

Dr Thomas Gacesa

# Oaklands Dental Surgery

## Inspection Report

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## Overall summary

We carried out this announced inspection on 19 June 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 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

Oaklands Dental Surgery is in the village of Ingol, near Preston. The practice provides NHS and private dental care for adults and children.

There is level access to the practice for people who use wheelchairs and for people with pushchairs. Car parking is available outside the practice in a dedicated car park. The provider had installed a portable ramp to facilitate access to the practice for wheelchairs and pushchairs.

The dental team includes a principal dentist, four associate dentists, two dental hygiene therapists, a

# Summary of findings

dental hygienist, five dental nurses, one of whom is a trainee, and a lead receptionist. The dental team is supported by a practice manager and a business consultant. The practice has four treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

We received feedback from 35 people during the inspection about the services provided. The feedback provided was positive.

During the inspection we spoke to dentists, a dental hygienist, dental nurses, the lead 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 8.00am to 8.00pm

Friday 8.00am to 4.00pm.

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available, except for a child-sized self-inflating bag. The provider obtained this after the inspection.

- The provider had staff recruitment procedures in place. Copies of Disclosure and Barring Service, (DBS), checks for new staff carried out by previous employers were obtained, but DBS checks on new staff were not carried out, where appropriate, by the provider.
- Staff provided patients' care and treatment in line with current guidelines.
- The dental team provided preventive care and supported patients to achieve better oral health.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for dealing with complaints. The practice dealt with complaints positively and efficiently.
- The practice had a leadership and management structure and a culture of continuous improvement.
- The provider had systems in place to manage risk. Some of these were not operating effectively.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.

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

- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, ensure staff immunity to vaccine-preventable diseases is checked, and ensure that all equipment is maintained and tested at the recommended time intervals.

# 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 provider had systems and processes in place to provide safe care and treatment.

The practice used learning from incidents to help them improve.

Staff received training in safeguarding and knew how to report concerns.

The provider completed essential recruitment checks before employing staff and had the required information available at the practice. The provider did not carry out Disclosure and Barring Service, (DBS), checks prior to employing new staff, where appropriate; DBS checks from previous employers were relied upon.

Staff were qualified for their roles, where relevant.

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

The practice had arrangements for dealing with medical and other emergencies. A child-sized self-inflating bag was not available at the practice. The provider obtained this after the inspection and sent us evidence of this.

The provider had systems in place for the safe use of X-rays.

No action



### Are services effective?

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

The provider had systems in place to ensure people's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on the best available evidence.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements for referring patients to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles and had systems to monitor this.

No action



### Are services caring?

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

The practice involved and treated people with compassion, kindness, dignity and respect.

No action



# Summary of findings

We received feedback about the practice from 35 people. Patients were positive about all aspects of the service the practice provided. They told us staff were considerate, warm and efficient.

They said they were given informative, helpful explanations about dental treatment, and said their dentist listened to them.

Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

Staff protected patients' privacy and were aware of the importance of confidentiality. The provider used closed-circuit television for monitoring the waiting and reception areas in the practice. Insufficient information was displayed for patients about its use.

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 service took account of and met people's needs.

The practice's appointment system took account of patients' needs. Patients could book an appointment quickly if in pain.

Staff considered patients' differing needs and put measures in place to help all patients receive care and treatment. This included providing facilities for patients with disabilities and families with children.

The practice had access to interpreter services and had arrangements to assist patients who had 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.

The leadership, management and governance of the organisation assured delivery of high-quality and person-centred care, supported learning and innovation, and promoted an open and fair culture.

There had been a recent change in practice management. The new practice manager was reviewing systems and processes at the practice and was supported by the previous practice manager in doing this.

The provider had arrangements in place to ensure the smooth running of the service. These included systems for the practice team to monitor the quality and safety of the care and treatment provided.

There was a clearly defined management structure and staff felt supported and appreciated.

No action



# Summary of findings

The practice team kept accurate, complete patient dental care records which were stored securely.

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

The practice had procedures in place to manage and reduce risks. Additional measures could be taken to reduce risks further.

On the day of the inspection, all staff engaged fully in the process. They viewed the inspection as an opportunity to discuss and review their systems and processes.

# Are services safe?

## Our findings

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

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. Staff received safeguarding training, and knew the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. We observed the apprentice dental nurse had completed safeguarding training to the highest level.

We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

The provider had staff recruitment procedures in place to help the practice employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure. We saw that recruitment checks were carried out and the required documentation was available. We observed that for two of these staff the provider had relied on Disclosure and Barring Service checks carried out by a previous employer some years prior to their employment at Oaklands Dental Surgery. The provider carried out new DBS checks, where appropriate, following the inspection and sent us evidence of this.

We reviewed the provider's arrangements for ensuring that the practice's facilities and equipment were safe, and that equipment, including gas and electrical equipment, was maintained according to manufacturers' instructions. The provider was unaware when the last gas safety inspection and fixed electrical installation condition inspections were carried out at the practice. Immediately after the inspection the provider arranged for these to be carried out and sent us evidence of the completed satisfactory testing.

We found the provider was unsure as to whether the pressure vessel inspections on one of the sterilisers and on the air compressor had been carried out. The provider arranged for these inspections to be carried out after the inspection and sent us evidence of this.

We reviewed the provider's arrangements to ensure standards of cleanliness and hygiene were maintained in the practice.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These took account of The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), guidance published by the Department of Health.

Staff completed infection prevention and control training regularly, including updates as recommended.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in accordance with the manufacturers' guidance.

The provider had had a Legionella risk assessment carried out at the practice in accordance with current guidance. We saw evidence of measures put in place by the provider to reduce the possibility of Legionella or other bacteria developing in the water systems, for example, water temperature testing and the management of dental unit water lines.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected and patients confirmed that this was usual.

Staff ensured clinical waste was segregated and stored securely in accordance with guidance.

The practice carried out infection prevention and control audits annually. We highlighted that the HTM 01-05 guidance recommended these should be carried out twice a year.

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

The provider had arrangements in place at the practice to ensure X-ray procedures were carried out safely and had the required radiation protection information available.

Information was displayed next to the control panel of each X-ray machine to ensure the operator was aware of instructions specific to each machine and room.

# Are services safe?

We saw that the dentists justified, graded, and reported on the X-rays they took. Staff carried out radiography audits every year following current guidance and legislation.

Where appropriate, clinical staff completed continuing professional development in respect of dental radiography.

## Risks to patients

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks.

The provider had current employer's liability insurance.

The provider ensured sufficient staff were available. A locum dental nurse was available to cover in case of staff shortages. A dental nurse worked with each of the clinicians when they treated patients.

We saw that the qualified clinical staff were registered with the General Dental Council and had professional indemnity.

Staff followed relevant safety regulations when using needles and other sharp dental items. The provider had undertaken a sharps risk assessment and this was reviewed annually. We observed that only the dentists were permitted to dismantle and dispose of needles and other sharp items in order to minimise the risk of inoculation injuries to staff. Staff were aware of the importance of reporting inoculation injuries. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury. We saw contact details for medical assistance were not readily accessible to staff in the event of a sharps injury. The provider addressed this after the inspection and sent us evidence of this.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. The provider did not have evidence of the result of the vaccination for two of the clinical staff and did not have a risk assessment in place in relation to these staff working in a clinical environment when the effectiveness of the vaccination was unknown. The provider carried out risk assessments after the inspection and sent us evidence of these.

Staff knew how to respond to medical emergencies and completed training in medical emergencies and life

support regularly. The practice had medical emergency equipment and medicines available as recommended in recognised guidance, except for a child-sized self-inflating bag. The provider obtained this after the inspection and sent us evidence of this.

Staff carried out, and kept records of, checks to make sure the medicines and equipment were available, within their expiry dates and in working order.

We saw warning signage was not always displayed appropriately, for example, to warn of the use of radiation, the presence of compressed gas, and the high temperature of the hot water in the patient toilet handwashing sink. The provider displayed most of this signage after the inspection and sent us evidence of this.

## 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 dentists how information to deliver safe care and treatment was handled and recorded. We looked at several dental care records to confirm what was discussed and observed 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. Patients' medical histories were updated at every attendance.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

## Safe and appropriate use of medicines

The provider ensured the proper and safe use of medicines at the practice.

The practice had a stock control system for medicines. This ensured that medicines did not exceed their expiry dates and enough medicines were available when required.

The practice had systems for prescribing, dispensing and storing medicines.

Staff stored and kept records of NHS prescriptions securely.

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

## Track record on safety

The provider monitored the ongoing safety of the service.

# Are services safe?

Staff told us information was shared at staff meetings and urgent information shared as appropriate.

## **Lessons learned and improvements**

The provider ensured lessons were learned and improvements made when things went wrong.

We saw that the practice monitored and reviewed incidents to minimise recurrence and improve systems.

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

We discussed with staff examples of significant events which could occur in dental practices and we were assured that should one occur it would be reported and analysed in order to learn from it, and improvements would be put in place to prevent re-occurrence.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. The policy included details of external organisations staff could raise concerns with. Staff told us they felt confident to raise concerns.

The provider had a system for receiving and acting on safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. The practice learned from external safety events as well as from patient and medicine safety alerts. We saw that relevant alerts were shared with staff, acted on and stored for future reference.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The dentists assessed patients' care and treatment needs in line with recognised guidance. The practice had systems to keep dental practitioners up to date with current evidence-based practice. This included informal peer review. We saw that the dentists took into account current legislation, standards and guidance when delivering care and treatment.

The practice provided dental implants. These were placed by the principal dentist who had completed relevant post-graduate training.

The principal dentist had also completed post-graduate study in orthodontics and in periodontology, the treatment of gum disease, and used these skills in the practice.

Three of the dental nurses had enhanced skills in radiography.

### Helping patients to live healthier lives

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The dentists discussed smoking, alcohol consumption and provided dietary advice to patients during appointments.

The practice had a selection of dental products for sale and provided information leaflets to help patients improve their oral health.

### 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 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. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves in certain circumstances. The 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 where appropriate and made sure they had enough time to explain treatment options clearly.

### Monitoring care and treatment

The clinicians kept detailed dental care records containing information about patients' current dental needs, past treatment and medical histories.

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

### Effective staffing

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

Staff new to the practice completed a period of induction based on a structured general and role-specific induction programme.

The provider offered support, training opportunities and encouragement to assist staff in meeting the requirements of their registration, and with their career development. The provider monitored staff training to ensure recommended training was completed.

Staff discussed training needs and future professional development at annual appraisals and during one to one 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.

The dentists confirmed they referred patients to specialists in primary and secondary care where necessary or where a

# Are services effective?

(for example, treatment is effective)

patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

The practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections.

Staff tracked the progress of all referrals to ensure they were dealt with promptly.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were pleasant, helpful and caring. We saw that staff treated patients respectfully and kindly, and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients told us they could choose whether they saw a male or female dentist.

The practice was well maintained. The provider aimed to provide a comfortable, relaxing environment.

A new dentist had recently been appointed at the practice to replace one of the long-serving dentists. The new dentist had been introduced to the patients by the retiring dentist to help minimise patient concerns about changing their dentist.

### Privacy and dignity

The practice team respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of the reception and waiting areas provided some privacy when reception staff were attending to patients. Staff described how they avoided discussing confidential information in front of other patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

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

The provider had installed a closed-circuit television system externally and internally in the reception area and entrance to the practice. We saw the provider had not displayed sufficient information for patients to make them aware of their right of access to footage. The provider acted on this after the inspection and sent us evidence to confirm this.

### Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

They were aware of the requirements of the Accessible Information Standard, (a requirement to make sure that patients and their carers can access and understand the information they are given), and the Equality Act.

- Staff identified patients' communication needs and communicated with patients in a way that they could understand.
- Interpreter services were available for patients whose first language was not English. Patients were also told about multi-lingual staff who may be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentists described to us the conversations they had with patients to help them understand their treatment options.

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

# 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 take account of patients' needs and preferences.

A variety of dental services, including general dentistry, orthodontics, gum disease treatments and dental implants was provided at the practice.

Staff were clear about the importance of emotional support needed by patients when delivering care. They described how they supported children with high dental treatment needs to have their treatment carried out in the practice by their own dentist with whom they were familiar. Staff explained how they supported the children to have the dental treatment carried out and how they supported the parents to improve their child's oral hygiene.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, information was included in patient care records if they required an interpreter.

The practice had considered the needs of different groups of people, for example, people with disabilities, wheelchair users and people with pushchairs, and put in place reasonable adjustments, for example, a fixed ramp, handrails to assist with mobility, and step-free access. Parking was available outside the practice in a dedicated car park.

All the treatment rooms, and an accessible toilet with an assistance alarm, were located on the ground floor.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, the practice had a hearing induction loop available, and appointments could be arranged by email.

Reading glasses of different strengths, and larger print forms, for example, patient medical history forms, were available on request.

### Timely access to services

Patients could access care and treatment at the practice within an acceptable timescale for their needs.

The practice displayed its opening hours on the premises, and included this information in their practice information leaflet and on their website.

The practice's appointment system took account of patients' needs. We saw that the clinicians tailored appointment lengths to patients' individual needs. Patients could choose from morning and afternoon and evening appointments. Staff made every effort to keep waiting times and cancellations to a minimum. Patients told us they had enough time during their appointment and did not feel rushed.

The practice had appointments available for dental emergencies and staff made every effort to see patients experiencing pain or dental emergencies on the same day.

The practice had emergency on-call arrangements for when the practice was closed.

The practice's website, information leaflet and answerphone provided information for patients who needed 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 appointments.

### Listening to and learning from concerns and complaints

The provider 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.

Information on how to make a complaint was not readily available to patients, including details of organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns or should they not wish to approach the practice initially. The provider acted on this after the inspection and sent us evidence to confirm this.

The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. The practice manager aimed to settle complaints in-house.

# Are services responsive to people's needs?

(for example, to feedback?)

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

We found the practice leaders had the skills, knowledge, experience and integrity to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

There had been a recent change in the practice management. The new practice manager explained to us they were reviewing systems and processes at the practice and was supported by the previous practice manager in doing this.

The leaders at all levels were visible and approachable. They practised inclusive leadership and management.

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

The practice had a business continuity plan describing how the practice would manage events which could disrupt the normal running of the practice.

### Vision and strategy

The provider had a clear vision and had set out values for the practice.

The provider had a strategy for delivering high-quality, patient-centred care, and supporting business plans to achieve priorities. The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Staff, people who use the service, and external partners had been consulted for their views when developing the strategy.

The provider's strategy included the implementation of a dental team approach to deliver care and treatment at the practice. They did this by using a skill mix of dental care professionals, including a dentist with advanced skills, hygiene therapists and dental nurses with enhanced skills to deliver care in the best possible way for patients.

### Culture

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

Staff said they were respected, supported and valued.

We saw the provider took effective action to deal with poor performance. We saw that all staff had clear objectives to follow and were aware of what was expected of them.

Managers and staff demonstrated openness, honesty and transparency when responding to incidents and complaints. Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they were confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

Staff worked together as a team and shared responsibilities.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

### Governance and management

The provider had systems in place at the practice to support the management and delivery of the service.

Systems included policies, procedures and risk assessments to support governance and to guide staff. These were accessible to all members of staff. We saw that these were regularly reviewed to ensure they were up-to-date with regulations and guidance.

The practice had systems in place to ensure risks were identified and managed, and had put measures in place to reduce risks. We highlighted where additional measures could be taken, for example, in relation to staff immunity to vaccine-preventable diseases, and the monitoring of equipment maintenance and testing due dates. The provider was open to our feedback.

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

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

# Are services well-led?

responsibilities, for example, lead roles for infection prevention and control and for safeguarding. We saw staff had access to supervision and support for their roles and responsibilities.

## **Appropriate and accurate information**

The practice's staff acted appropriately on 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 provider had effective arrangements to ensure that notifications were submitted to external bodies where required, including notifications to the CQC.

## **Engagement with patients, the public, staff and external partners**

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

The practice used patient surveys and encouraged verbal comments to obtain the views of patients about the service. We saw examples of suggestions from patients which the practice had acted on, for example, patients had requested longer opening hours and the practice had provided these in response.

Patients were encouraged to complete the NHS Friends and Family Test. 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, appraisals, surveys and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

The provider and staff were open to discussion and feedback during the inspection.

## **Continuous improvement and innovation**

The provider had systems and processes in place to encourage learning, continuous improvement and innovation.

We saw the practice had systems in place to monitor the quality of the service and make improvements where required. These included, for example, audits to help the practice identify where improvements could be made. We reviewed audits of dental care records, X-rays, infection prevention and control. Staff kept records of the results of these and produced action plans where necessary. We saw auditing processes were working well and resulted in improvements.

The provider and practice were committed to learning and improving and valued staff contributions. We saw evidence of learning from complaints, incidents, audits and feedback.

Where we highlighted areas for improvement the provider acted to address these areas and send us evidence of their actions.

Systems and processes were regularly reviewed by the practice team at staff meetings to identify where improvements could be made.

The practice had a strong focus on training and encouraged staff to learn together as a team. We saw staff meetings consistently included training.

We saw evidence of career development conversations and mechanisms to ensure staff could continue to develop. All staff had annual appraisals, which helped identify individual learning needs. Staff told us the practice provided support and training opportunities for their on-going learning. The provider's systems also ensured internal peer review took place to help clinicians learn from each other.

The clinical staff completed continuous professional development in accordance with General Dental Council professional standards. Staff told us the practice provided support and encouragement for them to do so.