

Dr. Anthony Clough

Advent Dental Surgery

Inspection Report

101a Moulsham Street,
Chelmsford,
Essex.
CM2 0JG
Tel: 08445 769909
Website:

Date of inspection visit: 22 August 2018
Date of publication: 26/09/2018

Overall summary

We carried out this announced inspection on 22 August 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

Advent Dental Surgery is in Chelmsford, Essex and provides NHS and private treatment to adults and children.

There is some level access for people who use wheelchairs and those with pushchairs.. Patients with reduced mobility are referred to the sister practice further down the road. Car parking spaces are available outside the practice

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

Summary of findings

The practice is owned by an individual who is the registered manager there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 21 CQC comment cards filled in by patients and spoke with one other patient.

During the inspection we spoke with the registered manager, two dental nurses, one dental hygienist and the practice manager. There were no dentists on the premises on the day of inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday from 9am to 5pm. We were told the practice often opens Saturday and Sunday mornings from 9am to 12.30pm to support out of hours patients.

Our key findings were:

- We received positive comments from patients about the dental care they received and the staff who delivered it.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of ambubags, clear face masks and non-portable suction. Fridge temperatures were not monitored. Following the inspection, the provider took immediate action to replace equipment and put systems in place to ensure safe storage of medicines.
- The practice had infection control procedures which reflected published guidance. Some necessary improvements were highlighted and these were actioned swiftly. A Legionella risk assessment had not been undertaken.
- Staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- 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. Not all staff fully understood their responsibilities under the Mental Capacity Act 2005.
- The practice was providing preventive care and supporting patients to ensure better oral health.

Dental care records we reviewed confirmed the dentists assessed patients' treatment needs in line with recognised guidance. Although there was a lack of detail regarding any discussions with the patient.

- The practice had staff recruitment procedures but some improvements were required.
- The appointment system met patients' needs.
- The provider had some risk assessments to minimise the risk that can be caused from substances that are hazardous to health. There was no evidence to confirm these had been regularly reviewed to confirm they were still appropriate and there were no data safety sheets available for products used by the practice cleaner.
- Staff had not undertaken fire drills.
- Staff felt involved and supported and worked well as a team.
- Patients commented that the practice building was tired and a bit dismal, there were damaged work surfaces in treatment rooms, a damaged chair and door latch in one treatment room and a cracked floor in the decontamination room.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff had suitable information governance arrangements.

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

- Review the fire safety risk assessment and ensure that any actions required are complete and ongoing fire safety management is effective.
- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular undertaking bi-annual infection control auditing, reviewing the process for manual cleaning of instruments, the storage of equipment and hand washing for decontamination processes.
- Review the practice's Legionella risk assessment and implement any recommended actions identified, taking into account the guidelines issued by the

Summary of findings

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 suitability of the premises and ensure all areas are clean and fit for the purpose for which they are being used. In particular damaged areas of the practice including the cracks in the decontamination room floor, broken door latches and damaged and worn work surfaces in treatment rooms.
- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation, take into account relevant guidance, and staff follow them.

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 impact of our concerns with regards to the use of X-rays and radiation and Legionella was reduced due to the registered provider taking urgent action.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. Some information was missing from staff personnel files and we were assured this would be obtained.

The practice did not always follow national guidance for cleaning, sterilising and storing dental instruments. Some necessary improvements were required and staff responded swiftly to these.

Appropriate medicines and life-saving equipment were not all available. We noted the practice was missing some essential medical emergency equipment such as a paediatric ambubag. Other equipment was out of date such as eye wash kits and spillage kits. We noted Glucagon had not been stored correctly. We discussed the improvements required to the systems in place to ensure medicines and equipment did not go out of date with the management team. Within 48 hours the practice sent evidence of the actions they were taking to resolve these issues.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as superb, excellent and welcoming. 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 22 people. Patients were positive about all aspects of the service the practice provided. They told us staff were attentive, professional and reassuring. Patients commented on CQC comment cards that they felt the premises were tired and a bit dismal.

No action



Summary of findings

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

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

The practice's appointment system 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. Staff were not aware of interpretation services. We were told that there had been no demand for this service at the practice. 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.

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 registered manager told us the service had experienced managerial changes in the previous six weeks. This had impacted greatly on their ability to manage the practice effectively as systems were either not in place or required review. Following our inspection, the registered manager and practice manager, who had been in place for four weeks, were aware of the shortfalls in the practice's governance procedures and were taking steps to improve this.

Patient dental care records were stored securely.

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

No action



Are services safe?

Our findings

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

The practice had systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us they 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 suitably documented in the dental care record and a risk assessment completed. We noted where the rubber dam was used this was not always documented in the patients dental care records.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at seven staff recruitment records. We found that not all staff records contained photographic identification. We were told some staff recruitment information such as references were not available during the inspection as these were stored electronically at the

sister practice. The practice manager was new in post and when asked was unclear where these had been stored by the previous manager. We were told all staff had been recruited prior to the new practice manager being in post. We discussed the practice recruitment procedures with the new practice manager and systems to ensure information for staff working at the practice could be accessed at the practice in future.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

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

Records showed that fire detection equipment such as fire extinguishers, were regularly serviced. We noted that staff had not undertaken fire drills or scenario training and there were limited fire risk assessments in place. Following the inspection, the practice sent us evidence to confirm that whistles for each room had been purchased as part of their review of emergency fire drill training at the practice.

We found there were short fallings in the practice arrangements to ensure the safety of the X-ray equipment. Following the inspection, the practice requested an urgent inspection by their radiation protection provider. The following day we were provided with evidence that the practice had put systems in place to ensure the safety of the X-ray equipment and to ensure they met current radiation regulations and had the required information in their radiation protection file.

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

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

Risks to patients

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

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. Where clinicians elected not to use safer sharps provided, there were no systems in place to ensure dentists took sole responsibility for their disposal.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. The practice had not undertaken scenario training but we were told this was discussed at staff meetings.

Emergency equipment and medicines were mostly available as described in recognised guidance. With the exception of ambubags, clear face masks and portable suction, although we noted a portable suction unit was available in one treatment room. Following the inspection, the provider sent us evidence that items such as portable suction had been purchased. We were sent confirmation that other items including a replacement for the out of date eye wash kit were also replaced.

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

The provider had some risk assessments to minimise the risk that can be caused from substances that are hazardous to health. There was no evidence to confirm these had been regularly reviewed to confirm they were still appropriate and we did not see any data safety sheets which risk assessed products used by staff during practice cleaning.

The practice had an infection prevention and control policy and procedures in line with 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. During our

inspection we noted that the decontamination room had one sink. This sink and a small disinfection box were used

for manually cleaning and rinsing the instruments before they were sterilised. Staff had to use the kitchen sink to wash their hands before and after the decontamination process. We noted a number of loose items in treatment room drawers. These included sucker tips, local anaesthetic cartridges, polishing brushes. Burrs were stored in a burr stand on the treatment room tops, which the practice could not confirm would protect them from contamination. There were no systems in place to measure the temperature of the manual cleaning solution and there was no illuminated magnifying glass. Following the inspection, we were sent evidence that a thermometer had been purchased and during the inspection we were told an illuminated magnifying glass had already been ordered.

No all the records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. Following the inspection, the provider sent us evidence to confirm this was in place.

We discussed these concerns with the registered manager at the time of the inspection as these were not in line with HTM01-05 guidance. We were told the practice would take action to review their systems.

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

The practice had not undertaken a Legionella risk assessment. We discussed this with the registered manager, following the inspection the practice confirmed that an external provider was scheduled to undertake a full Legionella risk assessment at the practice.

We noted that records of water testing and dental unit water line management were in place.

Not all cleaning equipment was stored in line with recommended guidelines with floor mops standing head down in buckets. The practice was mostly clean when we inspected. However, we noted there were areas of the building that were in need of renovation, with some damaged work surfaces in treatment rooms, one treatment room door had a broken latch and some floor surfaces were cracked, for example in the decontamination room. Patients commented that the building was tired and a bit dismal. We discussed this with the registered manager who

Are services safe?

told us the practice was in the process of developing the site next door. We were shown the plans for the new premises planned to house the practice in the plot next door to the surgery.

The practice carried out infection prevention and control annually, but not as regularly as recommended by guidance which states completion on a six-monthly basis.

The practice had policies and procedures in place to ensure clinical waste was segregated. We noted the yellow clinical waste bin was locked but was not secured to the building or stored in a safe area. We discussed this with the registered manager who confirmed this would be immediately secured.

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 mostly written and managed in a way that kept patients safe.

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

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. We noted that there were no records of monitoring the fridge temperature where Glucagon was stored to ensure the fridge temperature had

not exceeded the recommended normal range during hot weather. We discussed these issues with the principal dentist who confirmed following the inspection that the Glucagon would be stored with the emergency kit with a reduced shelf life.

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

Track record on safety

The practice had a good safety record.

There were some risk assessments in relation to safety issues. There was scope to extend the risk assessments in place to ensure they covered a wider range of safety issues within the practice. For example, there was limited information with regard to a fire risk assessment. We discussed this with the practice manager who confirmed a detailed fire risk assessment would be undertaken.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The practice had implemented systems for the recording, investigating and reviewing of accidents or significant events which would help to prevent further occurrences and ensure that improvements were made as a result.

We were shown incident and accident reporting template forms. The provider said that there had been no accidents or incidents at the practice. There was scope for the practice to implement a more comprehensive educational tool by reviewing a wider range of incidents as events. We discussed this with the registered manager and practice manager during the inspection.

We saw there were systems in place to ensure any learning was shared with all staff.

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 needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. However during our inspection there were no dentists available at the practice to confirm this with.

Helping patients to live healthier lives

The dental nurses and hygienist described the preventive care and support provided for patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. However during our inspection there were no dentists available at the practice to confirm this with.

We were told by dental nurses the practice 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.

We were told that where applicable dentists discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale, although there were limited health promotion leaflets to help patients with their oral health.

Not all staff we spoke with were aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives.

The dental hygienist described to us the procedures they used to improve the outcome of periodontal treatment. Dental care records we reviewed contained records of plaque and gum bleeding scores and 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. There was a

lack of detail in patient dental care records we looked at to ensure patients were given information about treatment options and the risks and benefits of these to ensure they could make informed decisions.

The practice's consent policy included information about the Mental Capacity Act 2005. Not all staff fully understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. Not all the staff we spoke with had a clear understanding of the need to consider this when treating young people under 16 years of age or of the need to establish and confirm parental/legal responsibility when seeking consent for children and young people. Following the inspection, the practice provided evidence that staff were undertaking Mental Capacity Act training.

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 dental care records contained information about the patients' current dental needs, past treatment and medical histories. Dental care records we reviewed confirmed the dentists assessed patients' treatment needs in line with recognised guidance. Although there was a lack of detail regarding any discussions with the patient.

We saw that 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 induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Are services effective?

(for example, treatment is effective)

Co-ordinating care and treatment

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

Patient dental records and discussion with the registered manager 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 and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes 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 professional, attentive and reassuring. We saw that staff treated patients respectfully, were supportive and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

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

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 waiting areas provided privacy when reception staff were dealing with patients. Staff told us that 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

Patients confirmed that staff listened and discussed options for treatment with them. The hygienist and dental nurses described how treatment options were discussed with patients.

Staff described how they helped patients be involved in decisions about their care.

- Staff were not aware of interpretation services. We were told that there had been no demand for this service at the practice. Staff described how they often relied on family members to interpret for other languages. The practice could not ensure what was being communicated was in the best interests of the patient. We discussed this with the registered manager and practice manager who agreed to urgently review this practice.
- Staff communicated with patients in a way that they could understand. For example, staff described how they supported patients with reduced vision and hearing, supporting patients who lip-read by speaking clearly or writing things down when needed and directing patients to chairs or supporting them with paperwork. The practice provided access for assistance dogs.
- Staff helped patients and their carers find further information. Not all staff were aware of information and access to community and advocacy services.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

The practice's website and information leaflet were in the process of undergoing amendment and review.

The registered manager and hygienist described to us the methods the practice used to help patients understand treatment options discussed. These included photographs, hand held mirrors and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

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

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

The practice had not undertaken a formal Disability Access audit, but we were told patients with reduced mobility were referred to the sister practice nearby. Staff described examples of patients who were nervous or who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure they were supported both before, during and after their appointment. Nervous patients described the support provided by staff during their appointments.

Staff told us that they used text messaging and e-mails to remind patients they had an appointment. Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

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

The practice displayed its opening hours in the premises, we were told the practice leaflet and website were under review but noted these were included in the existing information leaflet.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

Patients told us they 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.

They took part in an emergency on-call arrangement with the sister practice and the NHS 111 out of hour's service.

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

Listening and learning from concerns and complaints

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

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

The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

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

We noted there were no complaints received by the practice in the previous twelve months.

The practice manager and registered manager described their commitment to respond to concerns appropriately and discuss outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The registered manager had the capacity and skills to deliver high-quality, sustainable care.

The registered manager had the experience, capacity and skills to deliver the practice strategy and address risks to it.

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

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

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

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The registered manager described the business plans the practice was in the process of undertaking which would result in a new practice building for the service.

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.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

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

Governance and management

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

The registered manager 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, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were some clear and effective processes for managing risks, issues and performance. The registered manager told us the service had experienced managerial changes in the previous six weeks. This had impacted greatly on their ability to manage the practice effectively as systems were either not in place or required review. Following our inspection, the registered manager and practice manager, who had been in place for four weeks, were aware of the shortfalls in the practice's governance procedures and were taking steps to improve this.

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 comment cards and verbal comments to obtain staff and patients' views about the service. We discussed examples of suggestions from staff the practice had acted on. One member of staff described a training course in radiology they attended and how they had shared their training with the other team members.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

Are services well-led?

The practice gathered feedback from staff through meetings 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. However, there was scope to ensure infection control audits were undertaken bi-annually in line with guidance. They had clear records of the results of these audits and the resulting action plans and improvements.

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

The whole 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 told us they 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. Staff told us the practice provided support and encouragement for them to do so.