

## Cromer Road Dental Care

# Cromer Road Dental Care

## Inspection Report

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### Overall summary

We carried out this announced inspection on 18 November 2019 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**

Cromer Road Dental Care is in Balsall Heath, Birmingham and provides NHS dental treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available on local side roads near the practice.

The dental team includes four dentists, three dental nurses, three dental nurse apprentices, a manager (who is a dentist) an apprentice manager and a cleaner. The practice has four treatment rooms, only three of which are currently in use.

# Summary of findings

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. At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the delivery of services for which the practice is registered

On the day of inspection, we collected six CQC comment cards filled in by patients. The practice was only seeing patients with a dental emergency on the day of inspection and had no booked appointments.

During the inspection we spoke with one dentist, the manager, apprentice manager and two dental nurses. The practice owner was also present during part of the inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 9am to 5pm.

## Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Not all appropriate medicines and life-saving equipment were available but missing items were ordered on the day of inspection.
- The provider had systems to help them manage risk to patients and staff.

- The provider had mostly suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Not all staff had completed the required level of safeguarding training.
- The provider had staff recruitment procedures although these had not been followed consistently.
- 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.

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

Take action to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.

Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.

Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

Take action to ensure the regulated activities at Cromer Road dental practice are managed by an individual who is registered as a manager.

# 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.

**No action** ✓

### **Are services effective?**

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

**No action** ✓

### **Are services caring?**

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

**No action** ✓

### **Are services responsive to people's needs?**

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

**No action** ✓

### **Are services well-led?**

We found that this practice was not providing well-led care in accordance with the relevant regulations.

**No action** ✓

# Are services safe?

## Our findings

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

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

Staff 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Reporting flow charts and contact details for the organisations responsible for investigation of safeguarding issues were available in treatment rooms, the office and at reception. Staff were aware whom the safeguarding lead was at the practice and confirmed that they would report any suspicions of abuse to them. We did not see evidence to demonstrate that all staff had completed safeguarding training. We were told that any outstanding training would be completed immediately. Following this inspection, we were sent evidence of training certificates that were not available on the day of inspection. These did not demonstrate that these staff had completed the required level of safeguarding training and we were not provided with evidence to demonstrate that this training had been completed within the last three years. We were told that this would be addressed immediately.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider also had guidance documentation for staff to help them identify and report issues regarding adults that were in other vulnerable situations e.g. those who were known to have experienced female genital mutilation.

The provider had a whistleblowing policy. This included contact details for external organisations to enable staff to report concerns if they did not wish to speak to someone connected with the practice. Staff felt confident they could raise concerns without fear of reprimand.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. We were told that root canal treatment would not be completed at the practice if the patient refused or could not tolerate the rubber dam.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. These did not show that the provider followed their recruitment procedure. The provider had not obtained satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health or social care, children or vulnerable adults for some staff members employed.

There was no evidence of a criminal records check by the disclosure and barring service (DBS) for one member of staff. We were told that the recruitment procedure had only recently been fully implemented and would be followed in future. We were told that the DBS check had been completed previously but documentation had been lost and a further DBS check would be completed for this member of staff. The principal dentist commenced the application process during this inspection. Within 48 hours of this inspection, we received information to demonstrate that the DBS check had been completed as required.

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

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We saw a gas safety certificate dated 14 January 2019 and a five-year fixed wiring check had been completed in October 2017. Portable electrical appliances had been checked by an external company on an annual basis with the last test completed in May 2019.

Records showed that the fire detection system was last serviced in February 2017. We saw that this included the fire alarm and emergency lighting. We were told that the fire alarm had been serviced since that date but evidence to demonstrate this was not available. The manager telephoned the company who completed the servicing and was arranging a date for service. We were told that the date would be sent to us after this inspection. Fire extinguishers were serviced in November 2019. Staff were not keeping

# Are services safe?

records to demonstrate that routine tests were completed on fire detection or fire safety systems. We were told that some checks were completed but not recorded. We saw evidence that the last fire drill recorded was in 2017. Staff told us that they discussed what to do in the event of a fire and the action they should take but did not hold actual timed fire drills. The principal dentist told us that these would be introduced immediately. Within 48 hours of this inspection we received email confirmation that a fire drill was scheduled to take place the week following this inspection. Upon receipt of their draft inspection report the practice sent evidence to demonstrate that the fire detection system and emergency lighting had been serviced in 2018.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took.

The provider carried out radiography audits every year following current guidance and legislation.

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

## Risks to patients

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

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider 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. Information regarding sharps was included in the practice's health and safety risk assessment. This did not include information regarding all sharps objects in use at the practice. We were told that a dedicated sharps risk assessment would be completed and updated annually in line with all other risk assessments. Following this inspection, we were sent a copy of a brief sharps risk assessment.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the

vaccination to protect them against the Hepatitis B virus. We were told that records were available to demonstrate that the effectiveness of the vaccination was checked. However, there was no information for one member of staff to demonstrate that they had received vaccination to protect them against the Hepatitis B virus or that the effectiveness of the vaccination had been checked. Following this inspection, we were sent evidence to demonstrate that this staff member had received vaccinations and surface antibody tests but no evidence that the vaccination had been effective. Upon receipt of the draft inspection report the practice sent evidence from the occupational health department that the staff members immunisation history is complete.

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

Not all emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. The principal dentist ordered missing items during this inspection.

We discussed sepsis and identified that staff had completed training regarding sepsis management. Sepsis had also been discussed at a practice meeting. Posters about sepsis were on display throughout the practice. Systems were in place to enable assessment of patients with presumed sepsis in line with National Institute of Health and Care Excellence guidance.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

The provider had a folder containing information about substances that are hazardous to health in use at the practice. This included material safety data sheets and some partially completed risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We were told that this was work in progress and all other risk assessments would be completed as a matter of priority. Following this inspection, we were sent evidence to demonstrate that some risk assessments had been completed.

The provider had an infection prevention and control policy and procedures. They followed guidance in The

# Are services safe?

Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Evidence was available to demonstrate that some staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was used in line with the manufacturers' guidance. We saw that one of the autoclaves had been serviced in December 2018, there were no records to demonstrate when the second autoclave had received a service. Although we were told that this autoclave was back up and not in use. Following this inspection, we were sent confirmation that both autoclaves were booked for a service on 3 December 2019. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which was completed on 27 September 2019. Records of water testing and dental unit water line management were in place. There was evidence to demonstrate that some but not all the recommendations had been actioned, for example evidence was not available to demonstrate that the gas boiler had been serviced since the risk assessment was completed. Records of water temperature checks and dental unit water line management were in place. Dip slide test kits were purchased during this inspection (a test for the presence of microorganisms in liquids). These test kits were to be used as part of their dental unit water line management. Following this inspection, we were sent evidence to demonstrate that dip slide tests had been completed. We were forwarded a copy of the gas boiler service certificate dated November 2019.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We saw a copy of the clinical waste acceptance audit and consignment notes. Clinical waste was securely stored.

The infection control lead carried out infection prevention and control. We saw the audits for June 2018 and August 2019. Following this inspection, we were sent evidence to demonstrate that audits had also been completed in January 2018, and January 2019. This demonstrated that the practice was carrying out infection prevention and control audits at intervals as recommended in the guidance set out in HTM 01-05. 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 complete, legible, 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 provider 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.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

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

## **Track record on safety, and lessons learned and improvements**

## Are services safe?

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

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.

In the previous 12 months there had been no safety incidents. We saw that information was recorded regarding significant events. Discussions were held at a practice

meeting to prevent such occurrences happening again in the future. An accident book was available to record patient or staff accidents. Accidents would also be recorded on 'event' forms for ease of monitoring and review.

The provider was aware of never events, the yellow card system (for reporting adverse drug reactions or medical device adverse incidents, defective medicines, and counterfeit or fake medicines within the UK), and the serious incident framework (to help identify, investigate and learn from serious incidents).

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.



# Are services effective?

(for example, treatment is effective)

## Our findings

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

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

### **Helping patients to live healthier lives**

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

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

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. Patients were signposted to their GP practice for information on smoking cessation. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

### **Consent to care and treatment**

Staff 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 gave patients information about treatment options and the

risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. 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. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

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.

We saw that a patients' dental care records audit had been completed by NHS England in January 2019 as part of their routine monitoring visits to NHS practices. Evidence was available to demonstrate that issues for action identified had been addressed.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

We were told that staff new to the practice had a period of induction based on a structured programme. This included reading practice policies and procedures, receiving training and shadowing an experienced staff member. There was no documentary evidence to demonstrate that this had been completed. On the day of inspection, the manager obtained a copy of the induction documentation which was available from the practice's compliance system. We were told that this induction process would be followed for any new staff employed. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the



# Are services effective?

(for example, treatment is effective)

practice addressed the training requirements of staff. For example, appraisal documentation asked staff to complete information regarding targets for the coming year and any planned training and development. We saw evidence to demonstrate that the compliance system had suggestions for in-house training topics to be completed each month. These were discussed during practice meetings. Staff also completed on-line training and external companies visited the practice to complete medical emergency training for staff.

## **Co-ordinating care and treatment**

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

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

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems 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 was using an online system for referrals which enabled them to check the status of any referral to an NHS service they had made. Staff monitored all referrals to make sure they were dealt with promptly.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

The practice was closed to patients on the day of inspection, we therefore did not observe the usual interactions between staff and patients. We saw a number of patients attending the practice to book appointments for the future and saw that staff treated these patients with kindness and respect.

Staff were aware of their responsibility to respect people's diversity and human rights. Patients commented positively that staff were fantastic, nice and caring. One patient commented "I think the service as well as the staff are fantastic". Another patient commented "I love it here, very nice staff and service. I love my dentist and would recommend it to anyone".

Patients said staff were compassionate and understanding. We were told "kind workers who show care". Patients told us staff were kind and helpful when they were in pain, distress or discomfort. A patient commented "I've always had a fear for dentists but I can definitely say I have overcome it with the amazing service and reassurance that has been given at this practice". Patients could choose whether they saw a male or female dentist.

### **Privacy and dignity**

Staff 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 some privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff 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.

All consultations were carried out in the privacy of the treatment room and we were told that doors were always closed during procedures to protect patients' privacy.

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 Accessible Information Standards. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. We were told that staff could speak various languages such as Urdu, Gujarati, Arabic, Punjabi and Pashto. There was no notice in the reception area, written in languages other than English, informing patient's that translation services were available.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

Staff gave patients clear information to help them make informed choices about their treatment. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### 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 practice's medical history form asked patients to rate their anxiety when visiting the dentist. Staff were able to put an alert on the system to notify the dentist if a patient was anxious. We were told that staff took their time to chat to patients to try and distract them from thinking about any planned treatment. Music was played in the treatment room. Patients were able to bring a friend or relative with them to their appointments. Extra time was given to anxious patients and they were told that they could ask for any treatment to be paused or stopped at any time.

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

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop and a magnifying glass. The patient toilet was on the ground floor and had a hand rail to assist patients with mobility difficulties.

Staff telephoned or sent text message reminders to patients on the morning of their appointment to make sure they could get to the practice. Staff made courtesy calls to some patients after treatment.

### 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 information leaflet.

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

appointment were offered an appointment the same day. Appointment slots were kept free each day to be used by patients in dental pain. Patients had enough time during their appointment and did not feel rushed.

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

The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

### Listening and learning from concerns and complaints

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

The provider had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint and recorded that patients could request a copy of the complaint policy. Information was on display for patients in the waiting room detailing how to make a complaint.

The complaint manager was responsible for dealing with complaints. Staff said that they would try to deal with any informal comments or complaints immediately so patients received a quick response. They would also tell the complaint manager about any formal or informal comments or concerns straight away.

The complaint manager 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 complaint manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received within 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

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

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered.

### Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care.

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

Leaders at all levels were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

### Vision and strategy

There was a clear vision and values. The practice's aims and objectives was set out in the practice statement of purpose and included;

We always aim to deliver a very high standard of dental treatment in a caring, safe and thoughtful environment. It is our aim to always provide excellent oral health and the highest quality dental treatment in line with current and past research and evidence, choosing a minimally invasive approach where possible. The service we provide will increase the awareness of prevention and positive health choices. We keep ourselves updated with current dental techniques through continual education and training so what we may deliver comprehensive treatment choices to our patients.

We have core practice aims and values that we publicly promote to patients and these are as follows:

As a practice we will:

- Wherever possible, see patients on time and give an apology and an explanation if we run late by more than 10 minutes.
- Operate within a policy and culture of openness and honesty in everything that we do.

- Use good quality modern materials and approved techniques.
- Support continuing staff training and development.
- Spend sufficient time with the patients to meet their clinical needs.
- Promote a culture of good and open communication with patients so they can help shape our service provision.

### Culture

The practice had been in operation by the current owner since 1975 and over this time had built up a loyal patient base. Staff told us that there was a 'family' atmosphere and everyone worked well together. Staff said that they focused on the needs of patients.

The practice had a duty of candour policy in place and this had been discussed during a practice meeting. Staff were of the policy and the requirements to be open, honest and transparent when responding to incidents and complaints.

Staff could raise concerns and were encouraged to do so, and 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 although some improvements were required to demonstrate that these governance systems were effective.

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

The provider had purchased a compliance system which included policies, procedures, risk assessments and audit documentation. These had been adapted to meet the needs of the practice and had been implemented. Staff had signed to demonstrate that they had read documentation and these had been discussed at practice meetings. Policies seen recorded a date of implementation and review.

We saw there were some effective processes for managing risks, issues and performance. We were told that the compliance system identified when audits were to be

# Are services well-led?

completed, equipment was to be serviced and staff training to be completed. We were told that some evidence would be sent following this inspection regarding issues identified during this inspection. Information such as evidence of a recent boiler service, evidence that fire detection systems had been serviced since 2017 and confirmation that an application had been completed to register a manager at the practice. Not all this information was sent following this inspection. We received evidence to demonstrate that fire detection systems were serviced in 2018 and we were sent a gas safety certificate dated November 2019.

The practice had developed information governance policies and these had been discussed at a staff meeting.

## **Appropriate and accurate information**

Staff 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 provider 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**

Staff involved patients, the public, staff and external partners to support high-quality sustainable services.

The provider used patient surveys and verbal comments to obtain patients' views about the service. The apprentice manager had developed a system to record, monitor and discuss verbal comments received with staff, both positive and negative. This would be used to help the practice learn and make changes.

The practice had not responded to comments made on the NHS Choices website.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to

allow patients to provide feedback on NHS services they have used. We reviewed the FFT results for 2018. The majority of patients were either extremely likely or likely to recommend the practice.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were able to add items on to the agenda for practice meetings if they had any concerns or suggestions for improvements to the service.

## **Continuous improvement and innovation**

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

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of patient consent in December 2018, hand hygiene in January 2019, radiographs in December 2018 and infection prevention and control in January and June 2018 and January and August 2019. They had clear records of the results of these audits and the resulting action plans and improvements. A record keeping audit had been completed by NHS England in January 2019 during a contract monitoring inspection. Evidence was seen to demonstrate actions taken to address issues identified during this audit.

The 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. The apprentice manager had recently introduced 360-degree feedback where dental nurses gave feedback about the dentists they worked with and the dentists feedback about the dental nurses. We were told that this would be used to make improvements and drive performance.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.