Mr Moiz Mohammed

Brooklyn Court Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 5 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

Brooklyn Court Dental Practice is in Withington, Manchester and provides NHS and private treatment for adults and children.

Summary of findings

There is level access to the rear of the property for people who use wheelchairs and those with pushchairs. A car park and additional on street parking are available near the practice.

The dental team includes the principal dentist and three associate dentists who work at the practice part time, two part time dental hygiene therapists, four dental nurses (one of whom is a trainee), and a practice manager. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist. 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, and received positive feedback from three patients who contacted the CQC through the 'share your experience' facility online.

During the inspection we spoke with two dentists, two dental nurses 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 Thursday 8:45am to 5pm

Friday 8.45am to 1pm

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 broadly in line with national guidance.
- The practice had 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.
- Improvements could be made to 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 a 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 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 policy and procedures to ensure accurate, complete and detailed records are maintained for all staff, including appropriate checks of professional registration and immunity for clinical staff.
- Review the practice's Legionella risk assessment and implement any recommended actions, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'
- Review the practice's protocols and procedures to ensure staff are up to date with their highly recommended training and continuing professional development.
- Review the process to check equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services. We asked the following question(s).

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. Improvements were needed to ensure essential recruitment checks are carried out.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

Systems to identify and manage risk could be improved in relation to COSHH, staff immunity and patient safety alerts.

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 where staff had been kind and put them at ease when receiving treatment. 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.

The practice 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 38 people. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, caring and professional.

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.

No action

Summary of findings

Are services responsive to people's needs?

No action

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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had 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.

Are services well-led?

No action

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.

They were open to feedback from the inspection on where improvements could be made. They understood the challenges and took immediate action to prioritise and address them, and provide evidence that systems were introduced to prevent further re-occurrence.

The provider had a system of clinical governance in place. Improvements could be made in relation to making the complaints policy more accessible to staff and patients, ensuring the consent policy includes information about the Mental Capacity Act and Gillick competence and implementing a policy for the recruitment and checking of staff.

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. We highlighted the need for the practice to ensure that staff were up to date with CPD and highly recommended training.

There were processes for identifying and managing risks, issues and performance. Improvements could be made in relation to Legionella, staff immunity, assessing hazardous substances and patient safety alerts.

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. Staff received regular safeguarding training. Staff knew about the signs and symptoms of abuse and neglect. We discussed the requirement to notify the CQC of any safeguarding referrals as staff were not aware.

There was 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 information 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.

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

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. 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 did not have a recruitment policy and procedure to help them employ suitable staff. We looked at staff recruitment records. These showed the practice recruited staff broadly in line with legislation, with the exception of Disclosure and Barring Service (DBS) checks. The practice had accepted DBS checks carried out by previous employers for four recently recruited members of staff. DBS checks or an adequate risk assessment should be undertaken at the point of employment to ensure the employee is suitable to work with children and vulnerable adults. References had not been obtained for the trainee dental nurse. We discussed this with the practice manager who gave assurance that a recruitment policy and DBS checks would be implemented and existing staff risk assessed.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. Just prior to the inspection, the practice had identified that a member of staff did not have appropriate GDC registration in place. This was addressed in line with the practice's disciplinary procedure and investigated as an incident. As a result of this, a system was implemented to proactively check the GDC registration status of staff.

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

A fire risk assessment was in place. Fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested but records of these were not maintained. We saw evidence that firefighting equipment, such as fire extinguishers, were regularly serviced. Evacuation procedures were in place and information about these and assembly points were clearly displayed.

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.

Evidence was not available to show all clinical staff completed continuing professional development (CPD) in respect of dental radiography. This was sent to us after the inspection.

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 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 action had been taken to reduce the risk from sharps. For example, safe needle removal devices and disposable dental matrices were in use. 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. We highlighted that the sharps risk assessment could be improved by including other sharp items such as dental burs and endodontic instruments. The practice manager told us the risk assessment would be reviewed.

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. Evidence of the effectiveness of the Hepatitis B vaccination was not available for one member of staff and it was not clear if the trainee dental nurse had completed the full course of Hepatitis B vaccinations. The practice manager updated us after the inspection that they were in the process of addressing this as a matter of urgency.

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 broadly 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. We noted that some of the masks and airways were unbagged and a child-sized self-inflating oxygen bag with mask, an oxygen mask with reservoir were not available. Staff took immediate action to order the missing and un-bagged items and evidence of this was seen. The practice manager told us these items would be added to the checklist to prevent further re-occurrence.

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

The provider had safety data sheets available for substances that are hazardous to health. Individual risk assessments had been carried out for some of these substances to minimise the risk that can be caused from misuse. The practice manager told us that they would ensure all hazardous substances are risk assessed.

The practice had an infection prevention and control (IPC) policy and well-detailed procedures that were relevant to the processes and equipment in use. 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. A member of staff was identified as the IPC lead. They had systems to ensure that staff followed decontamination procedures and consistent records were maintained in relation to this.

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 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.

A legionella risk assessment was in place and showed the risk was low. The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the dental unit water lines and water quality testing had been carried out and was satisfactory. Monthly water temperatures had previously been taken and we saw evidence that the practice had acted to reduce the hot water temperature in response to a high reading. This had lapsed and previous water temperature testing records could not be located. We highlighted further recommendations that had been made in the report, which the practice manager was not aware of. For example,

implementing a Legionella management plan, ensuring staff received Legionella awareness training and removing aerator devices from taps. The practice manager confirmed that all the recommendations would now be actioned.

We saw cleaning schedules for the premises. 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 showed the practice was meeting the required standards and looked to implement improvements where possible. For example, washable computer keyboards were installed on the day of the inspection.

Information to deliver safe care and treatment

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

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

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

Safe and appropriate use of medicines

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

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

The practice stored and kept records of NHS prescriptions as described in current guidance. We noted that the process would not identify if a prescription was missing. The practice manager confirmed this would be reviewed.

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

Track record on safety

The practice had a good safety record.

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.

We saw that incidents were documented, investigated and, where appropriate, discussed with the rest of the dental practice team to prevent such occurrences happening again in the future. We highlighted staff could be more aware of what constituted a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) reportable occurrence. The practice manager told us they would amend the policy to include information about RIDDOR reportable occurrences.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

They recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice manager was not aware of the Serious Incident Framework. We highlighted this and discussed how it could be used to support them to investigate any future incidents.

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, in relation to proactively checking that clinical staff were registered with the GDC.

The practice had a system for receiving and acting on safety alerts which could be improved. The NHS England area team regularly sent newsletters and information including safety alerts. We noted that an alert relating to Glucagon (medicine used for diabetic emergencies) had not been received. We checked the Glucagon and confirmed it had not been affected by this alert, and highlighted the need to ensure the practice receives all relevant patient safety alerts from the Medicines and Healthcare Regulatory Agency (MHRA). The practice manager confirmed they would review the process to ensure all relevant alerts are received and acted on in the future.

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.

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. Information leaflets about local stop smoking and alcohol cessation services were available in the waiting room.

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 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. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy did not include information about the Mental Capacity Act 2005 or Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The team understood their responsibilities when treating adults who may not be able to make informed decisions and young people. The practice manager confirmed the policy would be updated to include this information.

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.

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. The practice did not request evidence that clinical staff completed continuing professional development required for their registration with the GDC.

Staff discussed their training needs informally and at meetings. The practice manager told us an appraisal system was in place but this had lapsed recently due to capacity. We highlighted the need for the practice to ensure that staff were up to date with CPD and highly recommended training. Staff were able to provide evidence that this was the case immediately after the inspection.

Co-ordinating care and treatment

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

Are services effective?

(for example, treatment is effective)

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 welcoming, caring 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, understanding, and aware of the importance of emotional support needed by patients when delivering care. Patients gave examples of where staff had been kind and helped to put them at ease when they were in pain, distress or discomfort. Patients also praised named members of staff for the kindness and care they had shown.

Practice information was displayed and privacy policies made available to patients in the waiting room.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

The layout of reception and waiting areas provided limited privacy when dealing with patients but staff were aware of the importance of privacy and confidentiality. If a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

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 with a hearing impairment. The practice manager told us they had not required interpreter services for people whose first language wasn't English. Patients were told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand.

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. Books showing detailed case studies and patient testimonials were also made available to patients in the waiting room.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, models 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.

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

A disability access audit was not in place but the practice had made some reasonable adjustments for patients with disabilities to enable them to receive treatment. For example, they provided British Sign Language translators and a wheelchair-accessible entrance which allowed direct access from the car park. We discussed further reasonable adjustments that could be made such as a hearing loop and providing hand rails in the toilet. The practice manager confirmed this would be reviewed.

Patients could choose to receive text message, emails or letters to notify them of upcoming appointments. Their preferences were documented in dental care records.

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.

The practice had an efficient appointment system to respond to patients' needs. Patients who requested urgent advice or treatment 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 practices' 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. One patient commented they had been kept waiting for over 30 minutes. This was an isolated comment which we raised with the practice manager.

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. This could not be found on the inspection day. The practice displayed information about how to make a complaint, but this did not include information of other organisations that patients could contact if not satisfied with the way the practice dealt with their concerns.

The principal dentist and practice manager were responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

They aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. We saw an example of where the practice had responded quickly to a patient's concerns and resolved these.

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

The principal dentist had the capacity and skills to deliver high-quality, sustainable care with support from staff in lead roles. They 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 were open to feedback from the inspection on where improvements could be made. They understood the challenges and took immediate action to prioritise and address them, and provide evidence that systems were introduced to prevent further re-occurrence.

Leaders 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. A lead dental nurse was encouraged to participate in the inspection to support and prepare them for a practice management role.

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.

Managers took action to do 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 practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies and procedures that were up to date, relevant to the practice and accessible to all members of staff and reviewed on a regular basis. We highlighted some areas where further improvements could be made. For example, making the complaints policy available to staff and patients, including the Mental Capacity Act and Gillick competence in the consent policy.

The practice did not have a policy for the recruitment and checking of staff. Prior to the inspection, the practice had identified that a member of staff did not have the appropriate GDC registration in place. Although we saw evidence this had been acted on and lessons learned; the lack of any process to check that staff had appropriate and current registration with the professional regulator meant they had not identified this and acted sooner.

There were processes for identifying and managing risks, issues and performance. Improvements could be made in relation to Legionella, staff immunity, assessing hazardous substances and patient safety alerts.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used verbal comments to obtain staff and patients' views about the service.

Are services well-led?

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

Continuous improvement and innovation

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. We highlighted that the radiography audit would benefit from being operator specific to highlight any differences and identify any improvements needed.

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

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. For example, They held an annual training and development day where staff came together to complete and discuss training in safeguarding, life support and decontamination. We asked to see evidence of staff training. The practice did not have a system to retain evidence of up to date training for its staff, particularly where training had been provided at external locations. Training certificates were not retained by the practice to ensure that all staff were up to date with their training. After the inspection individual staff members were asked to provide their certificates and evidence of these were sent to us.