

I J Kellam Limited

I J Kellam Ltd

Inspection Report

The Martinwells Centre
Thompson Avenue
Edlington
Doncaster
D12 1JD
Tel: 01709 910042
Website: www.ijkellam.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 3 August 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

I J Kellam Ltd is a dental practice located in the Martinwells Centre in Edlington, near Doncaster. The practice provides a mix of NHS and private treatment for both adults and children. The practice had four dental treatment rooms and a separate decontamination room for cleaning, sterilising and packing dental instruments, a reception and two waiting areas.

The practice is open between the hours of 8am and 6pm; opening and closing hours varying from day to day throughout the week. The practice has two full time dentists, a foundation dentist and two part time dentists and they are supported by five dental nurses, a receptionist and a practice manager.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Before the inspection we sent CQC comment cards to the practice for patients to complete to tell us about their experience of the practice, 16 patients provided positive feedback of the services provided, caring nature of all staff, the cleanliness and quality of care during treatment.

Summary of findings

Our key findings were:

- Staff had received safeguarding training, staff knew how to recognise signs of abuse and some were aware of how to report it. A safeguarding policy was in place and staff would be directed to the local safeguarding team from within the policy.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risk and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- There was a complaints system in place.
- The practice sought feedback from patients about their services.
- The practice had dental engagement with the Patient Participation Group (PPG) for a project to improve the uptake of dental services.

There were areas where the provider could make improvements and should:

- Review the practice management responsibilities to encourage broader ownership of more critical elements of practice and patient safety.
- Review the practice Significant Event incident reporting procedures.
- Review the practice responsibilities in regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and implement COSHH Assessments for all Safety Data Sheets held.
- Review the practice's decontamination equipment daily maintenance processes giving due regard to manufacturer's instructions and to guidelines issued by the Department of Health – Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infection and related guidance in regards to validation of equipment.
- Review the practice's audit processes to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.
- Review the practice arrangements to ensure all administrative systems and procedures are available to staff, cascaded and understood to remain current with policy changes and updates.

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 in place such as infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines, we found needles, syringes and airways were out of date and the portable suction unit and spacer device was missing. This was brought to the attention of the practice manager and an order was placed within 24 hrs.

Staff had received training in safeguarding of patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

Staff were appropriately recruited and inducted, suitably trained and skilled to meet patients' needs. There were sufficient numbers of staff available at all times.

We reviewed the legionella risk assessment dated November 2015, evidence of regular water testing was being carried out and the dental unit water lines were being managed appropriately.

No action



Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE), Faculty of General Dental Practice (FGDP) and the British Society of Periodontology (BSP). The practice focused strongly on prevention. The staff were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Patients dental care records provided information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options and relevant X-rays.

Staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and with the exception of one GDC registration renewal anomaly; all were meeting the requirements of their professional registration.

No action



Are services caring?

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

Comments on the 16 completed CQC comment cards received provided a positive view of the practice. Comments confirmed that the quality of care was very good.

No action



Summary of findings

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed the staff to be welcoming and caring towards the patients.

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice could provide patients with interpreter services. The practice was situated on the first floor and accessed via lift or stairs. The building had level access for patients with mobility difficulties and families with prams and pushchairs.

A complaints process was accessible to patients who wished to make a complaint. The practice manager recorded complaints. The practice also had patients' advice leaflets and practice information leaflets available on reception.

The principals were part of a local community health scheme in conjunction with the Patients Participation Group (PPG), called the Edlington Hilltop Centre NHS Pathfinder Project. Organised as a charity with a grant from NHS England; with the aim of relieving deprivation and enhancing education within the local community.

No action



Are services well-led?

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

There was a management structure in place and all staff told us they felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice, all staff we spoke to shared a commitment to continually improving the service they provided.

The practice had clinical governance and risk management structures in place but could not provide substantive evidence to support effective communication, quality assurance procedures, evidence of end to end processes and continuous improvement.

Staff told us they could raise any concerns with the principal dentist and practice manager.

We saw evidence of teamwork, professionalism and dedication within the practice.

No action



I J Kellam Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 3 August 2016 by a CQC inspector who was supported by a specialist dental adviser. Prior to the inspection, we asked the practice to provide some information. This included the complaints they had received within the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

We informed NHS England area team and Health watch that we were inspecting the practice; however, we did not receive any information of concern from them.

During the inspection we spoke with the practice manager, two dentists, two dental nurses and one receptionist. We reviewed policies, procedures and other documentation.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice manager demonstrated an awareness of RIDDOR (the reporting of injuries disease and dangerous occurrence regulations). The practice had an accident book in place and the last documented injury was a sharps wound in July 2015. A sharps policy was in place and all staff was able to describe the reporting process. Staff told us that incidents were rare but would be reported to the practice manager who would then take the lead. No indication of learning and improvement from incidents was presented; this was brought to the attention of the practice manager who assured us that improvements would be made for embedded learning in the future.

The practice manager received Medicines and Healthcare Regulatory Authority (MHRA) alerts and would respond accordingly as directed in the alert, MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. The last MHRA alert received was May 2016, received by the practice manager and distributed to GDPs.

Reliable safety systems and processes (including safeguarding) – rubber Dam routinely used.

We reviewed the practices safeguarding policy and procedures in place for safeguarding vulnerable adults and children using the service. They include the contact details for the local authority safeguarding team, social services and other relevant agencies. The practice manager was the allocated lead for safeguarding and staff had received appropriate safeguarding training. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect and were aware of the procedure to follow but they were unsure who to contact externally if it was necessary.

We saw that dentists routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was

assured). The practice had a whistleblowing policy, staff told us they felt free to raise concerns without fear of recriminations and would address concerns directly and if not resolved would refer to the practice manager or principals, staff were unaware of external contacts.

Medical emergencies.

The practice had a policy in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator, (AED) An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

The practice kept medicines and equipment for use in a medical emergency in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. All staff knew where to locate these items. All emergency medicines were in date and we found needles, syringes and airways were out of date and the portable suction unit and spacer device was missing. This was brought to the attention of the practice manager and an order was placed within 24 hrs.

We saw the practice kept logs which indicated the medical emergency oxygen cylinder and emergency medicines were checked monthly instead of weekly and the AED was checked weekly instead of daily. This was brought to the attention of the practice manager.

The practice manager told us they would plan periodic medical emergency simulation exercises to test the practice response. Staff confirmed this, but no documentation was seen to clarify that analysis or continuous improvement was discussed afterwards.

Staff recruitment

The practice had a recruitment policy in place and this process had been followed when employing new staff. This included proof of their identity, checking skills and qualifications, registration with relevant professional bodies and seeking references. We reviewed the newest member of staff's recruitment file which confirmed the process had been followed. Personal information was kept safely with the practice manager or with the staff member.

We saw that the practice had a relevant policy in place and all staff had been checked by the Disclosure Barring Service

Are services safe?

(DBS) The DBS checks to identify whether a person has a criminal record or is on an official list of people barred from working in a roles where they may have contact with children or adults who may be vulnerable.

We saw evidence of relevant staff indemnity insurance (professionals are required to have insurance in place to cover their working practice).

Monitoring health & safety and responding to risks

The practice had elementary risk assessments to cover health and safety concerns that arise in providing dental services generally and those that were practice specific. The practice had a Health and Safety policy in place which included guidance on fire safety and the handling of clinical waste. The practice manager was the lead for Health and Safety and we saw the policy was updated in January 2016.

The practice had an electronic file of Safety Data sheets, which was available for all staff via the online system. The practice manager confirmed that the practice did not have COSHH assessments. Staff told us they would refer to the safety data sheet if a COSHH issue occurred. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances – from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

An external fire assessment was completed in October 2015, fire extinguishers were serviced annually and we observed effective evacuation procedures when an alarm occurred during the inspection. The practice manager and a dental nurse were fire marshals. A fire policy was in place dated January 2016. There was no evidence that regular in-house fire safety checks were in place or discussed at practice meetings to reduce the likelihood of risk of harm to staff and patients.

Infection control

The practice had a decontamination room which was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM01-05), decontamination in primary care dental practices.

The decontamination room was spacious with three sinks. It was linked directly by swing doors to three of the four surgeries. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean'

zones. The procedure for cleaning, disinfecting and sterilising the instruments was displayed on the wall to guide staff. We observed staff wearing appropriate personal protective equipment when working in the decontamination area, this included heavy duty gloves, aprons and protective eye wear. We noted the heavy duty gloves were in good supply but not changed at weekly intervals.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated they followed correct procedures. For example instruments were initially hand scrubbed then placed in the ultrasonic bath, examined under illuminated light magnification and sterilised in an autoclave. (A device for sterilising dental and medical instruments). Sterilised instruments were stored in a sealed box and any remaining was processed at the end of the week. Instruments were transported between the adjoining surgeries in uncovered trays and an appropriate safety transport mechanism was apparent for the converted surgery located further from the decontamination area. We noted that dental nurses were hand scrubbing instruments using a toothbrush; not a long handled brush. This was brought to the attention of the practice manager. Water temperature was not monitored and nurses were not aware of the 45 degree maximum temperature for scrubbing instruments. The clean water distiller was located in the 'dirty' area of the decontamination room.

There was inconsistent and limited evidence to show that equipment used for cleaning and sterilising instruments had been validated in line with the manufacturer's instructions. We found no record of automatic control tests, temperature or pressure checks to ensure the equipment was satisfactory before use. For example, data from the autoclave data logger was downloaded inconsistently and not daily in accordance with recommended guidelines.

We saw all staff had received infection protection control training over the last year covering a range of topics including hand washing techniques.

There were adequate supplies of liquid soap and paper hand towels in the decontamination area and surgeries. We saw sharps bins were being used correctly although some were placed in the 'clean' area of the surgery.

Are services safe?

There were cleaning schedules in place for cleaning the premises and cleaning records were maintained suitably.

The staff records we reviewed showed all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. Members of staff new to healthcare had received the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff (The Green Book is a document published by the government that has the latest information on vaccines and vaccination procedures in the UK).

The practice had a Legionella risk assessment completed in November 2015. Hot and cold water temperature checks were in place. Dip slide testing was completed weekly in-house, and staff had received Legionella training to raise their awareness. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

We saw Portable Appliance Testing (PAT) was completed February 2016. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

We saw external maintenance records for equipment such as autoclaves, compressors and X-ray equipment which showed they were serviced in accordance with manufacturers' guidance.

Radiography (X-rays)

The X-ray equipment was located in all surgeries. X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation policy which contained a copy of the local rules; this stated how each X-ray machine needed to be operated safely. Local rules were also displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw that all staff was up to date with their continuing professional development training in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed paper and electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records for future reference.

We saw patient dental care records had been audited to ensure they complied with the guidance provided by the FGDP. The last audit was undertaken in January 2015, although the audit was not clinician specific, we saw confirmation of action plans and learning outcomes.

During the course of our inspection we discussed and reviewed patient dental care records with the dentists. We found they were in accordance with the guidance provided by the FGDP. For example, discussions of treatment needs, options, risks, benefits and costs were routinely recorded and medical histories had been updated prior to treatment. We saw strong evidence of regular soft tissue examinations, diagnosis and a basic periodontal examination (BPE) – a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums, had also been recorded. We also saw that periodontal referrals were conducted as necessary. The practice had an extended duties dental nurse who was trained as an oral health educator.

The dentists told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. By reviewing the dental care records we found these discussions were recorded and signed treatment plans were scanned into the patients' dental care records.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is

an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental decay. Staff told us that the dentists would always provide oral hygiene advice to patients where appropriate. We saw that advice on smoking and alcohol was given and cancer risks were discussed.

The practice had a selection of dental products on sale and a variety of oral health leaflets were available to assist patients with their oral health.

Staffing

New staff had a period of induction to familiarise themselves with the way the practice ran. The comprehensive induction process included ensuring the new member of staff was aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the induction files.

Staff told us they had access to on-going training to support their skill level and we saw evidence of in house team training and that they were actively encouraged to maintain a variety of continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff except for one member; we saw that this anomaly was in the process of being resolved.

We reviewed completed appraisal documents and training plans for the year for each staff member. Staff told us they could approach the principal dentist or practice manager at any time to discuss continuing training and development as the need arose.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics, endodontics, sedation and oral surgery. Dental Implants were offered at

Are services effective?

(for example, treatment is effective)

the practice on a private basis. Appropriate referral detail was recorded in letters and in the dental care records. The practice reported having a good working relationship with local hospitals and secondary care services.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had completed training annually and had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment. Mental Capacity Act 2005 – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

We saw evidence that patients gave their consent before treatment began and the patient signed a treatment plan. We saw within the dental care records that individual treatment options, risks, benefits and costs were discussed with each patient.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from the patients was positive and stated they were treated with care, respect and dignity. Patients said, staff supported them and were quick to respond to any distress or discomfort during treatment. We witnessed that staff were friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. Staff were helpful, discreet and respectful to patients. A separate area or empty surgery would be made available if a patient wished to speak in private.

Patients' electronic care records were password protected and regularly backed up to secure off site storage, and paper documentation was stored in locked cabinets.

There were two waiting areas; one was located within the reception area. We were told that maintaining confidentiality was difficult but reception staff were aware of this and made appropriate allowances for patients if sensitive topics were discussed. The practice appeared clean and hygienic.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented that they felt involved in their treatment and it was fully explained to them. Staff described how they involved patients' relatives or carers when required and allowed sufficient time to explain fully the care and treatment they were providing appropriately.

Patients were also informed of the range of treatments and costs available in information leaflets in the waiting room. The practice's website was informative and provided patients with information about the range of treatments and facilities available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Appointment length was in accordance with the clinical needs. Dedicated emergency appointments times were available on a daily basis. If the practice was closed, patients were directed to the NHS out of hours 111 service via the practice answer machine. The next available appointment was the following day.

The patients commented on the CQC comment cards they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting. Patients commented that dentists took their time to discuss their treatment needs in depth and explained the treatment options in a way they understood.

The principals were part of a local community health scheme in conjunction with the Patients' Participation Group (PPG), called the Edlington Hilltop Centre NHS Pathfinder Project. Managed as a charity with the aim of relieving deprivation and enhance education within the local community. A substantial grant from NHS England was given to set up the community project for tackling the communities' wider determinants of health. The dental element called 'Edlington Smiles Better' is aimed at improving dental health to 2600 nursery, primary and secondary school age children, using graphics and cartoon avatars for dental staff with the aim to educate and make dental treatment more friendly and less intimidating.

The grant has extended the project to allow entry into schools and bring groups to the practice for familiarisation visits. The practice manager is pivotal to the success of the dental element and intends to engage other practices if the project extends further.

Tackling inequity and promoting equality

The practice was part of a modern multidisciplinary primary care building, located on the first floor. Wheelchair users had step free access directly into the building and a lift to the first floor was available. All of the surgeries were large enough to accommodate a wheelchair or pushchair. An accessible toilet was also located within the dental area. There were ample parking slots available and dedicated disabled parking bays.

The practice had an equality and diversity policy and all staff had undertaken training to have an understanding of how to meet the needs of patients. The practice also had access to a local translation services for patients who required it. A hearing loop was available for patients who were hard of hearing.

Access to the service

The practice displayed its opening hours in the premises, practice website and on the NHS choices website.

The opening hours are:

Monday and Tuesday 08:00 – 17:00

Wednesday 09:00 – 17:00

Thursday 09:00 – 18:00

Friday 09:00 – 14:00.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so no patient was turned away. Patients commented that they had received emergency treatment the same day that they had requested to be seen. A practice information leaflet was available upon request.

Systems were in place for patients requiring urgent dental care when the practice was closed. NHS patients were signposted to the NHS 111 service on the telephone answering machine and the practice website provided supporting information.

Concerns & complaints

The practice had a complaints policy, which provided staff with clear guidance about how to handle a complaint. The practice manager was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the registered provider or practice manager to ensure responses were made in a timely manner.

We looked at the practice's procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had received one complaint in the past year; we saw evidence the complaint had been logged and acknowledged and a resolution satisfactorily achieved and documented, but no further action or discussion within the practice for analysis, quality assurance or lessons learnt was taken.

A leaflet on how to make a complaint was available for patients in reception with contact information to external agencies included.

Are services well-led?

Our findings

Governance arrangements

The practice manager was in charge of the day to day running of the service. There was a range of policies in use at the practice but evidence to suggest frequent revision and continuous improvement was lacking. There was no evidence of staff having read and understood the policy's and processes in place and some staff were unclear about which policies were held. We saw they had some systems in place to monitor the quality of the service but most lacked a process for improvements should things go wrong. For example, accident reporting was not completed comprehensively and no written procedure was available to guide an injured person appropriately should there be an incident.

Staff had a positive approach for identifying where quality or safety was being affected and addressing any issues, staff told us they refer almost everything to the practice manager to deal with. As a result formal significant event reporting and learning lessons were not part of the practice's procedures and staff were vague when asked about this.

There was a management structure in place to ensure that responsibilities of staff were clear, but evidence to support monitoring and assurance of procedures and processes was limited. The practice manager was the lead staff member for almost everything and it was apparent that the balance of responsibilities within the practice was uneven. Staff told us they felt supported, were clear about their roles and responsibilities and were proud to work at the practice.

Leadership, openness and transparency

All staff were aware of with whom to raise any issue and told us the practice manager and principal dentists was very approachable would listen to concerns and act appropriately. There was a no blame culture at the practice and that delivery of high quality care was part of the practice's ethos.

The practice held six monthly team meetings involving all staff; we saw no evidence of using practice meetings as a way to discuss practice safety and critical processes. Communication within the practice did flow but the effectiveness of this was questionable due to the amount

of 'unsure' and opposing answers we received during the inspection, for example, staff told us practice meetings were held monthly but we only saw evidence of two this year. Some staff were unaware of the GDC 'standards for the dental team' and we received mixed information with regards to a sharps injury which occurred in 2015. There was very little supporting evidence to confirm dissemination of information and the end to end documented process for continuous improvement.

Learning and improvement

The practice audits lacked consistent analysis and action plans necessary to confirm that continuous improvement and learning resulted. In-house audits included dental care records, infection prevention and control and X-rays.

We saw the last quality audit of X-rays dated July 2016. The audit was not in line with National Radiological Protection Board (NRPB) guidance; X-ray audits were clinician specific and graded but no analysis of the data or learning was carried out or documented. Health and Safety risk assessments were not robust and COSHH assessments were not completed.

Staff told us they were encouraged and supported to complete training relevant to their roles; this included medical emergencies, basic life support, infection prevention and control and radiography. A new learning database had been introduced to the practice and it was being updated with data. Paper certificates were shown to us on the day of inspection.

Staff were supported to maintain their continuous professional development as required by the General Dental Council.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out a patient satisfaction survey and had a comment box in the waiting area.

The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.