

Comberton Dental Surgery Limited

# Comberton Dental Surgery Limited

## Inspection Report

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## Overall summary

We carried out this announced inspection on 11 April 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

### **Our findings were:**

#### **Are services safe?**

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

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

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

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

#### **Background**

Comberton Dental Surgery Limited is in Kidderminster and provides predominantly private treatment with a small NHS provision to patients of all ages.

There is ramped access for people who use wheelchairs and those with pushchairs. The practice has ample car parking available for patients at the rear of the building.

# Summary of findings

The dental team includes three dentists, seven dental nurses who also work in reception, a decontamination nurse, three dental hygienists, one receptionist, an assistant practice manager and a practice manager. The practice has three treatment rooms.

The practice is owned by a company 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 Comberton Dental Surgery Limited was the principal dentist.

On the day of inspection we collected 92 CQC comment cards filled in by patients and spoke with two other patients.

During the inspection we spoke with three dentists, three dental nurses, a decontamination nurse, two receptionists, the assistant practice manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday: from 8.30am to 1.30pm and from 2.30pm to 6pm

Tuesday: from 8.30am to 1pm and from 2pm to 6pm

Wednesday: from 8.30am to 1pm and from 2pm to 5pm

Thursday: from 8.30am to 1pm and from 2pm to 5.30pm

Friday: from 8.30am to 1pm

## **Our key findings were:**

- Effective leadership was provided by the principal dentist and an empowered practice management team.
- Staff we spoke with felt well supported by the principal dentist and practice management team and were committed to providing a quality service to their patients by ensuring their patients were their main priority.

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were mostly available, with the exception of a child reservoir bag which was immediately ordered.
- The practice had systems to help them manage risk. There was a process in place for the reporting and shared learning when significant events occurred in the practice.
- The practice staff had embedded 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. New updates were shared with staff at practice meetings.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs. Patients could access routine treatment and urgent and emergency care when required.
- The practice had effective leadership and culture of continuous improvement.
- The practice asked staff and patients for feedback about the services they provided. Results of these audits were analysed and action plans implemented.
- 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 its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. The practice had made three safeguarding referrals which they had failed to notify us about; their processes were immediately amended to ensure that notifications would be sent in the future. Safeguarding flow charts with local authority contact details were displayed in reception, the decontamination room and the management office.

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

The practice held NHS prescriptions which were all logged so that they could be tracked and monitored. Some improvement was required in ensuring the security of these. During our inspection, the practice updated their security processes to rectify this.

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. Appropriate medicines and life-saving equipment were mostly available, with the exception of a child reservoir bag which was immediately ordered.

No action



### Are services effective?

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

The dental care provided was evidence based and focused on the needs of the patients. The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, first class, gentle and professional. 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. At the time of our inspection the practice were supporting a dental nurse to complete training in sedation.

Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who might lack capacity to make decisions. We saw examples of positive teamwork within the practice.

No action



# Summary of findings

## 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 94 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, polite and always happy to help.

They said that they were given detailed information relating to their treatment, their health conditions were taken into account 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. Several patients credited the team with helping them overcome previous anxiety when visiting a dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients consistently commented that staff treated them with dignity and respect.

No action



## 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.

The practice was aware of the needs of the local population and took those these into account in how it ran. This included providing facilities for disabled patients and families with children.

The practice had access to telephone interpreter services and had some arrangements to help patients with sight or hearing loss. The practice had completed an accessibility audit and highlighted the need for an induction loop; this had not been implemented at the time of our inspection.

The practice took patients views very seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. The practice displayed their complaints policy in the reception area and on their website.

No action



## Are services well-led?

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

Strong and effective leadership was provided by the principal dentist and empowered practice management team. There was a no blame culture in the practice. Staff told us that they felt well supported and could raise any concerns with the principal dentist and practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

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.

No action



# Summary of findings

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 practice carried out regular patient and staff surveys and had a suggestions box in the waiting room.

# Are services safe?

## Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had made three safeguarding referrals which they had failed to notify CQC about; their processes were immediately amended to ensure that notifications would be sent in the future.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at seven staff recruitment records. These showed the practice followed their recruitment procedure.

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

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that emergency lighting, fire detection and fire fighting equipment such as smoke detectors and fire extinguishers were regularly tested.

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

We saw evidence that the 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**

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

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance which was displayed in the management office.

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

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. BLS with airway management/ Immediate Life Support (ILS) training for sedation was also completed.

# Are services safe?

Emergency equipment and medicines were mostly available as described in recognised guidance, with the exception of a child reservoir bag which was immediately ordered. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water 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. We observed that the mops were not stored correctly and this was immediately rectified. Following our inspection we were advised that the cleaner had been informed of the new process.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

## **Safe and appropriate use of medicines**

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice held NHS prescriptions which were all logged so that they could be tracked and monitored. Some improvement was required in ensuring the security of these. During our inspection, the practice updated their security processes to rectify this.

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

## **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.

## Are services safe?

The incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

### **Lessons learned and improvements**

The practice learned and made improvements when things went wrong.

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

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

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. The alerts were emailed to team members, acted upon, kept on file and notes were made in relation to any actions that had been completed.



# Are services effective?

(for example, treatment is effective)

## Our findings

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

### **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 dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

We spoke with the dentists who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

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

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

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. 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 the legal precedent (formerly called the Gillick competence) by which a child under the age of 16 years of age can consent for themselves. 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 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 the practice audited patients' dental care records to check that the dentists recorded the necessary information.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These

# Are services effective?

(for example, treatment is effective)

included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

The operator-sedationist was supported by a suitably trained second individual. The name of this individual was recorded in the patients' dental care record.

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. For example, many of the team were upskilled to include training in implants, sedation and reception duties. The team had dedicated leads who were delegated responsibility for different tasks to utilise strengths within the team.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals and during staff meetings. We saw evidence of completed appraisals and personal development plans. We found that the appraisal process addressed the training requirements of staff, one team member had been scheduled to complete a sedation course as a direct result of appraisal discussion.

## **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 extremely positively that staff were caring, polite and always happy to help. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

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

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information was available on the reception area noticeboard and on the media screens in both waiting areas for patients to read.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

### Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act.

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff that might 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 gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website 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 photographs, models, X-ray images and an intra-oral camera. The intra-oral cameras enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care.

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

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, the practice front door was heavy and some patients with limited mobility struggled to open it, these patients rang the doorbell or tapped on the window and the reception team opened the door.

The practice had made some reasonable adjustments for patients with disabilities. These included step free access via a ramp to the main entrance, hand rails at the main entrance and in the patient toilet and a ground floor surgery. The patient would accommodate a mobility aid but the door was not wide enough to allow wheelchair access, patients were advised of this by the reception team when they joined the practice.

A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients. The audit highlighted the need for an induction loop; this had not been implemented at the time of our inspection.

Staff told us that patients were given appointment reminders 24 hours prior to their appointment. These were by telephone, text message or email dependent upon the patient's preference.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

They took part in an emergency on-call arrangement with some other local practices.

The practice website 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 displayed their complaints policy on the notice board in the waiting room and their website also explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the past 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

The dentists demonstrated that they had the capacity and skills to deliver high-quality, sustainable care.

The principal dentist supported by the practice management team 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**

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

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

### **Culture**

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

Staff 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 advised that they would act on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. A Monday memo had been

introduced following staff feedback that they were not always updated due to part time working hours, holiday or sickness. This was used to ensure any relevant updates were documented for all staff to read.

### **Governance and management**

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

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The principal dentist, practice manager and assistant 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 a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were clear and effective processes for managing risks, issues and performance.

### **Appropriate and accurate information**

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

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

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

The practice used patient surveys, staff surveys, suggestion cards complaints and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, a handrail had been fitted by the main entrance, Wi-Fi access had been made available for patients and the practice décor had been updated.

## Are services well-led?

Recent patient survey results were very positive and showed that of the 21 respondents 100% felt respected as an individual and 100% felt that the dental team questioned them carefully to understand their needs.

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

### **Continuous improvement and innovation**

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, patient waiting times, sedation, implants, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The principal dentist regularly supported and funded specialist courses for staff members.

The whole staff team had received annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.