

CQC Inspection Report-Dev's Dental Practice  
Darlington Overall Inspection:

**View of the service**

We carried out this announced on-site assessment on 25 September 2024. We found the practice had met regulations. The practice had systems to manage risks and infection control procedures were in place. Patients' care and treatment was provided in line with current guidance. Patients were treated with dignity and respect and at the time of our assessment, could access care, support and treatment when required. Recruitment procedures reflected current legislation and there was effective leadership and a culture of continuous improvement. S Leigh Dental Surgery is in Darlington and provides NHS and private dental care and treatment for adults and children. There was step-free access at the rear of the practice and car parking spaces were available near the practice. The practice had 6 treatment rooms, 2 of which have just been built and are not yet in use. During the assessment we spoke with 4 dentists, 2 dental nurses, and the practice manager.

**People's experience of this service**

Three weeks before our onsite assessment, we asked the practice to encourage patients to share their views of the service with us. We received feedback from 5 patients. On the day of our assessment, we saw patient feedback from a further 31 patients. Patient feedback provided a positive view of the dental team and care provided by the practice. Comments included, "dentist was perfect as well as reception", "made me feel at ease as a nervous patient", "10/10 amazing experience" and "treatment was spot on". The staff were described as "professional", "caring" and "very friendly". Patients commented positively about the standards of cleanliness and the aesthetics of the practice. Patients felt able to book appointments within an acceptable timescale for their needs and said they had enough time during their appointment without feeling rushed. Patients told us they were given clear information to help them make an informed choice about their treatment and any associated costs. They were involved in decisions about their care. Patients told us that when they were prescribed medicines, sufficient information was given. Patients told us that they were supported to maintain their oral health and were provided with appropriate information and resources. The practice shared patient feedback with the team. We were told this was reviewed and where suggestions had been made, appropriate action would be taken.

**Updated 8 October 2024**

We found this practice was providing safe care in accordance with the relevant regulations and had taken into consideration appropriate guidance.

Find out what we look at when we assess this area in our information about our new Single assessment framework.

Learning culture: Regulations

met.

Safe:

Regulations met.

The judgement for Learning culture is based on the latest evidence we assessed for the Safe key question.

Safe systems, pathways and transitions Regulations

met.

The judgement for Safe systems, pathways and transitions is based on the latest evidence we assessed for the Safe key question.

Safeguarding

Regulations met.

The judgement for Safeguarding is based on the latest evidence we assessed for the Safe key question.

Involving people to manage risks

Regulations met

The judgement for Involving people to manage risks is based on the latest evidence we assessed for the Safe key question.

Safe environments Regulations

met.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Staff we spoke with told us that equipment and instruments were well maintained and readily available. The provider described the processes they had in place to identify and manage risks. Staff felt confident that risks were well managed at the practice, and the reporting of risks was encouraged.

Emergency equipment and medicines were available and checked in accordance with national guidance. However, child sized pads for the automated external defibrillator (AED) were missing. An AED is a lifesaving device used to revive someone from cardiac arrest. We raised this with staff and the pads were ordered that day. Staff could access emergency equipment and medicines in a timely way. The premises were clean, well maintained and free from clutter. Hazardous substances were clearly labelled and stored safely. We saw satisfactory records of servicing and validation of equipment in line with manufacturer's instructions. Fire exits were clear and well signposted, and fire safety equipment was serviced and well maintained.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective. Fire drills were being carried out but not recorded. We raised this with staff and were assured this would be implemented going forward. The practice had arrangements to ensure the safety of the X-ray equipment, and the required radiation protection information was available. This included cone-beam computed tomography (CBCT) equipment. The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness. However, a lone worker risk assessment had not been completed for the cleaner. We raised this with staff and were assured it would be completed. The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

#### Safe and effective staffing Regulations

met.

Staff we spoke with had the skills, knowledge and experience to carry out their roles. They told us that there were sufficient staffing levels. Staff stated they felt respected, supported and valued. They were proud to work in the practice. Staff discussed their training needs during annual appraisals, 1-to-1 meetings, monthly practice team meetings and ongoing informal discussions. They also discussed learning needs, general wellbeing and aims for future professional development. Staff felt involved in the development of the practice. Staff we spoke with demonstrated knowledge of safeguarding and were aware of how safeguarding information could be accessed. Staff knew their responsibilities for safeguarding vulnerable adults and children. Staff told us they had received a structured induction programme, which included safeguarding.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation. However, not all required documents were available for visiting clinicians. We raised this with staff and were assured this would be rectified. The practice should improve their recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff. The practice ensured clinical staff were qualified, registered with the General Dental Council and had appropriate professional indemnity cover. Newly appointed staff had a structured induction, and clinical staff completed continuing professional development required for their registration with the General Dental Council. The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

#### Infection prevention and control Regulations

met.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. Staff followed infection control principles, including the use of personal protective equipment (PPE). Hazardous waste was segregated and disposed of safely. We observed the decontamination of used dental instruments, which aligned with national guidance.

The practice had infection control procedures which reflected published guidance and the equipment in use was maintained and serviced. Staff demonstrated knowledge and awareness of infection prevention and control processes, and we saw single use items were not reprocessed. Staff had appropriate training, and the practice completed infection prevention and control (IPC) audits in line with current guidance. The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

#### Medicines optimisation Regulations

met.

The judgement for Medicines optimisation is based on the latest evidence we assessed for the Safe key question.

Effective

#### Regulations met.

We found this practice was providing effective care in accordance with the relevant regulations and had taken into consideration appropriate guidance.

Find out what we look at when we assess this area in our information about our new Single assessment framework.

Assessing needs

Regulations met.

The judgement for Assessing needs is based on the latest evidence we assessed for the Effective key question.

Delivering evidence-based care and treatment Regulations

met.

The provider had systems to ensure that people who used the service received person-centred care and treatment that was appropriate, met their needs and was reflective of their personal preferences. The dentists confirmed, where applicable, they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. Staff told us how they kept up to date with current evidence-based practice. The practice provided preventive care and supported patients to ensure better oral health. Staff were aware of national oral health campaigns and local schemes which supported patients to live healthier lives. Staff felt the practice supported them to develop and enabled them to take on lead roles and responsibilities. Staff worked together and with other health and social care professionals to deliver effective care and treatment. Staff demonstrated their understanding of the need to obtain patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Staff had the skills, knowledge and experience to carry out their roles. The practice had systems to keep dental professionals up to date with current evidence-based practice. The practice offered dental implants. Staff obtained full consent, kept detailed records and had access to the appropriate equipment for the placement of implants. We looked at 22 patient care records. The information recorded in these patient care records was in line with recognised guidance. Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005. We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice had systems for the safe handling and prescribing of medicines. NHS prescription pads were kept securely, and a log was in place to monitor and track their use. Staff worked together and with other health and social care professionals to deliver effective care and treatment. The practice had systems for referring patients with suspected cancer under the national two week wait arrangements.

How staff, teams and services work together

Regulations met.

The judgement for How staff, teams and services work together is based on the latest evidence we assessed for the Effective key question.

Supporting people to live healthier lives Regulations

met.

The judgement for Supporting people to live healthier lives is based on the latest evidence we assessed for the Effective key question.

Monitoring and improving outcomes.

Regulations met.

The judgement for Monitoring and improving outcomes is based on the latest evidence we assessed for the Effective key question.

Consent to care and treatment Regulations

met.

The judgement for Consent to care and treatment is based on the latest evidence we assessed for the Effective key question.

Caring

Regulations met.

**Updated 8 October 2024**

We found this practice was providing caring services in accordance with the relevant regulations and had taken into consideration appropriate guidance.

Find out what we look at when we assess this area in our information about our new Single assessment framework.

Kindness, compassion and dignity

Regulations met.

Patient feedback provided a positive view of the dental team and care provided by the practice. Patient comments included that staff were welcoming and attentive, acted with integrity, and showed compassion. Patients said staff were professional, courteous, and considerate. Patients felt they were treated as individuals, and their personal and cultural needs were respected.

We were provided with 24 Friends and Family Test questionnaires, of which 100% of patients rated their care as “very good”.

Staff were aware of their responsibility to respect people's diversity and human rights. Staff were aware of the importance of privacy and confidentiality. Staff felt respected, valued and supported in their roles. Leaders described how they supported the wellbeing of staff.

Treating people as individuals

Regulations met

The judgement for Treating people as individuals is based on the latest evidence we assessed for the Caring key question.

Independence, choice and control Regulations

met.

The judgement for Independence, choice and control is based on the latest evidence we assessed for the Caring key question.

Responding to people's immediate needs Regulations

met.

The judgement for Responding to people's immediate needs is based on the latest evidence we assessed for the Caring key question.

Workforce wellbeing and enablement Regulations

met.

The judgement for Workforce wellbeing and enablement is based on the latest evidence we assessed for the Caring key question.

Responsive

Regulations met.

**Updated 8 October 2024**

We found this practice was providing responsive care in accordance with the relevant regulations and had taken into consideration appropriate guidance.

Find out what we look at when we assess this area in our information about our new Single assessment framework.

## Person-centred Care Regulations

met.

The judgement for Person-centred Care is based on the latest evidence we assessed for the Responsive key question.

## Care provision, Integration and continuity Regulations

met.

The judgement for Care provision, Integration and continuity is based on the latest evidence we assessed for the Responsive key question.

## Providing Information Regulations

met

The judgement for Providing Information is based on the latest evidence we assessed for the Responsive key question.

## Listening to and involving people Regulations

met.

The judgement for Listening to and involving people is based on the latest evidence we assessed for the Responsive key question.

## Equity in access

Regulations met.

Staff described the reasonable adjustments they had made to ensure the practice was accessible. For example, the practice had a hearing induction loop, information was available in large print and alternative formats, and a magnifying glass was available to support patients. The practice was wheelchair accessible via a ramp at the rear of the practice. There was a ground floor surgery and an accessible toilet. Staff also had access to language translation services to support patients. Multiple languages were spoken at the practice including Hindi, German, Tamil, Telugu, Arabic and Swahili. Staff were clear about the importance of providing emotional support to patients when delivering care. For example, there were galaxy and palm tree light installations on the ceilings in the waiting room and the 2 new surgeries aimed at easing patient anxiety.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. The practice supported more vulnerable members of society such as patients living with dementia or adults and children with a learning disability. The practice displayed its opening hours and provided information on their



website, patient information leaflet and social media page. The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute for Health and Care Excellence (NICE) guidelines. The practice provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. At the time of our assessment, patients who needed an urgent appointment were offered one in a timely manner. The practice had extended opening hours on Saturdays. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients.

#### Equity in experiences and outcomes Regulations

met.

The judgement for Equity in experiences and outcomes is based on the latest evidence we assessed for the Responsive key question.

#### Planning for the future Regulations

met.

The judgement for Planning for the future is based on the latest evidence we assessed for the Responsive key question.

#### Well-led

Regulations met.

**Updated 8 October 2024**

We found this practice was providing well-led care in accordance with the relevant regulations and had taken into consideration appropriate guidance.

Find out what we look at when we assess this area in our information about our new Single assessment framework.

#### Shared direction and culture Regulations

met.

The judgement for Shared direction and culture is based on the latest evidence we assessed for the Well-led key question.

#### Capable, compassionate and inclusive leaders Regulations

met.

The judgement for Capable, compassionate and inclusive leaders is based on the latest evidence we assessed for the Well-led key question.

#### Freedom to speak up Regulations

met.

The judgement for Freedom to speak up is based on the latest evidence we assessed for the Well-led key question.

#### Workforce equality, diversity and inclusion Regulations

met.

The judgement for Workforce equality, diversity and inclusion is based on the latest evidence we assessed for the Well-led key question.

#### Governance, management and sustainability Regulations

met.

We found staff to be open to discussion and feedback. The practice staff demonstrated a transparent and open culture in relation to people's safety. Staff told us there was strong leadership with emphasis on people's safety and continually striving to improve. Staff told us they had clear responsibilities, roles and systems of accountability to support good governance and management. Feedback from staff was obtained through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service, and they said these were listened to and acted upon, where appropriate. For example, staff had an input in the design and layout of the refurbishment. Staff stated they felt respected, supported and valued. They were proud to work in the practice. We saw the practice had effective processes to support and develop staff with additional roles and responsibilities. Staff told us how they collected and responded to feedback from patients, the public and external partners. The practice had taken steps to improve environmental sustainability.

Systems and processes were embedded, and staff worked together in such a way that the assessment did not highlight any significant issues or omissions. Where the assessment identified areas which required improvement these were acted on immediately. The information and evidence presented during the assessment was clear and well documented. The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Relevant policies and protocols were in place for the use of closed-circuit television (CCTV). The practice had information governance arrangements and staff were aware of the importance of protecting patients' personal information. Staff password protected patients' electronic care records, and paper records were stored securely and complied with General Data Protection Regulations (GDPR). We saw there were clear and effective processes for identifying and managing risks, issues and performance. The practice had

systems to review and investigate incidents and accidents, and for receiving and acting on safety alerts. The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service. The practice had systems and processes for learning, quality assurance and continuous improvement. This included undertaking audits according to recognised guidance. However, the audit process was not effective and needed reviewing. We raised this with staff and were assured the process would be reviewed and improvements made. The practice should also ensure that, where appropriate, audits have documented learning points, and the resulting improvements can be demonstrated.

#### Partnerships and communities Regulations

met.

The judgement for Partnerships and communities is based on the latest evidence we assessed for the Well-led key question.

#### Learning, improvement and innovation

Regulations met.

The judgement for Learning, improvement and innovation is based on the latest evidence we assessed for the Well-led key question.