorded in line with recognised guidance. An action plan was sent after the inspection to address these inconsistencies.

Patient comments confirmed they were happy with the service and treatment they received.

The practice offered dental implants. These were placed by a visiting dentist who had undergone appropriate post-graduate training in this speciality.

The practice was aware of national oral health campaigns and participated in local schemes in supporting patients to live healthier lives.

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.

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 15 people. Patients were positive about the service the practice provided. They told us staff were polite, friendly and professional.

No action



# Summary of findings

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. 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.

The provider had made considerable improvements to the premises and the services provided. Patients commented positively about these improvements.

Staff considered patients' different needs. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss. There were plans to improve access, including for wheelchair users.

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.

On the day of the inspection, all staff engaged fully in the process. They were open to discussion and feedback to make further improvements where required, and sent evidence of this after the inspection.

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 principal dentist confirmed they did not maintain oversight of, or audit the quality of dental care records. As a result of this we highlighted inconsistencies in the standard of record keeping. After the inspection, an action plan to address this was sent to us.

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 staff received safeguarding training, including training on domestic violence and alcohol abuse. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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 also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation. They prioritised access to care for residents at a local homeless residence and a children's home. The practice had introduced a letter to be sent to parents or guardians who did not bring their children to appointments or follow clinical advice to advise them of the risks of this. The practice had resources to refer or signpost patients to domestic abuse support.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

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

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

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 staff recruitment records. These showed the practice followed their recruitment procedure.

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 in line with a risk assessment. We noted there was no fire or smoke detection devices in the cellar where equipment is housed. The provider obtained and fixed a smoke detector during the inspection. They confirmed this would be tested weekly. There were two trained fire marshals and staff knew the evacuation procedures.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. We highlighted that the information in their radiation protection file should include a list of staff roles and duties, and diagrams of the layout of the surgeries and location of radiography equipment and controls lacked detail. The provider sent evidence that they had discussed these areas with their radiation protection adviser (RPA) after the inspection. We saw evidence that recommendations in critical examination of the radiography equipment had been acted on. For example, replacing unshielded doors.

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**

# Are services safe?

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

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. A safer sharps system was in use and the practice followed relevant safety laws when using needles and other sharp dental items. A sharps risk assessment had been undertaken and staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles where necessary to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.

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. The provider had individual risk assessments in place for three clinical members of staff where the effectiveness of their Hepatitis B vaccination was unknown.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

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

A dental nurse worked with the dentists 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. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. We noted that soil tests were not carried out to ensure the efficacy of the ultrasonic cleaner. The provider confirmed this would be implemented.

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. 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 and tidy when we inspected.

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

## Information to deliver safe care and treatment

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

We discussed with the 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. These were kept securely and complied with General Data Protection Regulation (GDPR) requirements. Improvements were needed to ensure dental care records are consistently completed in line with nationally agreed guidance and General Dental Council standards.

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

# Are services safe?

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.

Antimicrobial prescribing audits were carried out. The most recent audit demonstrated the dentists were following current guidelines.

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

There were comprehensive risk assessments in relation to safety issues. 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.

Staff understood their responsibility to report any incidents or untoward occurrences. Incidents were 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. For example, a system to protect patient identity was implemented after an incident where laboratory work was delivered to the wrong dental practice by the laboratory. The provider regularly reviewed the accident book and incident reports to identify any themes.

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

We held clinical discussions with the provider and two other dentists and reviewed a sample of dental care records. This highlighted inconsistencies in the way they assessed and documented care. Not all of the clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. For example, assessments of periodontal condition, and documenting a diagnosis or evidence of discussions of the diagnosis, risks, options and benefits with patients.

The practice offered dental implants. These were placed by a visiting dentist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance. A log of all implants was maintained and any failures were reviewed appropriately.

### 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 and adults based on an assessment of the risk of tooth decay. We saw the practice was recently congratulated by NHS England for fluoride varnish on 83% of children compared with the locality rate of 69%.

The dentists/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 participated in local schemes in supporting patients to live healthier lives. For example, the Baby Teeth DO Matter' programme, developed by the Greater Manchester Local Dental Network, promotes early dental attendance amongst young children as well as improving the delivery of preventive care and advice as well as the treatment of dental decay. They had also recently enrolled on the Greater Manchester Healthy Living Dentistry (HLD) project.

This project is focused on improving the health and wellbeing of the local population by helping to reduce health inequalities. The practice made a commitment to deliver the health promotion lifestyle campaigns, such as stop smoking, alcohol awareness and diet together with oral screening and oral health assessments including fluoride varnish.

The inconsistencies identified were not thought to prevent effective care being provided. The dentists and dental hygiene therapist 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. We highlighted that the process to gain consent for the use of photography should be reviewed, so that patients were given the option to opt out of the use of this for advertising and promotion purposes. The principal dentist confirmed this would be addressed.

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.

The provider had installed a closed-circuit television system, (CCTV), internally in the stairway and reception



# Are services effective?

(for example, treatment is effective)

area. Notices were displayed to inform people that CCTV was in use to protect the premises. The provider ensured that the use of CCTV footage complied with General Data Protection Regulation (GDPR) requirements.

## **Monitoring care and treatment**

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. Some of the dentists maintained dental records to a high standard and the records we reviewed were very detailed. The records for others fell below the standard expected. We highlighted these inconsistencies to the registered provider. Evidence was sent after the inspection of the action plan to address these inconsistencies by auditing all dental care records, holding one to one discussions and clinical meetings to check that the dentists record 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 informally and at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. The practice monitored the progress of trainee dental nurses and met regularly with assessors from the education provider to support their learning.

## **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. Sepsis awareness prompts and posters were displayed throughout the practice.

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 polite, friendly and professional. We saw that staff treated patients respectfully, appropriately and kindly 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.

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

Practice information and thank you cards were available for patients to read. A display board in the waiting area was used to provide patient feedback and information on any suggestions acted on.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

The layout of reception and waiting areas did not provide privacy when reception staff were dealing with patients. Staff were aware of the importance of privacy and confidentiality. They described how they avoided discussing confidential information in front of other patients and if a patient asked for more privacy they would take them into another room. A private room was available for discussion and breastfeeding if patients requested privacy.

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 to be involved in decisions about their care and were aware of the principles of the Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard is 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 understand or speak English. 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. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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 and X-ray images of the tooth being examined or treated and shown to the patient/relative to help them 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. The provider showed us how they had made considerable improvements to the practice and had further plans to improve access for patients and renovate the decontamination facilities.

Staff were clear on the importance of emotional support needed by patients when delivering care.

For example, staff prioritised access to care for looked after children and homeless people.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they were unable to access the first floor surgery or if they required a translator. We were told that staff assisted some patients with the outside stairs if necessary.

The practice had made some reasonable adjustments for patients with disabilities in line with a disability access audit. These included the provision of a dedicated disabled parking bay, a portable ramp and a hearing loop. There were further plans to provide a permanent ramp and an accessible toilet on the ground floor.

Patients could choose to receive appointment cards and postal reminders for forthcoming appointments. Staff also telephoned patients after complex treatment to check on their well-being and recovery.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

### Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

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

The practice had an appointment system to respond to patients' needs. Patients who requested urgent advice or care were offered an appointment 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.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

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

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

We looked at comments, compliments and complaints the practice received in the last 12 months.

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

# Are services well-led?

## Our findings

### Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. They demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it. They demonstrated how they had prioritised and carried out improvements to the practice and the service since obtaining the practice. Plans were in place to carry out further improvements to the premises to benefit patients and staff.

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

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The principal dentist used an external consultancy service to support them.

### Vision and strategy

The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. The practice participated in oral health improvement pilots and projects.

### 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.

We saw the provider had systems to deal with poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

### Governance and management

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

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The interim manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were clear and effective processes for identifying and managing risks, issues and performance. An external company carried out regular risk assessments of fire, health and safety, disability access and Legionella.

### 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. On the day of the inspection, all staff engaged fully in the process. They were open to discussion and feedback to make further improvements where required, and sent evidence of this after the inspection.

The practice used patient surveys, verbal comments, online reviews and a suggestion box to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, providing a fan.

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, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

### **Continuous improvement and innovation**

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs, antimicrobial prescribing and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. The dentists were responsible for auditing their own dental records. The principal dentist confirmed they did not maintain oversight of, or audit the quality of dental care records. As a result of this we highlighted inconsistencies in the standard of record

keeping. After the inspection, an action plan to address this was sent to us. This included one to one clinical discussion, the provision of standards and guidance documents and internal audit and peer review to improve standards.

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

The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. 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.