

Oracle Dental Group

Oracle Dental Group - Bromley Road Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on 17 April 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

Oracle Dental Group - Bromley Road Dental Surgery is in Colchester and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available behind the practice.

The dental team includes two principal dentists, four associate dentists, five extended dental duties nurses,

Summary of findings

one dental nurse, two dental hygiene therapists, four receptionists and the practice manager. The practice has ten treatment rooms and four decontamination rooms including the training decontamination room. The practice is a vocational training practice and facilitates training for foundation dentists, Master of Science Degree (MSc) clinicians from the university, undergraduate hygienists, undergraduate dental therapists and apprentice dental nurses through the local education institute.

The practice is owned by a partnership 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 Oracle Dental Group - Bromley Road Dental Surgery was the principal dentist.

On the day of inspection we collected 46 CQC comment cards filled in by patients and spoke with three other patients.

During the inspection we spoke with four dentists, three dental nurses, two receptionists 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 from 8am to 5pm

Tuesday from 8am to 5pm

Wednesday from 8am to 6:30pm

Thursday from 8am to 5pm

Friday from 8am to 5pm

Our key findings were:

- The practice staff appeared clean and well maintained.

- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk. There was a process in place for the reporting and shared learning when significant events occurred in the practice.
- The practice 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.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs. Patients could access routine treatment and urgent and emergency care when required.
- 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. Verbal complaints were reviewed and audited.
- The practice staff had suitable information governance arrangements.

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

- Review the practice's protocols and procedures to ensure staff are up to date with their highly recommended training and their continuing professional development.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. 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.

The practice had a recruitment policy to help them employ suitable staff, but this was not in line with legislation. Recruitment files for staff were incomplete. The practice did not have records such as a disclosure and barring checks (DBS), and references. There were no records which confirmed whether clinical staff had received appropriate vaccinations. We were told the practice was in the process of undertaking DBS checks for all staff. Following the inspection the practice provided evidence that recruitment procedures were in line with legislation. We were told all clinical staff except one had progressed through an apprenticeship scheme overseen by a local training institute. All attendees were required to go through pre-registration checks. The practice confirmed these checks were shared with the practice, along with regular monitoring as to the apprentice's performance both educationally and clinically.

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.

Appropriate medicines and life-saving equipment were available.

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 professional, supportive and helpful. 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; systems to help them monitor this were incomplete.

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 49 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind polite and friendly.

No action



Summary of findings

They said that they were given helpful, 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. During the inspection we saw staff showed a caring, supportive and respectful attitude towards patients.

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. We were told interpretation services were available for patients who did not have English as a first language. There were no notices in the reception areas to advise patients of this service and not all staff were aware of access to translation services.

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 staff told us they enjoyed their work and felt supported by the principal dentist and practice manager. We found a number of shortfalls indicating that the practice's governance procedures needed to be improved. This included recruitment procedures, ensuring clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination had been checked, strengthening oversight and monitoring of external cleaning services and implementing recommendations from risk assessments. Following the inspection we found the practice had taken immediate action to address any shortfalls and provided evidence to confirm these processes were in place.

The practice's policies and procedures had not been regularly reviewed to ensure they were up to date and met with current guidelines and legislation.

The principal dentist told us the service had experienced managerial changes in the previous two years. This had impacted greatly on their ability to manage the practice effectively as systems were either not in place or required review. The practice manager was aware that improvements were needed in the overall management of the service, and was keen to turn their attention to this.

No action 

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 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.

During our visit we did not review the practice business continuity plan. Following our inspection the practice provided evidence of a business continuity plan which described how the practice would deal with events that could disrupt the normal running of the practice.

We noted a damaged work surface in one treatment room behind the dentist's chair. The principal dentist confirmed the practice were exploring replacement costs.

The practice had a recruitment policy to help them employ suitable staff, but this was not in line with legislation. We viewed recruitment files for six members of staff including one recently employed staff member and found that essential pre-employment checks had either not been

undertaken or the practice did not have records of these, such as a disclosure and barring check (DBS), and references. The practice did not keep a record of employment interviews to demonstrate they had been conducted fairly and in line with good employment practices. There were no records which confirmed whether clinical staff had received appropriate vaccinations. Following our inspection the practice provided evidence to show that they had reviewed their recruitment processes, the practice provided evidence that recruitment procedures were in line with legislation. We were told all clinical staff except one had progressed through an apprenticeship scheme overseen by a local training institute. All attendees were required to go through pre-registration checks. The practice confirmed these checks were shared with the practice, along with regular monitoring as to the apprentice's performance both educationally and clinically.

The practice provided evidence that pre-employment checks were in place for the most recently employed member of staff. We were assured that the practice were in the process of undertaking DBS checks for all staff.

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 gas appliances.

Records showed that emergency lighting, 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. Rectangular collimation was not always used on X-ray units to reduce radiation dosage to patients.

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.

Are services safe?

Risks to patients

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

The practice manager was relatively new in post and told us they were in the process of reviewing and updating health and safety policies, procedures and risk assessments to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

Not all staff records confirmed whether clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus or that the effectiveness of the vaccination had been checked. The practice manager told us this was an on-going process.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Appropriate medicines and life-saving equipment were available. Staff kept records of their checks to make sure these were within their expiry date, and in working order.

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

The practice had completed a Control of Substances Hazardous to Health (COSHH) file. This provided a framework of actions to control the risk from a range of hazardous substances and to support the practice to either prevent or reduce patients and staff exposure to substances that are hazardous to their health. Risk assessments were not in place for these items and we found that the file did not include all substances used in the practice including environmental cleaning substances which were stored in the cleaners cupboards and we were told were used to clean the practice. Risk assessments for other substances that had not been included in the COSHH file included latex. Following the inspection we were provided with evidence to confirm these had been addressed as a priority.

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 carried out infection prevention and control audits twice a year. The latest audit undertaken January 2018 stated that the practice had a policy and procedure in place for the prevention and management of blood borne virus exposure; including management of spillages, sharps and inoculation incidents in accordance with national guidance and that the practice was complying with this policy. The practice did not have records which confirmed whether clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination had been checked. We discussed this with the practice manager who advised us that this was an ongoing process. There were no risk assessments in place whilst this was on-going to ensure staff were safe and complying with the practice policy. Following our inspection the provider sent us evidence of risk assessments undertaken.

At the time of our visit the practice did not have an annual Infection Prevention Control statement. Following our inspection the provider sent us evidence of an annual Infection Prevention Control statement.

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.

A legionella risk assessment had been completed for the practice in November 2015; there was no evidence to confirm that any recommendations to monitor water temperatures monthly and descale tap outlets had been implemented. Following the inspection the practice

Are services safe?

provided evidence that a risk assessment had been undertaken on 25 April 2018 by an external organisation. The practice confirmed that any actions from this report would be implemented and recorded.

The practice employed an external cleaning company. Not all the cleaning equipment we saw was clean fit for purpose or in a good state of repair. Following the inspection evidence was provided to confirm the practice had oversight of the cleaning contractors; cleaning schedules were in place at the time of the inspection. Supporting evidence confirmed cleaning equipment was clean and fit for purpose. 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.

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, complete, and legible and were kept securely and 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 dentists were aware of current guidance with regards to prescribing medicines.

The practice held NHS prescriptions, documented in the patients clinical care records the prescription number when issued and stored them securely.

Track record on safety

The practice had a good safety record.

There were comprehensive 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.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice.

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. The alerts were emailed to team members, acted upon, kept on file and notes were made in relation to any actions that had been completed.

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.

The practice had access to intra-oral cameras to enhance the delivery of care. There were training facilities at the practice including training laboratories, a lecture room, a training decontamination room and electronic display equipment to enhance staff training and development.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. They were also a member of a 'good practice' certification scheme.

Helping patients to live healthier lives

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

The dentists 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 practice had a population approach to oral health promotion and preventative care to all people in the community. This ranged from visits to local schools, scout groups and child centres with oral hygiene demonstrations giving the latest oral health information and guidance for young patients.

The dentists 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. Apprentice dental nurses at the practice had created an information board on oral hygiene and cleaning which was on display in the main reception area.

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.

We spoke with the dentists who 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

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

The practice was selected to take part in the government's Dental Prototype Agreement Scheme, to trial a new NHS dental contract that aims to offer a new way of providing dental care, with an increased focus on disease prevention.

The practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists 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's consent policy included information about the Mental Capacity Act 2005. There was scope to improve learning and ensure all the team understood their responsibilities under the act when treating adults who may not be able to make informed decisions and consent issues for patients under 16 years of age. Not all staff were aware of the need to consider this when treating 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 detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

Are services effective?

(for example, treatment is effective)

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. The practice was a vocational training practice; many of the team were upskilled. For example there were six extended duties dental nurses who undertook preventative and disease management clinics. The practice facilitated training for foundation dentists, MSc clinicians from the university, undergraduate dental hygienists, undergraduate dental hygiene and therapists and apprentice dental nurses through a local education institute.

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 and during staff meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

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

The practice had systems 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, supportive and helpful. We saw that staff treated patients with kindness and were polite and friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

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. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care, not all staff were aware of the requirements under the Equality Act.

- Interpretation services were available for patients who did not have English as a first language. There were no notices in the reception areas to advise patients of this service and not all staff were aware of access to translation services.
- Staff communicated with patients in a way that they could understand, for example, one CQC comment card described how the reception team had supported patients who had reduced hearing.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

At the time of the inspection the practice's website was down for review and update, staff told us this would provide patients with information about the range of treatments available at the practice. We saw there was a range of treatment information for patients available in the reception areas.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, X-ray images and an intra-oral camera. The intra-oral cameras enabled photographs to be taken of the tooth being examined or treated and shown to the patient/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.

The team shared examples of how they met the needs of more vulnerable people such as patients with dental phobia, patients living with dementia, patients with autism and patients with other long-term conditions.

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

The practice had made reasonable adjustments for patients with disabilities. These included step free access via a ramp to the main entrance, hand rails at the main entrance and an accessible toilet with hand rails and a call bell.

Staff told us that patients were given appointment reminders prior to their appointment. These were by telephone, text message or email dependent upon the patient's preference.

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 we were told included it on their website.

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 kept informed by reception if they were kept waiting.

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

The practice 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. There was a process of reporting all verbal comment to the practice manager which were then responded to where required and triaged to identify and concerns, trends or training requirements.

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 in the past 12 months.

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

Leaders had the capacity and skills to deliver high-quality, sustainable care.

The principal dentist supported by the practice manager had the experience, capacity and skills to deliver the practice strategy and address risks to it. We were told the practice manager was new to the post and was in the process of reviewing many of the processes throughout the practice. We saw that these were a work in progress. For example the review of staff files, policies, training files and risk assessments throughout the practice. Following the inspection we were provided with evidence to confirm the practice was working to address these areas.

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 practice had developed a mission statement and were in the process of embedding this within the team.

Culture

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

Staff told us they enjoyed their job and felt supported, respected and valued in their work. Staff reported they were able to raise concerns and were encouraged to do so. They had confidence that their concerns would be addressed.

The practice focused on the needs of patients.

Leaders and managers advised that they would act 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.

Governance and management

We identified a number of shortfalls in the practice's governance arrangements including the recruitment of staff, oversight of contracted cleaners and the management of known risks. At the time of our inspection we found that recruitment files for staff was incomplete. There were no systems in place to ensure disclosure and barring checks (DBS), and references were undertaken for staff. There were no records which confirmed whether clinical staff had received appropriate vaccinations.

The practice system of clinical governance included policies, protocols and procedures, there was scope to ensure these were accessible to all members of staff and were reviewed on a regular basis.

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. The principal dentist told us the service had experienced managerial changes in the previous two years. This had impacted greatly on their ability to manage the practice effectively as systems were either not in place or required review. The principal dentist and practice manager were aware of the shortfalls in the practice's governance procedures and it was clear they were working hard to try to improve the service.

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.

Are services well-led?

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. The practice manager and staff gave examples of suggestions the practice had acted on. For example improvements to the practice appointment schedules and reception protocols.

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.

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.

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 reception team and dental nurses 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 practice held training certificates in some staff files. Following the inspection we saw the practice had put processes in place to ensure they had oversight of all staff training.

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.