

Vallance, Segal & Shupac

Vallance, Segal & Shupac - Failsworth

Inspection Report

149 Lord Lane
Failsworth
Manchester
M35 0QH
Tel: 0161 6815400
Website: none

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Overall summary

We carried out this announced inspection on 24 August 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Vallance, Segal & Shupac - Failsworth is in Failsworth, Manchester and provides NHS and private treatment to adults and children.

Portable ramps are provided for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

Summary of findings

The dental team includes five dentists, comprising of two partners and three associate dentists, five dental nurses who also carry out reception duties, two part-time dental hygienists, and a practice manager. The practice has three treatment rooms.

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 Vallance, Segal & Shupac - Failsworth was the principal dentist.

On the day of inspection, we collected 50 CQC comment cards filled in by patients. Patients were positive about all aspects of the practice.

During the inspection we spoke with two dentists, dental nurses, a 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 Thursday 9am to 5.30pm

Friday 9am to 4pm

Our key findings were:

- The premises appeared clean and well maintained.
- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Minor improvements were needed to the life-saving equipment.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.

- The clinical staff provided patients' care and treatment in line with current guidelines and had systems to monitor the quality of care.
- 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.
- Staff felt involved and supported. They communicated 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 arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- Review the practice's arrangements for ensuring good governance is sustained in the longer term. In particular; the process to review practice policies.
- Review the practice's protocols to ensure audits of radiography and infection prevention and control have documented learning points and the resulting improvements can be demonstrated.
- Review the practice's sharps procedures to 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.

We asked the following question(s).

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 had systems to learn from incidents to help them improve.

Not all staff received training in safeguarding. Staff demonstrated they knew how to recognise the signs of abuse and how to report concerns. Evidence of training was sent immediately after the inspection.

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.

The practice had systems to identify and mitigate risks. Systems to receive patient safety alerts, sharps risk management and audit of infection prevention and control could be improved.

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 how staff put them at ease when receiving treatment. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

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

The dentists used evidence-based standards and guidance resources to review and monitor the effectiveness of care. For example, locally agreed dental trauma pathways, the Greater Manchester Dementia Friendly Toolkit and antibiotic guardianship guidance and audit tools as part of its approach in providing high quality care.

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 50 people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, helpful 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.

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. The practice had access to face to face interpreter services and had arrangements to help patients with sight or hearing loss.

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

No action



Are services well-led?

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

During the inspection we found all staff were open to discussion and feedback to improve the practice.

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

The practice team kept complete patient dental care records which were, clearly written or typed 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. The system of clinical governance and process to review policies could be improved. Despite the deficiencies in this area, we found that this had not impacted on staff, recruitment procedures or the services provided.

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. This was not always to the level expected. The practice provided evidence that staff completed appropriate training immediately after the inspection. Staff demonstrated that they knew about the signs and symptoms of abuse and neglect and how to report concerns and we saw an example of where a patient had been highlighted to the safeguarding team. We discussed the requirement to notify the CQC when a safeguarding referral is made, as staff were not aware of this.

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 felt confident they could raise concerns without fear of reprimand.

The dentists used rubber dams, where appropriate, 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.

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

Although the service did not have a staff recruitment policy, we saw that staff had been recruited appropriately and

recruitment files contained all the recommended information. This included Disclosure and Barring Service (DBS) checks to prevent unsuitable people from working with vulnerable groups, including children.

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

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including pressure vessels and gas appliances. A member of staff carried out Portable Appliance Testing (PAT). They attached a test sticker to each item tested. There was no evidence the member of staff was competent to carry out and interpret the results of appliance testing. We also noted this process was inconsistent. For example, some devices did not have stickers and one device had a sticker dated 2014. We discussed this with the principal dentist who gave assurance the process would be reviewed.

After receiving notice of the CQC inspection, staff identified the practice did not have policies relating to fire safety. Immediate action was taken to put a fire safety policy in place and we saw evidence this had been circulated and discussed with all staff members. The practice did not have a fire risk assessment. Fire safety systems including emergency lighting and smoke detectors were in place and records showed they were regularly tested. Fire extinguishers were available throughout the practice. These were serviced annually. Evacuation procedures were in place and displayed throughout the premises.

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. The practice had registered their use of dental X-ray equipment with the Health and Safety Executive in line with the Ionising Radiation Regulations 2017.

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

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

Risks to patients

Are services safe?

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

The practice did not have health and safety policies. Despite this, procedures and risk assessments were in place to help manage potential risk.

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 basic sharps risk assessment had been undertaken, mainly in relation to needles. The practice had acted to reduce the risk by obtaining safer sharps and disposable dental matrices. We discussed this with the practice manager who gave assurance that this would be reviewed and risk assessed more thoroughly. Staff confirmed that only the dentist was permitted to re-sheath and dispose of needles where necessary to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.

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. Evidence of the effectiveness of the vaccination was not available for three members of staff. This was discussed with the principal dentist and practice manager who confirmed after the inspection that they were in the process of obtaining this evidence which would be risk assessed as appropriate.

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. We noted that the checking process did not include checking the expiry dates of tubing and airways. As a result, tubing and two sizes of oropharyngeal airways had expired. Glucagon, which is required in the event of severe low blood sugar, was kept with the emergency drugs kit but the expiry date had not been adjusted in line with the manufacturer's instructions.

Staff took immediate action to order replacements and amend the expiry date on the glucagon. After the inspection, the provider confirmed the process to check these had been amended to include all items.

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

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. The practice had current employer's liability insurance.

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. Items were not always disinfected before they were fitted in a patient's mouth as some members of staff thought this was done at the laboratory. We raised this with the practice manager to review and discuss with staff.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned, records of water temperature and quality testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. 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.

Are services safe?

The practice carried out infection prevention and control audits twice a year. There was no evidence that the results of the latest audit had been analysed to identify if the practice was meeting the required standards or if any actions were required. For example, to identify a torn dental chair and floor in the downstairs surgery, or to ensure staff consistently disinfected laboratory work.

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 General Data Protection Regulation (GDPR) 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 dentists were aware of current guidance with regards to prescribing medicines.

The dentists carried out checks that antimicrobial medicines were prescribed appropriately.

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. In the previous 12 months there had been no safety incidents.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the need to report any incidents. For example, during the inspection a minor incident occurred. Staff responded to and reported this in line with policy. There were systems to record, respond to and discuss all incidents to reduce risk and support future learning.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice. Staff were not familiar with the Serious Incident Framework. We discussed how in the event of a serious incident, this could support them to carry out their investigations.

The system for receiving and acting on safety alerts could be improved. The practice manager told us they had not received any relevant alerts for several months. We showed them and discussed recent alerts relating to glucagon and the safe operation of emergency medical oxygen. The glucagon was checked to confirm it was not affected by the alert. The practice manager gave assurance that the oxygen alert would be shared and discussed with staff, and the process to receive alerts would be reviewed.

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 and documented needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. The dentists showed us evidence-based standards and guidance resources obtained by the practice to review and monitor the effectiveness of care. For example, locally agreed dental trauma pathways, and antibiotic guardianship guidance and audit tools.

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 was recently congratulated by NHS England for fluoride varnish on 76% of children compared with the locality rate of 59%. They obtained packs including first toothbrushes, oral health information and drinking cups for parents with babies.

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 displays and 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 dentists 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. They followed 'Healthy Gums Do Matter'

protocols to carry out periodontal assessments. This is a Greater Manchester primary care clinician-led project which aims to improve the quality of periodontal treatment.

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 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 and the opportunity to ask questions about their care.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. Resources were available to support the team. For example, the Greater Manchester Dementia Friendly Toolkit. The toolkit provides guidance to primary care clinicians around planning dental care for people living with dementia. Staff were aware of the need to consider Gillick competence, by which a child under the age of 16 years of age can consent for themselves, when treating young people.

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 and documented patients' treatment needs in line with recognised guidance.

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.

Are services effective?

(for example, treatment is effective)

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 discussed training needs at annual appraisals and one to one meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. For example, by funding online training and obtaining Continuing Professional Development (CPD) approved journals and publications.

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, helpful and friendly. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone. Patients commented that staff made them feel at ease and many patients said that they would recommend the practice to others.

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

Patients commented that staff always welcomed them with a smile and were kind and helpful when they were in pain, distress or discomfort.

Practice and oral health information displays were provided, thank you cards were available for patients to read. Patients also complimented the practice on the wide range of magazines and journals provided in the waiting room.

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. 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 to be involved in decisions about their care and were aware of the

the requirements under the Equality Act. Face to face interpretation services were available for patients who did not have English as a first language.

Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. 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.

Staff were not familiar with, but were found to be meeting the requirements of the Accessible Information Standard. This is a requirement to make sure that patients and their carers can access and understand the information they are given.

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

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example models and X-ray images 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.

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

They currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they were unable to access the first-floor surgeries or if they required a translator or the portable ramps. Staff reviewed the patients who were due to attend each day to anticipate the need for the portable ramps, ensure translators were booked or identify if any additional assistance was required during their visit.

The practice had made reasonable adjustments for patients with disabilities, in line with a disability access audit. These included the provision of portable ramps, a hearing loop and an accessible toilet with hand rails and a call bell.

Patients could choose to receive text message and email reminders for upcoming appointments. Staff telephoned some patients before their appointment to make sure they could get to the practice.

Timely access to services

Patients could 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 and on the NHS Choices website.

The practice had an efficient appointment system to respond to patients' needs. Patients who requested urgent

advice or care were always offered an appointment 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. Patients commented that they found it easy to arrange urgent appointments.

The practice NHS Choices website, 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 explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff had received complaints handling training. They 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 a complaint the practice received in the last 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

The management team had the capacity and skills to deliver high-quality, sustainable care.

They had the experience, capacity and skills to deliver the practice strategy and address risks to it.

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

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

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

Vision and strategy

The practice had a mission statement to provide a high quality and range of dental services to the whole community. This was displayed in the reception area. The practice had a realistic strategy and planned its services to prioritise and meet the needs of the local community they served.

The provision of care was in line with health and social priorities across the region. The practice used locally agreed toolkits and pathways, and planned its services to meet the needs of the practice population.

Culture

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

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

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

Systems were in place to respond to incidents and complaints appropriately. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were 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 practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The system of clinical governance, which included policies, protocols and procedures could be improved. Policies were accessible to all members of staff, but these were not consistently reviewed on a regular basis. For example, the safeguarding policy was not up to date and policies relating to recruitment and health and safety were not available. Despite the deficiencies in this area, we found that this had not impacted on staff, recruitment procedures or the services provided. We noted that three different safeguarding processes were displayed for staff to follow. Staff demonstrated that they knew which was the correct process and contact number for the local safeguarding services.

There were processes for managing risks, issues and performance. We discussed areas where improvements could be made in relation to portable appliance testing, systems to receive MHRA alerts and ensure staff had immunity to Hepatitis B could be improved.

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. The practice ensured that staff completed confidentiality training and were familiar with the requirements of the GDPR.

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.

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 most recent results showed 99% of the most recent responders would recommend the practice.

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

Continuous improvement and innovation

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, prescribing, radiographs and infection prevention and control. They had clear records of the results of dental care record audits and any resulting action plans and improvements. We noted that the radiography and infection prevention and control audits did not include a process to review the results and act on any issues identified.

During the inspection we found all staff were open to discussion and feedback to improve the practice. Immediate actions were taken in relation to safeguarding training and emergency equipment. The team showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The practice manager 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 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. The practice provided support and encouragement for them to do so.