Toothcare Limited

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Inspection Report

90a High Street
Canvey Island
Essex
SS8 7SQ
Tel:**01268 683739**
Website:

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Overall summary

We carried out this announced inspection on 25 October 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

Toothcare Ltd is in Canvey Island in Essex, and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Four car parking spaces are available at the rear of practice.

The dental team includes one dentist, one dental nurse and one trainee dental nurse, one administrator, one receptionist and a practice manager. The practice has one treatment room and one decontamination room.

Summary of findings

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 Toothcare Ltd is the principal dentist.

On the day of inspection, we collected 25 CQC comment cards filled in by patients and spoke with two other patients.

During the inspection we spoke with one dentist, one dental nurse, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday from 9am to 5.30pm, and closes from 12.30pm to 2pm daily. The practice is open until 7.30pm on Tuesday evenings.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff had infection control procedures which reflected published guidance. We found some pouched clean instruments had dental cement still on them. We discussed this with the provider who confirmed these instruments would be re-sterilised following our inspection.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had some systems to help them manage risk. We found there was no evidence that some actions recommended from the Legionella risk assessment had been completed.
- The practice staff had mostly suitable safeguarding processes. Staff demonstrated awareness of their responsibilities for safeguarding adults and children. We found that contact information for safeguarding teams was out of date. Following the inspection, the practice confirmed these had been updated.
- The practice had staff recruitment procedures; we found that some of these required strengthening.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

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

- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice and review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.
- Review the practice's protocols for the use of rubber dams for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the management of sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013

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?

No action

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

The practice had some 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. Some safeguarding contact information was out of date. Following the inspection, the practice provided confirmation to CQC to confirm that this had been updated.

Staff were qualified for their roles and the practice mostly completed essential recruitment checks. We found that evidence of staff photographic identity had not always obtained at the point of recruitment. However several members of staff had been with the practice for over 20 years.

Premises were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. We found some pouched clean instruments had dental cement still on them. We discussed this with the dental nurse and the provider who confirmed these instruments would be re-sterilised following our inspection.

The dentist rarely used rubber dam when providing root canal treatment and not all X-rays were justified or reported on.

We found there was no evidence that some actions recommended from the Legionella risk assessment had been completed.

We looked at a sample of dental care records to confirm our findings and saw some dental care records lacked detail. Records were kept securely and complied with General Data Protection Regulation (GDPR) protection requirements.

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

Are services effective?

No action

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 gentle, professional and caring.

The dentists discussed treatment with patients so they could give informed consent, we found that this was not always detailed in patients' dental care records. We found that staff awareness of the principles of the Mental Capacity Act 2005 required updating and staff discussions held to ensure understanding.

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.

Summary of findings

Are services caring?

No action

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

We received feedback about the practice from 27 people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, accommodating and efficient.

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

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

Are services responsive to people's needs?

No action

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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. This included providing level access and a patient toilet facility suitable for those with limited mobility. Whilst a hearing loop was not installed, staff told us how they had made efforts to accommodate the needs of those with sight and hearing problems. The practice had access to telephone interpreter services, however we were told there had been no demand for this service.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

No action

We found that this practice was providing well-led care in accordance with the relevant regulations. We identified some areas that required strengthening to ensure a robust approach was always adopted in the delivery of the service. For example, improving recruitment processes and ensuring detailed dental record keeping.

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.

Some options for treatment were discussed, but there was little detail of discussions recorded. We noted that until recently, information such as social and dental history, basic periodontal examination, examination of the tempero-mandibular joint and soft tissue and extra-oral examination were not always documented in full. We discussed this with the dentist and on review of more recent patient dental records noted that there had been some recent improvements.

Summary of findings

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.

Are services safe?

Our findings

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

The practice had clear systems to keep patients safe although there were areas that required review.

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. The contact information for the local safeguarding teams was out of date, we discussed this with the practice manager who following our inspection provided evidence that these had been updated.

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 practice dentist told us they were supplied with rubber dam and were aware of the guidance from the British Endodontic Society when providing root canal treatment. However, we were told they rarely used these. In instances where the rubber dam was not used, other methods were used to protect the airway. We found this was not documented in the dental care records, there was no evidence that a risk assessment had been completed.

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. We looked at seven staff recruitment records. Many of the staff had worked at the practice for over 20 years. However, we found the practice had not always followed its own policy when recruiting new staff. There was no evidence in the files for two newly recruited members of staff to show that they were able to work in this country and no files had photographic identification. The practice manager told us that many of the staff working at the practice were either family or were known to the practice prior to employment. We were told the practice were in the process of recruiting new staff and would be following their policy in future.

We found that disclosure and barring service (DBS) checks had been undertaken for all clinical staff but had not been completed for non-clinical staff. There were no risk assessments in place to evidence that the risk of no DBS had been assessed. We noted that two members of non-clinical staff had been with the practice for over 20 years, however one newly recruited member of staff had no risk assessment or DBS in place. We discussed this with the practice manager and lead nurse and following our inspection were provided with evidence that risk assessments had been completed.

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. The new boiler had been installed on 12 August 2017 and was overdue for its first service. We discussed this with the provider and within 24 hours of the inspection the practice provided evidence that the boiler had been serviced on 26 October 2018.

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 suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We noted that the dentist did not always justify and report on the radiographs they took. We discussed this with the dentist who agreed to review his process going forward.

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

Are services safe?

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.

We looked at the practice's arrangements for safe dental care and treatment. The dentist used traditional syringes rather than a safer sharps system. However, safer sharps were available at the practice. The dentist had taken measures to manage the risks of sharps injuries by using a safeguard when handling needles. We were informed that dental nurses did not handle used needles. The practice increasingly used disposable matrix bands. We looked at the sharps policy and procedure. A risk assessment had been completed.

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. We found that three members of the non-clinical team did not have a record of any vaccination recorded on their records and risk assessments for these staff had not been completed. We discussed this with the practice manager and lead nurse and following our inspection were provided with evidence that these had been undertaken.

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

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

A dental nurse worked with the dentist 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 (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had some arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We found that boxes used for transporting instruments were not lockable or leak proof. Following the inspection, the practice provided proof of purchase for three new lockable and leak proof transport boxes.

The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. The practice had a decontamination process in place. However, weekly protein or quarterly foil tests had not been undertaken. The practice washer disinfector had not been regularly validated. We were told this was not used, however we found this had not been decommissioned.

We found some pouched clean instruments had dental cement still on them. We discussed this with the dental nurse and the provider who confirmed these instruments would be re-sterilised following our inspection.

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 some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment undertaken on 9 February 2018. There was an action plan which outlined four recommended actions. These included descaling of taps and flushing of little used water outlets. However, there was no written evidence to show that recommended actions had been undertaken or completed. We saw that sentinel temperature checks had been undertaken twice but at six monthly intervals and not monthly as recommended in the Legionella risk assessment. The two checks were recorded as completed on 6 February 2018 and 13 August 2018.

We saw cleaning schedules for the premises. The practice cleaning was undertaken by an external cleaning company. The practice was clean when we inspected and patients confirmed that this was usual.

Are services safe?

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

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 some dental care records we saw lacked detail particularly in regard to screening at examination and to describe the consent process.

Records were kept securely and complied with General Data Protection Regulation (GDPR) protection requirements.

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

Safe and appropriate use of medicines

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

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

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

The dentist was aware of current guidance with regards to prescribing medicines.

Track record on safety

There were risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

We looked at one incident in the previous twelve months and this had been investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The practice had processes to record significant events when they occurred. We found that the policy for incident reporting could be improved to include information on reporting less serious untoward incidents. We reviewed one untoward incident the practice had reviewed within the previous 12 months.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had some systems to keep dental practitioners up to date with current evidence-based practice. We saw that the dentist assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We found the dentist was not aware of Local Safety Standards for Invasive Procedures' (LocSSIPs) for wrong site extraction in Dentistry or was aware of recent SEPSIS guidance.

Helping patients to live healthier lives

The practice was providing some preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. We were told there was a very low use of fluoride varnish or fissure sealants at the practice. The dentist told us they had detailed their reasons for this to the NHS Business Services Authority and preferred to provide high concentration fluoride toothpaste for children based on an assessment of the risk of tooth decay where appropriate.

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice. We noted this did not always include taking plaque and gum bleeding scores or detailed charts of the patient's gum condition where high initial index scores would suggest this to be appropriate.

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

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. This was not always detailed in patients' dental care records with regard to screening and discussion. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005 (MCA). We found that not all members of the team we spoke with had undergone training in MCA or 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. The staff were aware of the need to consider this when treating young people under 16 years of age. Staff were not fully aware of the need to establish and confirm parental responsibility or were clear on who could sign for minors when seeking consent for children and young people.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. Some options for treatment were discussed, but there was little detail of discussions recorded. We noted that until recently, information such as social and dental history, basic periodontal examination, examination of the tempero-mandibular joint and soft tissue and extra-oral examination were not always documented in full. We discussed this with the dentist and on review of more recent patient dental records noted that there had been some recent improvements.

We saw that the dentist audited their own patients' dental care records.

Are services effective?

(for example, treatment is effective)

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. We saw from the completed appraisals we reviewed that staff discussed training needs at annual appraisals.

Co-ordinating care and treatment

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

Dentist 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.

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, accommodating and caring. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

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

Information folders, patient survey results and thank you cards were available for patients to read.

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. Staff did not leave patients' personal information where other patients might see it. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and told us they were aware of

requirements under the Equality Act.

- Not all the reception staff we spoke with were aware of how to access interpretation services which were available for patients who did not have English as a first language. We were informed that patients could invite family relations to attend to assist. This may present a risk of miscommunications/misunderstandings between staff and patients.
- Staff told us how they communicated with patients in a way that they could understand, for example, staff told us they could read out information to a patient. We were told that if a patient had hearing difficulties they were taken into a private area where staff could speak louder without interference of background noise.

The practice gave patients 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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. We noted these conversations lacked detail in patients' dental records.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs 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 and described how they supported patients who were nervous or in pain.

The practice had made some adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails. Staff described how they supported patients to complete or understand paperwork if they were unable to see or read it.

Staff told us that they telephoned some vulnerable or older patients 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, and included it in their practice 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 often 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 NHS 111 out-of-hours service.

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

Listening and learning from concerns and complaints

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

The practice had a 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 looked at comments, compliments and complaints the practice received since 2015.

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

Are services well-led?

Our findings

Leadership capacity and capability

The leaders had the capacity and skills to deliver high-quality, sustainable care. The leaders, supported by the staff 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.

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

Vision and strategy

The practice had a realistic strategy to achieve priorities. The practice did not have a specific vision in place, other than to keep operating as usual and managing its NHS contract.

However, the provider had some plans for development which included moving to a computer based system for appointments and dental records.

Culture

The practice had a culture of 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 and practice manager were 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, if any were to arise. They had confidence that these would be addressed if so.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management. We identified some areas that required strengthening to ensure a robust approach was always adopted in the delivery of the service. For example, improving recruitment processes and ensuring detailed dental record keeping.

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

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

There were processes for managing risks, issues and performance.

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 patient surveys and verbal comments to obtain staff and patients' views about the service. Staff told us the principal dentist was always willing to listen to suggestions to improve patient care.

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. We looked at results of FFT dating back several years and saw these were wholly positive.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Are services well-led?

Continuous improvement and innovation

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist and practice 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.