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Dental Centre Of Excellence

Inspection Report

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Overall summary

We carried out this announced inspection on 18 April 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Dental Centre Of Excellence is in Redditch and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available near the practice.

The dental team includes five dentists including a foundation dentist, three dental nurses including two trainee nurses and a practice manager. The practice has three treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist. 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.

On the day of inspection, we collected 15 CQC comment cards filled in by patients and spoke with two patients.

During the inspection we spoke with two dentists, three dental nurses 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 Friday from 9am to 5pm.

Our key findings were:

- Effective leadership was provided by the principal dentist. Staff felt supported by the principal dentist and practice manager and were committed to providing a high-quality service to their patients.
- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance. The decontamination room had been thoughtfully designed to include colour coded cabinetry to signify the demarcation lines between clean and dirty areas.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The provider relocated to these premises in 2013 to expand and enhance the facilities for all patients including those with disabilities. The services were on the ground floor and were fully wheelchair accessible.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information. There was a dedicated privacy room next to the waiting room for patients that wished to discuss topics of a sensitive nature.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs. Patients could access treatment and urgent and emergency care when required.
- The provider had effective leadership and culture of continuous improvement. Training and development were at the forefront in this practice due to the principal dentist being a verified trainer who supported newly qualified foundation dentists.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks. There were sufficient numbers of suitably qualified staff working at the practice.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. The building had been thoughtfully designed to incorporate a rear corridor only accessible by staff to transport clean and dirty instruments between the treatment rooms and the decontamination room. The decontamination room had colour coded cabinetry to signify the demarcation lines between clean and dirty areas.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

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

The practice was committed to supporting the local community and providing preventative oral hygiene advice. Staff members visited local schools where they demonstrated good tooth brushing techniques and delivered oral health education to the children.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. An online referral system was used to monitor and track outgoing referrals.

Training and development were at the forefront in this practice due to the principal dentist being a verified trainer to support newly qualified foundation dentists.

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this. The provider funded online training for all employed staff. External training such as basic life support and infection prevention control was provided in house for all staff.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 17 people. Patients were positive about all aspects of the service the practice provided. They told us staff were very polite, friendly and professional.

Patients consistently commented that the dentists were very caring and considerate. One patient commented that their dentist was very caring and understanding of the fact that they were sensitive and adjusted their treatment plan accordingly. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. There was a dedicated privacy room next to the waiting room for patients that wished to discuss topics of a sensitive nature. Patients said staff treated them with dignity and respect.

We observed reception team members supporting patients in a caring, helpful and respectful manner. All patients were met in the waiting area and escorted to the treatment rooms.

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 took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had been thoughtfully designed following relocation to these premises in 2013. This enabled full access to the facilities for patients in wheelchairs. There was an accessible toilet and a low-level area on the reception desk for wheelchair users.

The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss. The provider had painted door frames in contrasting colours to the doors to support patients with sight loss and those living with dementia.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. The practice displayed their complaints procedure in the reception area and in the patient information leaflet.

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. The practice team shared a commitment to continually improve the service they provided. There was a no blame culture in the practice. Staff told us that they felt 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

No action



Summary of findings

provided. The practice team had weekly practice meetings, weekly operational meetings and quarterly practice meetings to ensure all staff members were kept up to date with clinical and operational developments. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The provider 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 team had completed 360 feedback on one another in 2017 to highlight staff strengths within the team.

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and 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. Safeguarding flow charts were displayed in the treatment rooms. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had 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 also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation (FGM). A policy and mandatory reporting flowchart in relation to FGM were available for staff reference.

The practice had a whistleblowing policy however we noted that this did not include all external organisation details that staff could report concerns to. The policy was immediately updated to rectify this. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental 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 documented in the dental care record and a risk assessment completed.

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

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five 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. The practice manager used an annual maintenance schedule to ensure all servicing and maintenance tasks were completed within appropriate timeframes.

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

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. The practice used digital X-rays with fitted rectangular collimators which reduced the dose and scatter of radiation.

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 reviewed regularly to help manage potential risk. The practice had current employer's liability insurance which was displayed on the patient information board in reception.

Are services safe?

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 in January 2018. Staff basic life support training had not been completed every 12 months in line with published guidance; this had been scheduled for 28 May 2019.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. A copy of the GDC Standards was displayed on the patient notice board in the waiting room.

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 (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The building had been thoughtfully designed to incorporate a rear corridor only accessible by staff to transport clean and dirty instruments between the treatment rooms and the decontamination room. The decontamination room had colour coded cabinetry to signify the demarcation lines between clean and dirty

areas. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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

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 visibly clean when we inspected.

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

The practice carried out infection prevention and control audits twice a year. The latest audit completed in January 2019 showed the practice was meeting the required standards.

Information to deliver safe care and treatment

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

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

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

Safe and appropriate use of medicines

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

Are services safe?

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; we found improvement was required in ensuring that they could be tracked and monitored. Following our inspection, the practice updated their processes to rectify this.

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

Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentists were following current guidelines.

Track record on safety and Lessons learned and improvements

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

In the previous 12 months there had been one safety incident. The incident was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice. The principal dentist had delivered sepsis training to the team in April 2019 and was in the process of implementing a sepsis risk assessment template within the clinical software.

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. We saw they were shared with the team and acted upon if required. Details of the yellow card reporting scheme were displayed throughout the practice.

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

The practice had access to digital X-rays, intra-oral cameras and clini-pads to enhance the delivery of care.

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

The dentists where applicable, 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 in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The practice was committed to supporting the local community and providing preventative oral hygiene advice. Staff members visited local schools where they demonstrated good toothbrushing techniques and delivered oral health education to the children.

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

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

Consent to care and treatment

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 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 may give 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 the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

Training and development were at the forefront in this practice due to the principal dentist being a verified trainer who supported newly qualified foundation dentists. In house training for basic life support and infection prevention control was funded alongside online training.

Staff had the skills, knowledge and experience to carry out their roles. For example, all the dental nurses were also trained as receptionists.

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

Are services effective?

(for example, treatment is effective)

Staff discussed their training needs at annual appraisals and during clinical supervision. 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 a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

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

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals through an online referral system to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were very polite, friendly and professional.

Patients consistently commented that the dentists were very caring and considerate. One patient commented that their dentist was very caring and understanding of the fact that they were sensitive and adjusted their treatment plan accordingly.

One patient we spoke with said that the dental team were kind and patient when treating their children. A young patient told us that they enjoyed visiting their dentist as it was fun.

We saw that staff treated patients kindly and were friendly towards patients at the reception desk and over the telephone.

Comments we viewed from patients were consistently positive and included 'very good service, my son left happy', 'excellent practice – clean, professional and friendly' and 'I was very nervous but the team were all very helpful and friendly'.

Patients said staff were compassionate and understanding. We observed reception team members supporting patients in a caring, helpful and respectful manner. All patients were met in the waiting area and escorted to the treatment rooms.

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

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 limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into the dedicated privacy room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not use English as a first language. Patients were told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.

The practice gave patients clear information to help them make informed choices about their treatment. 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 information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, models, X-ray images and an intra-oral camera. The intra-oral camera 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 principal dentist shared examples of how the practice met the needs of more vulnerable members of society such as patients with a learning difficulty, people living with dementia and patients with long-term medical conditions.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, the principal dentist described how they played music during treatment to help anxious patients relax. Longer appointments were given to nervous patients to ensure they did not feel rushed and that the dentist could take longer explaining each step of the treatment.

The practice had been thoughtfully designed during a relocation in 2013 to enable full access to the facilities for patients in wheelchairs. All the facilities were on the ground floor and there was an accessible toilet with hand rails and a call bell and a low-level area on the reception desk for wheelchair users. Car parking spaces for blue badge holders were available in the adjacent car park. Other adjustments included step free access and a hearing loop. The clini-pads could be used to enlarge documents for patients.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

All patients were reminded of appointments one month and one week before by email. In addition, patients were also telephoned the day before their appointment as a courtesy reminder.

Timely access to services

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

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients 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.

The practice signposted patients to the NHS 111 out of hour's service for emergency appointments outside of working hours.

The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. 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 policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff 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 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 within 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

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. The principal dentist demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it. The principal dentist was forward thinking and had relocated in 2013 to enhance the facilities and premises for staff and patients alike. The premises were shared with a local pharmacy and GP practice and served as a community hub for the local population.

The principal dentist was 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. The principal dentist was in the process of developing a bespoke management training package to support the practice managers development.

Vision and strategy If applicable

There was a clear vision and set of values. The practice mission statement which was displayed in the practice and in the patient information leaflet advised patients that the team took great pride in the quality of their dentistry. The practice strived to provide quality not quantity dentistry.

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.

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.

We saw the provider took effective action to deal with poor performance.

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

Governance and management

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

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

The 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, comment cards and verbal comments to obtain patients' views about the service.

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

Are services well-led?

allow patients to provide feedback on NHS services they have used. The results for March 2019 showed that of the 30 respondents 100% of patients would recommend this practice to friends and family.

The practice gathered feedback from staff through meetings, surveys, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. We saw examples of suggestions from staff the practice had acted on. For example, the recall process had been changed to include courtesy calls to all patients as a result of staff feedback.

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

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