Mr. Ha Wai Edmund Chan

Mr Ha Wai Edmund Chan - Rushden

Inspection Report

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Overall summary

We carried out this announced inspection on 01 June 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

The practice is in Rushden, a town in the county of Northamptonshire. It provides mostly NHS as well as some private treatment to adults and children. At the time of our inspection, the practice was accepting new NHS patient registrations.

There is a slight raised step to gain access to the premises. People who use wheelchairs and those with pushchairs are provided with assistance by staff if this is

Summary of findings

required. There is some limited car parking at the rear of the premises for staff and patient use. Public car parking facilities are also available within close distance to the practice. This includes parking for blue badge holders.

The dental team includes one dentist, one dental therapist/hygienist, three dental nurses, two trainee dental nurses and two receptionists. The practice has three treatment rooms; one of which is on the ground floor.

The practice is owned by an individual who is the principal dentist 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 72 CQC comment cards filled in by patients.

During the inspection we spoke with the dentist, the dental therapist/hygienist, two dental nurses, one trainee dental nurse and the two receptionists. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday to Friday from 8.30am to 5pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Most appropriate medicines and life-saving equipment were available. We noted an exception as buccal midazolam and a bronchodilator spacer were not available on the day. They were obtained shortly after our inspection took place.
- The practice had systems to help them manage risk. We noted some areas where the systems could be strengthened. For example, the processes for reporting, managing and learning from accidents and other incidents.
- The practice had mostly suitable safeguarding processes, although not all staff had undertaken training to the required level to manage safeguarding issues.
- The practice had thorough staff recruitment procedures.
- The clinical staff mostly provided patients' care and treatment in line with current guidelines. We noted some areas for improvement in dental record keeping and the type of X-rays taken.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and was in the process of developing a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice had systems to address complaints, although they had not received any within the previous 12 months.
- The practice staff had suitable information governance arrangements.

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

- Review staff training to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults. The practice should also review the frequency of the training completed.
- Review the practice's protocols for the selection criteria of radiographs taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the need to effectively record caries, periodontal and cancer risks within patients' dental care records, taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

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 systems and processes to provide safe care and treatment. They had processes to record incidents and accidents; we found systems could be improved to ensure staff learning took place when they occurred.

Staff received training in safeguarding, although not all had obtained the level of training expected to manage safeguarding issues, at the time of our inspection. Staff training to the required level started to take place following our inspection. Staff showed knowledge of how to recognise the signs of abuse and how to report concerns.

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

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

The practice had suitable arrangements for dealing with medical and other emergencies, although checks made on emergency equipment had not been recorded.

Are services effective?

No action

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

The dentist assessed patients' needs and provided care and treatment mostly in line with recognised guidance. We identified areas where improvement could be made. For example, in the type of X-rays taken and record keeping in relation to clinical risk assessments.

Patients described the treatment they received as excellent, effective and delivered by professionals. The dentist 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 had not implemented a referral log to help them monitor progress when these were made. After our inspection, we were informed that a log had been introduced.

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

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 72 people. Patients were positive about all aspects of the service the practice provided. They told us staff were approachable, well trained and caring. We did not receive any negative comments about the practice.

Summary of findings

Patients said that they were given helpful and informative explanations about dental treatment, and said their dentist listened to them. Patients commented that staff 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 some patients' different needs. This included providing facilities for disabled patients and families with children. The practice was not aware of contact information for interpreter services, although they told us a small number of patients were non- English speaking. They did not have a hearing loop to assist patients who wore hearing aids.

The practice told us they took patients' views seriously. They valued compliments from patients and told us they would respond to concerns and complaints quickly and constructively if any were received.

Are services well-led?

No action

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

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

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

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

Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

Staff showed awareness of their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse.

We saw evidence that staff received some safeguarding training. Documentation we looked at on the day showed that this was not to the required level for clinical staff to manage safeguarding concerns. The principal dentist was the lead in this area and had completed training to level one, but not level two as advised in national guidance. Whilst the most recent training had taken place in February 2018, previous training was undertaken by staff in 2011. Following our inspection, the principal dentist provided evidence that they, and one of the nurses, had completed training to the required level. They told us that plans were in place for all other staff to undertake the training.

Staff demonstrated awareness about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

Staff told us that whilst there was not a system to highlight vulnerable patients on records, e.g. children with child protection plans and adults where there were safeguarding concerns, if they did identify concerns, they would be recorded appropriately.

The practice had a whistleblowing policy. We noted that the policy we looked at on the day required review as it did not provide sufficient detail to inform staff about whistleblowing and how to report any concerns. Following our inspection, we were provided with a more detailed policy document which had been implemented.

The dentist told us they 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. We saw that a rubber dam kit was held in one of the surgeries.

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 plan was last reviewed in May 2018.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. We noted that the policy required some update to show it was personalised to the practice. The documents reflected the relevant legislation. We looked at three staff recruitment records relating to most recently employed staff, as other staff had worked in the practice for many years. These showed the practice followed their recruitment procedure.

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

The practice ensured that most facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. The practice was unable to provide evidence that fixed wiring testing had taken place within the past five years. Following our inspection, the principal dentist arranged for the testing to take place and sent us a copy of the certificate.

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

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

We saw evidence that the dentist justified, graded and reported on the radiographs they took. The practice had carried out an annual radiography audit following current guidance and legislation. We looked at a radiograph audit undertaken in August 2017. We noted that the level of detail recorded in the audit could be improved to include the overall percentages of grade one two and three X-rays taken.

The dentist 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 to help manage potential risk. We found that the fire risk assessment completed by the provider in July 2017 identified that staff should update their training in the use of firefighting equipment. We noted that this had not been completed at the time of our inspection. Following our inspection, the principal dentist told us that annual training had been arranged with a fire prevention officer.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. We noted that the dental therapist had implemented the safer sharps system, but the dentist used traditional sharps. 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 used disposable matrix bands. A sharps' risk assessment had been undertaken and was updated annually. We noted that the assessment could include further detail as it did not state that dental nurses should not handle used needles or include information as to why the dentist had not implemented the safer sharps system.

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. Training last took place in November 2017.

Emergency equipment and medicines were mostly available as described in recognised guidance. We noted that whilst midazolam was held, it was not in the advised form and a bronchodilator spacer was not available. We also found that that some medicines were held which were no longer advised, such as atropine, aminophylline and sodium bicarbonate. The provider told us they would remove the items and appropriately dispose of them. After our inspection, we were provided with evidence that midazolam in the advised form, and a bronchodilator spacer had been obtained.

We found that staff had not maintained records of their checks on emergency equipment and the AED, although we noted that equipment was available, within expiry date and in working order. Following our inspection, the provider told us that a log had been implemented.

A dental nurse worked with the dentists and the dental therapist 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. Our review of the documents identified that a more structured approach could be adopted. The practice utilised an external cleaner and we identified that more detail in relation to Control of Substances Hazardous to Health (COSHH) information was required for products that they used. Following our inspection, the provider told us that they had updated COSHH documentation for the cleaner.

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 suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The latest risk assessment was undertaken in 2010. The assessment

Are services safe?

stated that if there were no changes to the water system, then a further assessment was not required. Records of water testing and dental unit water line management were in place.

The practice was clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that the provider was not receiving consignment notices for their clinical waste collections and did not hold an up to date agreement with the contractor. We discussed this issue with the principal dentist. They told us that the contractor had not been providing consignment notices and had not issued an up to date agreement despite their request. Following our inspection, the provider sent us a copy of an up to date agreement obtained and told us that arrangements with the contractor had been strengthened. They told us they would now receive a consignment notice every time their waste was collected.

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 noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, legible and were kept securely. They complied with data 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 NHS prescriptions as described in current guidance but improvements regarding the logging of individual prescription numbers were required. The provider contacted us after our inspection and told us that a prescription log had been implemented.

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

Track record on safety

The practice had a positive safety record.

There were risk assessments in relation to most safety issues. The practice had not undertaken a lone worker risk assessment for the cleaner who worked in the premises alone. Following our inspection, the principal dentist told us that a meeting had been held with the cleaner and safety issues discussed.

The practice had processes to record accidents when they occurred. We looked at three accidents recorded since December 2017. The processes for monitoring and reviewing accidents when they occurred required review, as records did not indicate that discussions took place amongst staff to prevent similar occurrences in the future.

Lessons learned and improvements

The practice had processes to record significant events when they occurred. We found that the policy for incident reporting could be improved to include more detailed information on reporting less serious untoward incidents. The practice told us they had not identified any untoward incidents within the previous 12 months. One of the dental nurses told us they were aware of the type of incident to report although one of the trainee dental nurses we spoke with was unclear.

There was a system for receiving patient and medicine safety alerts. We were told that the principal dentist acted on relevant alerts received and shared any information with staff informally. The practice had not implemented a logging system for MHRA alerts at the time of our inspection; we were informed after our inspection that this had been introduced.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep the dental practitioner up to date with current evidence-based practice. We saw that clinicians assessed needs and mostly delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. During discussions held with the dentist, we identified that review was required of the lower frequency of bitewing radiographs undertaken in comparison with the higher frequency of orthopantomogram X-rays taken. Following our inspection, the provider told us they had obtained information from the Faculty of General Dental Practice UK (FGDP) which they would review and follow their recommendations.

The practice had access to an intra-oral camera to enhance the delivery of care.

Helping patients to live healthier lives

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

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentist and dental therapist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided some 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, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

We were informed that 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. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice held documented information about the Mental Capacity Act 2005. The dentist understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. We were informed that staff had received information about this at a training event attended in February 2018. Training certificates had not been produced to show this specific training had been undertaken at the event. We noted that one of the dental nurses had a certificate for training in the Act undertaken in 2017. We identified that dental nurse staff would benefit from refresher training as not all that we spoke with fully understood the principles of the Act.

The practice's consent policy did not refer to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. Whilst the dentist was aware of the need to consider this when treating young people under 16 years of age, we found that not all other staff that we spoke with had an understanding. The principal dentist told us after the inspection that they would hold a staff meeting to discuss the issues.

The dentist 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' past treatment and medical histories. We found that some of their current

Are services effective?

(for example, treatment is effective)

dental needs were not recorded in the sample of files that we looked at. For example, the risk assessments carried out for caries, oral cancer, tooth wear and periodontal condition were not documented.

Information we looked at, and discussions held with staff supported that they assessed patients' treatment needs in line with recognised guidance.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The majority of staff had worked in the practice many years and they shared practice management responsibilities across the team.

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. Our review of completed appraisals undertaken in March 2018 showed that some staff had identified particular training courses they wanted to undertake. The principal dentist told us that they would ensure that training needs identified by staff were appropriately considered. The practice employed two trainee dental nurses who were undertaking courses in dental nursing.

Co-ordinating care and treatment

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

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

The practice 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 systems required strengthening as we found that a tracking system had not been implemented to monitor all referrals, to make sure they were dealt with promptly. Following our inspection, the principal dentist informed us that a referral log had been implemented.

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

Patients said staff were compassionate and understanding and ensured that a pleasant and relaxing atmosphere was created when patients attended the practice.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. Comments from patients who were nervous included that painless treatment was provided which helped them overcome their anxieties and that worries and concerns were allayed. A large number of comments included that patients had been registered at the practice for many years.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the separate waiting area 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.

The practice was not computerised. They stored patients' paper records securely.

Involving people in decisions about care and treatment

Staff told us about how they helped patients be involved in decisions about their care. We found that awareness of the requirements under the Equality Act could be improved.

- Practice staff were not specifically aware of contact details of interpretation services for patients who did not have English as a first language. Staff told us there were few non- English-speaking patients currently registered at the practice, and they would be encouraged to bring someone with them to help, when they booked an appointment. Staff also spoke other languages and could therefore provide some support.
- Staff told us about how they communicated with patients in a way that they could understand, for example, reading the content of forms and other documentation aloud if any patients had sight problems and speaking loudly and clearly to enable patients with hearing problems to understand. The practice did not currently have access to easy read materials if they were required but a member of staff told us they would enquire about this.

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 dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. We received a large number of positive comments from patients about the time and detail of information provided by the dentist.

The practice's information leaflet provided patients with information about the 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, study models, example crowns and bridges and an intra-oral camera. These helped the patient and relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care. One of the dental nurses told us of the additional measures they had taken to support patients who felt nervous, which had included holding their hands. Longer appointment times were allocated to particularly nervous patients.

Staff told us that they offered dental care treatment to homeless people in the area and people who experienced mental health issues and attended a local support centre.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made some reasonable adjustments for patients with disabilities. These included an accessible toilet on the ground floor with a hand rail. Patients with mobility problems were seen on the ground floor. There was a slight raised step to gain access to the premises; staff said they provided any help and assistance to patients with wheelchairs or pushchairs if this was required. The practice did not have a hearing loop installed.

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. We noted that the next routine appointment was available within four working days.

Staff told us that patients who requested an urgent appointment were seen within 24 hours. The practice did not have a system of providing emergency appointment slots. On the day of our inspection, we saw that a patient not registered at the practice attended and requested an urgent appointment. An appointment was provided for the next working day.

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

Staff told us that appointment reminders were issued on request of patients.

Patients requesting an emergency appointment outside of usual opening hours were advised to contact The Manock Dental Practice in Wellingborough, they could see patients from 8am to 8pm seven days a week. Outside of these hours, patients were advised to contact NHS 111. The practice information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed.

Patients confirmed they could make routine and emergency appointments easily and were not often kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice told us they would take complaints and concerns seriously, if they were received.

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 leaflet included external agencies contact details that could be approached in the event of a concern. We noted that this contact information did not include up to date details for NHS England or the Parliamentary and Health Service Ombudsmen. (PHSO) Complaints information was also displayed on a notice board in the waiting area and this required update to reflect this information. Following our inspection, we were sent a copy of the procedure which had been updated.

The principal dentist was responsible for dealing with complaints. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away, if any concerns were raised. The practice had not received any complaints within the past 12 months.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at compliments the practice received within the past 12 months and feedback left on the NHS Choices website. We noted three positive comments and one negative comment left posted within the past twelve months. The practice had not responded to feedback left.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist demonstrated they had the capacity and skills to deliver good quality, sustainable care.

The principal dentist, supported by the staff who shared practice management responsibilities had the experience and capacity to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services.

The principal dentist was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had processes to develop leadership capacity and skills. The latest staff appraisals completed identified areas for potential development of staff. The principal dentist told us these would be addressed.

Vision and strategy

There was a vision and set of values. The statement of purpose stated that the practice aimed to provide their patients with high quality dental treatment in a safe, friendly, clean and pleasant environment. The practice had a realistic strategy to achieve priorities.

Culture

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

Staff stated they felt respected, supported and valued. A member of the team told us that there was a relaxed, family like approach at work and flexibility was offered to staff to accommodate a balanced home/work balance.

The practice focused on the needs of patients.

The provider was aware of the requirements of the Duty of Candour.

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

Governance and management

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

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The principal dentist, along with the staff who supported him were responsible for the day to day running of the service. Staff knew the 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.

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

Engagement with patients, the public, staff and external partners

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

The practice obtained staff and patients' views about the service. We saw examples of suggestions from patients and staff that the practice had acted on. For example, as a result of patient feedback, music was changed in the waiting area. Staff feedback resulted in the purchase of two new autoclaves which were easier to use and more efficient.

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

The practice gathered feedback from staff through meetings, surveys, 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

Are services well-led?

There were systems and processes for learning and continuous improvement. We noted some areas which required strengthening. For example, improvements in record keeping when patient clinical risk assessments were undertaken and review of the use of the type of X-rays taken. The provider told us they were committed to continuously improve and provided some assurance to us regarding this. The provider took immediate action to address shortfalls identified during this inspection, demonstrating they were committed to improving the service.

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. We noted that the level of detail recorded in one of the radiography audits we looked at could be improved to include the overall percentages of grade one two and three X-rays taken.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. We looked at a sample of practice meeting minutes. Whilst we found that records from meetings did not follow a structured format, they showed that topics had been discussed amongst staff such as record keeping and new continuous professional development requirements.

The whole staff team had annual appraisals. They discussed learning needs 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.