

Dental Care Clinic Limited

Rothley Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 14 February 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Background

The practice is located in Rothley, a village within the Borough of Charnwood in Leicestershire. It provides NHS and private treatment to adults and children.

The premises do not have level access and are therefore not suitable for people who use wheelchairs and those with pushchairs. Staff advised those who contact the practice that there is another practice, also run by the provider that has accessibility.

Public car parking is available within close proximity to the practice.

Summary of findings

The dental team includes a compliance manager, two dentists, three dental nurses, one dental hygienist and two receptionists. The practice has two treatment rooms.

The practice is owned by a company 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 Rothley Dental Practice is the compliance manager.

On the day of inspection, we collected 48 CQC comment cards filled in by patients.

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

The practice is open: Monday to Wednesday from 9am to 5pm and Thursday and Friday from 9am to 4.30pm.

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 most life-saving equipment were available, with some exceptions. An order was placed for new items required on the day of our visit.
- The practice had systems to help them manage most risks to patients and staff. We noted that fixed wiring testing was overdue for completion and a risk assessment was required for one of the clinical staff who was not responsive to the Hepatitis B vaccine. A risk assessment was completed after our visit.
- The provider had suitable safeguarding processes, although the policy required update and one of the dental nurses had completed their training to level one. Policy was updated after the inspection and the staff member updated their training to level two. Staff showed awareness of their responsibilities for safeguarding.
- 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.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had systems to deal with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities in relation to this.
- Review the practice's protocols and procedures for the use of rectangular collimators fitted to X-ray machines to reduce radiation dose to patients.

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. The practice had a policy for reporting untoward incidents and significant events and staff showed awareness of the type of incidents they would report to managers.

Staff received training in safeguarding people; although one dental nurse had not completed to level two, as recommended for clinical staff. This was updated after our visit. Staff showed awareness regarding how to recognise the signs of abuse and how to report concerns. Policy provision required strengthening as it did not include information regarding vulnerable adults. This was immediately updated following our visit.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Equipment was clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

We found that fixed wiring testing was overdue for completion. The provider told us this was an oversight and arrangements were made for this to take place.

The practice had mostly suitable arrangements for dealing with medical and other emergencies. We found that not all sizes of oropharyngeal airways were held and those that were available had expired. We also found that an adult and child self-inflating bag with reservoir and a non-powered portable suction were not held. An order was placed for new items on the day and we were shown evidence of this.

No action



Are services effective?

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

We received very positive comments from all patients about the effectiveness of treatment and some comment cards made reference to individual staff members.

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

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

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

Staff showed understanding of the Mental Capacity Act 2005, but policy provision regarding consent required review. This was reviewed after our inspection and we were sent evidence of this. Not all staff were aware of Gillick competence and the need to consider this when treating young people.

No action



Summary of findings

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

They said that they were given helpful, informative and detailed explanations about their 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



Are services responsive to people's needs?

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

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

Staff considered patients' different needs, where they were able to. The premises were unsuitable for patients who used wheelchairs due to stepped access and surgery rooms being located on first floor level. A handrail was available to patients outside of the premises to assist those who could climb steps. People with disabilities who made first contact with the practice were informed of another practice run by the provider that could accommodate their needs.

The practice did not have access to interpreter services; we were told that there had been no requirement for this service due to the patient demographic.

A hearing loop and magnifying glass were available in the practice to assist those with hearing and sight problems.

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

No action



Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. We found areas for improvement regarding policy provision, some policies required further detail and some required implementing. This was rectified immediately following our visit.

No action



Summary of findings

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had systems to keep patients safe.

Staff were aware of 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 procedures, contact information for reporting concerns was displayed in the practice for staff to refer to, if required. We found that policy provision required review however. The information contained in the safeguarding policy was limited; it also did not include information about vulnerable adults. Following our inspection, we were provided with an updated policy which included information about vulnerable adults.

We saw evidence that staff received safeguarding training. All but one member of staff, a dental nurse, had received the required level of training. We were informed that the dental nurse had updated their training from level one to level two after the inspection. Level two is recommended for clinical staff. Staff showed awareness about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

Staff told us they were able to place an alert or note on vulnerable patients 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, if this was required.

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.

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

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 equipment was safe and maintained according to manufacturers' instructions. We noted that the compressor was overdue for service but this was booked in and due to take place on 26 February 2019.

We looked at facilities maintenance and found that five yearly fixed electrical wiring testing, was overdue. Whilst this had been identified in the fire risk assessment completed in July 2018 by an external contractor, the provider told us that they had not taken action and this was an oversight on their part. Following the inspection, we were sent information that this had been booked for 15 March 2019.

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

The practice had mostly suitable arrangements to ensure the safety of the X-ray equipment. We found that X-ray equipment was not fitted with rectangular collimators to reduce radiation dosage to patients. The practice 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. We were unable to view a certificate for one of the dentists; we were told this was no longer held as was due for update shortly. An updated certificate was sent to us after the inspection.

Risks to patients

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

Are services safe?

The practice had health and safety policies, procedures and most risk assessments 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 practice had not moved to a safer sharps system, but had taken some measures to manage the risk of sharps injuries by ensuring that a needle guard was available for use. We looked at the sharps risk assessment; this was brief and required further detail and personalisation to the practice.

The provider had a system to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We found that the effectiveness of the vaccination was not always checked in relation to all staff. One of the clinical staff member had a low response to the vaccine; a risk assessment had not been completed. The provider sent us a copy of a completed risk assessment after the inspection.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Training last took place in November 2018.

Most emergency equipment and medicines were available as described in recognised guidance. We found that not all sizes of oropharyngeal airways were held and those that were available had expired in April 2013. We also found that an adult and child self-inflating bag with reservoir was not held or non-powered portable suction. An order was placed for the items on the day of our visit and we were provided with evidence of this.

Staff kept records of their checks of emergency medicines and equipment held.

A dental nurse worked with the dentists and the dental hygienist 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.

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. The latest assessment was undertaken in June 2017. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

Staff shared cleaning duties amongst themselves. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that one of the sharps bins was in use for more than three months in one of the surgeries.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. We noted that the linoleum flooring was used in the surgery rooms but this was not sealed satisfactorily at the edges. This had not been identified in the latest audit undertaken.

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

Are services safe?

managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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

Safe and appropriate use of medicines

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

There was a 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. We noted that a log was not maintained for medicines dispensed by the practice. This would identify if any medicines were taken inappropriately. Following our visit, we were provided with a control sheet which had been implemented.

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

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

Track record on safety and Lessons learned and improvements

The practice had a positive safety record. There were comprehensive risk assessments in relation to most safety issues. We noted an exception on the day of our visit in relation to risk assessments for those whose Hepatitis B immunity levels were not known and for the low responder to the vaccine.

The practice had processes to record accidents when they occurred. An accident book was available for completion by staff. There had been no reportable accidents within the previous 12 months.

There were adequate systems for reviewing and investigating when things went wrong. The practice had a policy for reporting untoward incidents and significant events and staff showed awareness of the type of incident they would report to managers. We looked at two incidents recorded and noted they were subject to discussion in practice meetings. The nature of the incidents did not result in lessons learned or themes identified, as this was not required in the circumstances.

There was a system for receiving and acting on safety alerts. The compliance manager was responsible for the review of 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, although a log was not maintained of any action taken in relation to alerts issued. We were sent a log sheet implemented after the inspection.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received very positive comments from all patients about the effectiveness of treatment and some comment cards made reference to individual staff members.

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 provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary. We saw information posted in the reception area that informed patients who were diabetic to ensure they saw their dentist regularly.

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

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

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice did not have a specific consent policy, but held other documented information regarding patient consent and 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.

Not all staff we spoke with were familiar with Gillick competence, this relates to when a child under the age of 16 years of age may give consent for themselves.

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 satisfactorily completed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, some of the dental nurses had completed radiography training and one had undertaken a fluoride application course. Staff told us that the provider funded an online training programme for them; this included some core and non-essential training.

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. We were unable to view one of the dentist's radiography certificates on the day of our inspection. We were sent an updated certificate after the day.

Are services effective?

(for example, treatment is effective)

Staff discussed their training needs at annual appraisals. 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.

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

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

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

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

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were courteous, caring and professional. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. One patient comment included that they were nervous when attending and the named dentist was always calm and treated them with respect and understanding. Another patient told us that they had been attending the practice for 30 years and would not go anywhere else.

Patients could choose whether they saw a male or female dentist when they first attended the practice.

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

An information folder was available for patients to read in the reception area. There was a selection of magazines, toys and a children's corner to occupy patients whilst they waited to be seen.

We looked at feedback left on the NHS Choices website. We noted that the practice had received five out of five stars overall based on patient experience on two occasions. Reviews left included reference to a very professional 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 waiting area provided limited privacy when reception staff were dealing with patients. Reception staff told us that they would not hold detailed discussions at the desk with patients to ensure their privacy was not breached. If a

patient asked for more privacy, staff told us they could take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the

requirements under the Equality Act and Accessible Information Standards. (A requirement to make sure that patients and their carers can access and understand the information they are given):

- Reception staff were not aware of interpretation services available for patients who did not use English as a first language. We were told that there had not been a requirement for this service based on the patient demographic.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available, if required.

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. One patient comment included that when they made an enquiry regarding a denture, the following details were explained: the procedure, other treatment options available and the price.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models and X-ray images. There was a screen in the surgery room to show X-ray images to patients.

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, where it was possible to do so.

Staff were clear on the importance of emotional support needed by patients when delivering care. We were provided with examples of how the practice met the needs of more vulnerable members of society such as patients living with dementia and those with a mental health condition.

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

The practice currently had a small number of patients for whom they needed to make adjustments to enable them to receive treatment. Patients with mobility problems or visual impairments were assisted by staff when accessing the premises and to the surgery room.

The premises were unsuitable for patients who used wheelchairs due to stepped access and surgery rooms being located on first floor level. A handrail was available to patients outside of the premises to assist those who could climb steps. A bell was installed at the front entrance to request staff help. The size and restrictions of the building meant that it could not be modified to accommodate patients with wheelchairs. People with disabilities who made first contact with the practice were informed of another practice run by the provider that could accommodate their needs.

A hearing loop and magnifying glass were available in the practice.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. We noted that the next available routine appointment was within 24 hours.

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day; they were advised to attend and sit and wait to be seen. One patient told us that they were always seen with minimal waiting time.

Patients told us they had enough time during their appointment and did not feel rushed. Appointments appeared to run smoothly on the day of the inspection and patients were not kept unduly waiting.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients were directed to NHS 111. 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 told us they viewed complaints and concerns seriously and would respond to them appropriately to improve the quality of care, if any were to be received. The practice had not received any complaints within the past two years.

The practice had a policy providing guidance to staff on how to handle a complaint. Information was available to patients which explained how to make a complaint.

The compliance manager was responsible for dealing with complaints. Staff told us they would tell the compliance manager or one of the dentists about any formal or informal comments or concerns straight away, if any were to be received.

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

The provider had processes to enable them to respond to any concerns appropriately; they told us they would use any outcomes to share learning amongst staff and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

We found that the leaders had the capacity and skills to deliver high-quality, sustainable care. The dentists supported by the team demonstrated 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.

The compliance manager was visible and approachable. They worked closely with staff.

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

Vision and strategy

There was a vision and set of values. The provider's statement of purpose included their aim to make all their patients dentally fit and to accommodate patients' expectations, providing advice where appropriate.

The practice planned its services to meet the needs of the practice population.

Culture

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

Staff stated they felt respected, supported and valued. They told us the positives of working in the practice included the team working and supportive management.

The practice focused on the needs of patients.

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 compliance manager had overall responsibility for the management and clinical leadership of the practice. They

were also responsible for the day to day running of the service with support from one of the dentists. 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. We found areas for improvement regarding policy provision, some policies required further detail such as safeguarding and some required implementing, for example, consent. Action was taken immediately following our visit.

There were mostly clear and effective processes for managing risks, issues and performance. We found that not all risks had been appropriately managed, for example fixed wiring testing. This was addressed after our visit.

Appropriate and accurate information

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

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

Engagement with patients, the public, staff and external partners

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

The practice used patient surveys as well as any verbal or written comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, patients had requested an additional handrail outside of the practice.

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.

Continuous improvement and innovation

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

Are services well-led?

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 records of the results of these audits and the resulting action plans and improvements.

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

The staff 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 provider supported and encouraged staff to complete CPD.