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City Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 25 June 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the 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. A CQC directorate support co-ordinator also attended to use the inspection as a learning opportunity.

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

City Dental Practice is in Wolverhampton city centre and provides NHS and private treatment to adults and children.

The premises are located on the first floor and there is no level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice in public car parks.

The dental team includes five dentists, three dental nurses (all of whom are trainees), and one receptionist. There is also a practice manager who is a qualified dental nurse. The practice has two treatment rooms.

Summary of findings

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

On the day of inspection, we collected 22 CQC comment cards that had been completed by patients and spoke with two other patients.

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

The practice is open on Mondays to Thursdays between 9am and 5pm, and on Fridays between 9am and 4pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance. Staff were awaiting a Legionella risk assessment report following a recent visit by a specialist contractor.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were mostly available. Some essential items were missing but these were ordered within 48 hours of our visit.
- 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. Not all staff had completed training in safeguarding to the required level.
- The provider had staff recruitment procedures. One staff member was recruited without having one of their recruitment checks completed. This was resolved within 48 hours of our visit.
- 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.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- 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.

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

- Review the practice's Legionella risk assessment once it is available and implement any recommended actions, 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.
- Review the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Review staff training to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.

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?

No action

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 complaints and safety events to help them improve. However, staff were not logging all incidents.

Staff knew how to recognise the signs of abuse and how to report concerns. However, not all staff had received training in safeguarding to the required level.

Staff were qualified for their roles and the practice completed essential recruitment checks. One staff member had been recruited without one of their recruitment checks, but this was rectified as soon as we brought it to the attention of the practice.

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. A few items of equipment were missing, and these were promptly ordered once we brought it to the attention of staff.

Are services effective?

No action

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 professional, honest and excellent. 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 provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?

No action

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

We received feedback about the practice from 24 patients. Patients were positive about all aspects of the service the practice provided. They told us staff were lovely, friendly and helpful.

They said that they were given thorough 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.

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

Summary of findings

Are services responsive to people's needs?

No action

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 access to face to face 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.

Are services well-led?

No action

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 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.

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 contact details were displayed in the staff room. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

We reviewed records and found that two dentists, two trainee dental nurses and the receptionist had not completed the recommended safeguarding training for their roles. Within two working days, we received evidence that all staff had completed the training to the required level.

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. An alert could be created to convey this on patients' electronic records.

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.

The practice had a whistleblowing policy which was clearly displayed for staff. It included both internal and external contacts to report any concerns to. 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. We were told that root canal treatment was not carried out if a dental dam was not tolerated by the patient.

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 to help them employ suitable staff. This reflected the relevant legislation, but they had not carried out recruitment procedures in a consistent manner for one staff member. We reviewed three staff recruitment records and we found that a new Disclosure and Barring Service (DBS) check had not been completed for one staff member which was not in line with the practice's recruitment procedure. Within 48 hours, the practice informed us that they had applied for a new DBS check for the relevant individual.

We noted that clinical staff were qualified and registered with the General Dental Council (apart from the trainee dental nurses). We noted that all clinical staff had professional indemnity cover.

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

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. Two staff members were trained fire marshals and all staff had completed online fire safety training. A fire risk assessment had been completed by an external company in April 2019. Most of the recommended actions had been completed and the provider was able to justify why some actions had not been yet completed.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. Both treatment rooms were fitted with intra-oral X-ray machines but one of these did not use rectangular collimation to reduce radiation exposure to the patients. Within 48 hours, we received confirmation that the practice had ordered one rectangular collimator. There was no signage to warn others that X-rays were taken in the treatment room. Within 48 hours, we were sent evidence to show that this had been completed.

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.

Are services safe?

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.

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.

We reviewed staff vaccination records and found that the registered manager had a system in place to check clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw evidence that most staff had received the vaccination and the effectiveness of the vaccination had been checked. However, the records were incomplete for two staff members as their immunisation courses were in progress. We found that risk assessments had not been completed where there were gaps in assurance around this. Within 48 hours of our visit, we were sent evidence of appropriate risk assessments.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. One staff member completed training in June 2018 and was due to have refresher training in October 2019. Three staff members who had recently joined the practice had all received in-house training.

Emergency equipment and medicines were available as described in recognised guidance but some items were missing. Oropharyngeal airways were present in only two sizes but current guidance recommends five sizes. Portable suction and a pocket mask with oxygen port were also missing. Within 48 hours of our visit, we received confirmation that these missing items had been ordered. Staff kept records of the regular checks of the emergency equipment and medicines to make sure these were available, within their expiry date, and in working order. There was no signage to indicate that an oxygen cylinder was kept in the treatment room. Within 48 hours, we were sent evidence that this had been completed.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Staff used the manufacturers' safety data sheets to populate the risk assessments but then disposed of them. We discussed this with staff and they informed us they would locate these and include within this folder for ease of reference. The risk assessments were updated annually or when a new product was introduced in the practice.

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 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. A risk assessment had been completed in May 2019 by an external company but the report was not available to us at the time of our visit. Therefore, we were unable to confirm that all recommendations had been actioned. However, we saw that the provider had completed training 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 showed the practice was meeting the required standards.

Are services safe?

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, 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 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.

Antimicrobial prescribing audits had been carried out but they contained limited information and could not be used to ensure dentists were prescribing according to national guidelines. The provider informed us they would modify the audit before completing the next one.

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues.

In the previous 12 months there had been five safety incidents. These incidents had been 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 practice had policies and procedures to report, investigate, respond and learn from accidents and significant events. Staff knew about these and understood their role in the process. However, they were not recording all incidents to support future learning. Examples of incidents were discussed with the practice manager and we were assured that these would be documented with immediate effect. A new policy for the logging and sharing of incidents was forwarded to us within 48 hours of our visit.

Three window panes in one of the treatment rooms were broken and the provider informed us they would contact the landlord. Within 48 hours of our visit, the provider informed us that the landlord had arranged for a contractor to visit the premises to arrange a repair.

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.

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 electronic tablets to enhance the delivery of care. Patients used these to read and sign documents related to their dental 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 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/clinicians recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the practice manager was a qualified dental nurse and was supporting three trainee dental nurses to become qualified. The practice manager held additional qualifications which enabled them to take dental impressions.

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.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

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 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 lovely, helpful and listened patiently. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients had a choice of dentist but there were no male dentists at the practice.

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

Information folders were available for patients to read. A selection of magazines was provided for patients in the waiting room.

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 another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff protected patients' electronic care records with a password and backed these up to secure storage. Paper records were stored securely in locked filing cabinets or an office which was locked when not in use by staff.

The practice had installed Closed Circuit Television (CCTV) at the practice to improve security for patients and staff. Cameras were not present in the treatment rooms. The CCTV Code of Practice (Information Commissioner's Office, 2008) states that signs should be prominently displayed to inform visitors that surveillance equipment has been installed and this was present throughout the practice.

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 Standards and 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):

- Interpretation services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them. Additional languages spoken by staff included Latvian, Punjabi and Hindi.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available upon request.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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 dentist described to us the methods they used to help patients understand treatment options discussed. These included study models, X-ray images and oral hygiene aids.

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.

Staff shared anonymised examples of how the practice met the needs of more vulnerable members of society such as patients with dental phobia, homeless people, and people living with dementia, autism and long-term conditions.

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

The practice had made some adjustments for patients with disabilities. These included a hearing loop and reading materials in larger font size. The premises were situated on the first floor. The provider had considered installing a lift and stairlift but building restrictions had prevented this. Staff told us they informed all new patients who made telephone enquiries about the lack of step free access. Wherever possible, staff physically assisted patients with pushchairs and those with limited mobility. Patients who were unable to access the first floor were given details of an alternative local NHS dental practice that offered full disabled access.

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

The practice carried out telephone appointment reminders to all patients that had consented.

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.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen within 24 hours. 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.

Reception staff informed patients immediately if there were any delays beyond their scheduled appointment time.

The practice referred patients requiring urgent dental care to NHS 111 out of hours service.

The practice 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. However, feedback from one patient stated they were kept waiting for a considerable amount of time beyond their allocated 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. Information was available in the waiting room for patients explaining how to make a complaint.

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

The provider 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 previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

We found the 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.

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 principal dentist was on maternity leave at the time of our visit but staff told us that they were able to contact the dentist at any time.

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 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.

The practice aims and objectives were to provide high quality dental care and promote good oral health to all patients.

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 complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. staff shared examples of when they had demonstrated candour, such as informing patients when an extraction procedure resulted in incomplete removal of the roots.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed by the practice owner.

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.

Practice meetings for all staff were held monthly where learning was disseminated.

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 and verbal comments to obtain staff and patients' views about the service. Appointment reminders were introduced after patients

requested this service. The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Examples included the introduction of a rota system and the payment date being brought forward to a more convenient date for staff.

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 respondents in May 2019 showed that 100% of patients would recommend this practice to family and friends.

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 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 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.