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Ongar Road Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 10 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

Ongar Road Dental Practice is in Brentwood and provides 80% NHS and 20% private treatment to patients of all ages.

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

The dental team includes seven dentists, one specialist orthodontist, two orthodontist therapists, three hygienists, eight dental nurses including one dental nurse/practice manager, three trainee dental nurses and one temporary trainee dental nurse, three receptionists and a practice management team. The practice has eight treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager.

Summary of findings

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 Ongar Road Dental Practice was the principal dentist.

On the day of inspection we collected 97 CQC comment cards filled in by patients and spoke with four other patients.

During the inspection we spoke with two dentists, two dental nurses, one receptionist and the practice management team. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday from 8am to 5.30pm, Friday from 8am to 4pm.

Our key findings were:

- The practice appeared clean and well maintained.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had suitable 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.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Patients were wholly positive and happy with the quality of their treatment and the staff who delivered it.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- Staff had received training appropriate to their roles and were supported in their continuing professional development by the principal dentist and practice manager.
- The appointment system met patients' needs.
- The practice had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

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

- Review the systems for checking and monitoring electrical equipment taking into account current national guidance and ensure that all equipment is well maintained.
- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' (In particular the decontamination area and the location of clean and dirty areas in the treatment rooms).
- Review the practice's protocols to ensure audits of various aspects of the service, such as radiography and infection prevention and control are undertaken at regular intervals to improve the quality of service. Practice should also ensure that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

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 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.

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. Staff were trained as fire wardens and a whistle was used as an alarm in case of a medical or other emergency. Whistles were available in each room in the building.

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 caring, professional and respectful. 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.

No action



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 101 people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, polite and efficient.

They said that they were given helpful, thorough and honest explanations about dental treatment, 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 said staff treated them with dignity and respect.

No action



Summary of findings

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.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

The 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.

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.

No action



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 staff had received safeguarding training; the practice team were scheduled to undergo further safeguarding training including level 3 safeguarding training for all staff in April 2018. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. The practice management team understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice had made safeguarding referrals which they had failed to notify CQC about. We alerted the practice to ensure their processes were amended to ensure that notifications would be sent in the future.

There was a system to highlight vulnerable patients in their 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 employed a recruitment consultancy company for their recruitment and human resources needs, to help them employ suitable staff which included checks for agency and locum staff. Following the inspection the practice provided evidence to confirm that a recruitment policy was in place. This reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice processes were in line with current guidance. All staff had disclosure and barring service (DBS) checks in place to ensure they were suitable to work with vulnerable adults and children.

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

Portable appliance and fixed wire testing were scheduled to be undertaken to ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We noted there were a number of computer wires and cables behind the downstairs reception area which were tangled and unsecured. There were no health and safety risk assessment in place which identified this area of risk or detailed a plan of action to reduce any health and safety or fire risks. We discussed this with the practice management team and were assured this would be reviewed by a qualified electrician.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. Staff were trained as fire wardens and a whistle was used as an alarm in case of a medical or other emergency. Whistles were available in each room in the building. All staff we spoke with were able to give clear examples of how the 'alarm system' would be used and what action they would take in the event of a fire or other emergency.

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 found that rectangular collimation was not always used on X-ray units to reduce radiation dosage to patients. Following the inspection the practice provided evidence to confirm that this was in place and had been assessed and reviewed.

Are services safe?

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits. There was scope to ensure actions identified from the audit were documented with a date for review and completion.

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

Risks to patients

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

The practice's health and safety policies and procedures were up to date and reviewed regularly. There was scope to ensure risk assessments were reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. Following the inspection the practice provided evidence of a sharps risk assessment undertaken.

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 (if required).

Emergency equipment and medicines were available as described in recognised guidance. 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 when they treated patients in line with GDC Standards for the Dental Team. The practice confirmed that chair side support was available for other clinicians when required

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

We discussed with the management team the open area of the decontamination room and the close proximity of the clean and dirty areas within the treatment rooms. We were

told the practice planned to expand into neighbouring premises with the intention of creating further treatment rooms and installing a purpose built decontamination room. However there were no risk assessments in place to monitor the current open area where decontamination was undertaken to ensure the practice was in line with the 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.

At the time of our visit the practice did not have an annual Infection Prevention Control statement. Following the inspection the practice provided evidence to confirm that this was in place.

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.

At the time of our visit the practice did not have a policy 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. We spoke with two dental nurses who both used different procedures to undertake this. We were told the infection control lead nurse was on leave and therefore we were unable to verify the process the practice used.

At the time of our visit the practice did not have an annual Infection Prevention Control statement. We were assured this would be rectified.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment undertaken on 6 April 2018. The practice manager was scheduled to attend a training course to ensure they were competent and could oversee recommendations from the report to ensure actions and records of water testing and dental unit water line management were put in place.

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

Are services safe?

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. We noted there were some disparity in the guidelines the practice were using. We discussed this with the management team who confirmed this would be reviewed.

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

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

Track record on safety

The practice had a good safety record.

The practice management team told us they monitored and reviewed incidents; however there was a lack of risk assessments in relation to safety issues. We discussed one safety incident and noted this had been investigated and documented 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.

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. The practice offered the services of a specialist orthodontist who had undergone appropriate post-graduate training in this speciality, and two orthodontist therapists. The practice specialised in fixed appliances. The provision of orthodontics 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. Patients were given information regarding local smoking cessation clinics if required.

We spoke with the dentist 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 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 consent issues for patients under 16 years of age. Staff we spoke with were aware of the need to consider this when treating young people

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Patients positively described the information and support they received from the practice when making decisions about their treatment.

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. However there was no process in place to ensure re-audits were undertaken at regular intervals.

Effective staffing

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

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.

Are services effective?

(for example, treatment is effective)

Staff told us they discussed training needs at annual appraisals, one to one meetings and during informal meetings and 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.

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.

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 professional, polite and efficient. We saw that staff treated patients kindly, were caring and respectful and were friendly towards patients at the reception desk and over the telephone. A high proportion of patient feedback we received named individual members of staff for their support and kindness and commented on the welcoming and friendly reception they received on arrival at the practice from the reception team. Staff gave us examples of where they had assisted patients such as escorting them home after their appointment or ringing to check on their welfare after complex treatment. Several patients credited the team with helping them overcome previous anxiety when visiting a dentist.

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.

Music was played in both reception and waiting room areas and there were magazines and media screens in both waiting areas displaying oral health information and practice news.

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. We saw that staff took great care not to breach patients' confidentiality. Staff told us that if a patient asked for more privacy there were dedicated rooms where private discussions and consultations took place, 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. Interpretation services were available for patients who did not have English as a first language. However not all staff were aware of how to access these services or had a clear understanding of the requirements under the Equality Act the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).

Staff helped patients and their carers access community and advocacy services. They helped them ask questions about their care and treatment. Staff described how they supported patients to complete paperwork when required.

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 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 for example photographs, X-ray images.

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. They were able to explain how the practice had worked with other services to ensure the safety of these patients once they had left the practice.

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

The practice had made reasonable adjustments for patients with disabilities. These included step free access and an accessible toilet with hand rails. There was no call bell available in the toilet should a patient require assistance. We discussed this with the management team who agreed to review this. There was no hearing loop to assist those who wore hearing aids. Information about the practice and patient medical histories was not available in any other languages, or formats such as large print. The practice did not have a web site.

Staff described the support they provided patients with reduced hearing and visual abilities. Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were told that staff provided support to patients with limited literacy abilities to ensure they were able to access their treatment and support.

We were told the practice used text messages, emails and where necessary would telephone patients to confirm appointments and make sure they could get to the practice.

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.

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. The practice operated a cancellation list; patients reported positively that they were contacted to offer an appointment at an earlier date if this suited them. The practice offered appointments slots during lunch hours on Monday and Tuesday with two dentists for patients who required an urgent on the day appointment. Specific slots were held each day for those needing emergency treatment.

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 the 111 out of hour's service.

The practice information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. The answer phone also provided an answer phone facility for patients, staff told us this was checked and responded to throughout the day to ensure patients who called when the telephone was busy received an early response. 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 complaint 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.

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

Are services responsive to people's needs?

(for example, to feedback?)

The principal dentist 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 last twelve 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

Leaders had the capacity and skills to deliver high-quality, sustainable care.

Leaders 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 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.

Leaders and managers acted upon behaviour and performance seen which was inconsistent with the vision and values of the practice.

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.

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 processes for managing risks, issues and performance. There was scope to ensure these were embedded and reviewed regularly with actions identified and a date of completion and review recorded.

Appropriate and accurate information

The practice acted upon 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 and verbal comments to obtain staff and patients' views about the service. Staff were able to give examples where the practice had put staff suggestions in place to improve patient safety and treatment.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback about the NHS services they have used. NHS Choices feedback rated the practice 4.5. Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Results from the October and December 2017, showed that 100% of patients who responded were extremely likely or likely to recommend the practice to

Are services well-led?

friends or family. The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted upon.

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. There was scope to improve the records of the results of these audits and the resulting action plans and improvements.

The partners and management team showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The whole staff team 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 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.