Oasis Dental Care (Southern) Limited

Bupa - Butland Road, Oakley Vale

Inspection Report

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Overall summary

We carried out this announced inspection on 02 August 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

Bupa – Butland Road, Oakley Vale is situated in the south-west of Corby. It provides mostly NHS treatment to adults and children. Private treatments are also available.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including one allocated for blue badge holders, are available directly outside the practice. This is a shared car parking facility with other local businesses.

Summary of findings

The dental team includes five dentists, five dental nurses (including two trainee nurses), one dental hygienist, two receptionists and a practice manager. The practice has five treatment rooms; all are located on ground floor level.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Bupa – Butland Road, Oakley Vale is the practice manager.

On the day of inspection, we collected 19 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, the lead dental nurse, the dental hygienist, a receptionist and two practice managers (who are based at other Bupa dental practices). The practice manager based at this site was unable to attend the inspection.

We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday from 8am to 5:30pm, Tuesday, Wednesday and Thursday from 8am to 8pm, Friday from 8am to 4:30pm and Saturday sessions are held between one to two times a month.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures, although we identified an area for management review.
- The practice had not maintained a log to show alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) and any action taken in response.
- 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.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and 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 staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

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

- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Review the practice's arrangements for responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

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 incidents 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. We noted an area for improvement in relation to the obtaining of staff references.

The practice had not maintained a log to show alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) and any action taken in response.

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.

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 mostly provided care and treatment in line with recognised guidance. We identified that knowledge could be improved in relation to one of the dentists awareness of The National Institute for Health and Care Excellence (NICE) guidance for antibiotic prescribing levels and The Faculty of General Dental Practice (UK) (FGDP) guidance on X-ray intervals.

Patients described the treatment they received as excellent and delivered by professionals.

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.

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 19 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, courteous, helpful and informative.

Summary of findings

They said that they were given helpful and informative 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.

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 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 interpreter services and had arrangements to help patients with hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. We were not provided with documentation to support that outcomes from complaints were shared with staff for learning purposes and to improve the service.

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 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.

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. The lead for safeguarding concerns was the practice manager. 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.

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

The practice had a whistleblowing policy. This included contact details for an external organisation that could be contacted in the event of any concerns. Staff we spoke with 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.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice. The practice had arrangements with other local Bupa practices to use their premises in the event of an emergency which affected the use of the practice building. The plan was regularly reviewed.

The practice had a staff 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 four staff recruitment records. Whilst most information was present, we noted that references or other evidence of satisfactory conduct in previous employment were not held in two of those files. We noted that the practice manager was in the process of trying to obtain references for these staff, as well as some other staff members to ensure their records were complete.

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 appliances.

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

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

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

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

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

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. Risk assessments had been completed for staff who were non -responsive to the vaccine.

Are services safe?

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Training last took place in January 2018. Staff spoke about and practised emergency scenarios in six monthly practice meetings to refresh their knowledge.

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 hygienist worked alone, but told us they had access to a dental nurse when required. We did not view a risk assessment for when the hygienist worked alone without chairside support.

The practice protected staff and patients with guidance available for staff on the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available if needed.

The practice occasionally used agency staff that were sourced from an internal bank of staff or from external agencies who undertook staff screening. We were provided with a policy document and other information which supported that appropriate screening took place.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The premises benefitted from a separate decontamination room; the layout had been effectively designed to accommodate the needs of staff working in surgeries and maximise efficiency and process. All the surgeries were attached on to the extensive decontamination room.

The practice had suitable arrangements for transporting, cleaning, checking and sterilising instruments in line with HTM01-05. We did note some loose items in surgery drawers such as sucker tips and prophy brushes. The practice told us they would review their storage arrangements for these items.

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

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment dated February 2017. There were no recommendations and we noted that records of water testing and dental unit water line management were in place.

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

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

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

Information to deliver safe care and treatment

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

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

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

Safe and appropriate use of medicines

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

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 stored NHS prescriptions as described in current guidance. We found that record keeping of individual prescription numbers required strengthening as the practice did not have a process to enable them to identify if a prescription was taken prior to it being issued. The practice were taking action in respect of this at the time of our inspection.

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

Track record on safety

The practice had a good safety record. There were comprehensive risk assessments in relation to safety issues.

The practice had processes to record accidents when they occurred. We noted that there had not been any accidents recorded within the previous twelve months.

Lessons learned and improvements

The practice learned and made improvements when things went wrong. We reviewed an incident which had recently occurred and investigations were ongoing at the time of our inspection. We looked at detailed documentation and saw that it had been tabled for discussion in a recent practice meeting held. The CQC had been notified about the incident when it occurred and we were told about measures being implemented to prevent recurrence.

We also looked at two other incidents that had occurred within the previous twelve months. We noted that one of these had a positive outcome as staff had responded appropriately. The other incident contained little documented information and any learning outcome for staff was not recorded.

There was a system for receiving and acting on safety alerts, although a log was not maintained to show any action taken in response to alerts received. Our discussions with one of the dentists showed that they were not aware of the yellow card scheme. The yellow card scheme is a system for recording adverse incidents with medicines and medical devices in the UK through the Medicines and Healthcare products Regulatory Agency (MHRA).

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 mostly delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We identified that one of the dentists would benefit from reviewing The National Institute for Health and Care Excellence (NICE) guidance in relation to antibiotic prescribing levels and The Faculty of General Dental Practice (UK) (FGDP) guidance on X-ray intervals as they did not demonstrate up to date knowledge in these areas.

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

The practice had access to equipment in the practice which included four intra-oral X-ray machines and one Orthopantomogram (OPG) X-ray unit 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 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 dentist and dental hygienist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. We also saw evidence to support a strong preventative approach in a sample of patients' records that we looked at. Staff were not specifically aware of local schemes for smoking cessation.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The dentist and dental hygienist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

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

Consent to care and treatment

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

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

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. Most staff we spoke with were aware of the need to consider this when treating young people under 16 years of age. We noted that the practice would benefit by holding further discussions with all staff to ensure that they fully understood this issue.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles. For example, two of the dental nurses had completed radiography training, one of the dental nurses had undertaken an impression taking course and one of the dental nurses was planning to start an oral health education course. Staff had also assisted in the training of four trainee dental nurses.

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

Staff told us they discussed training needs at annual appraisals and regular one to one meetings. 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 also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were caring, helpful and informative.

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

Patients said staff were compassionate and understanding. A number of comment cards included that staff were extremely accommodating of children.

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

An information folder was available for patients to read in the waiting area.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity. We noted an issue however, in relation to privacy in one of the treatment rooms where conversations could be overheard in the practice manager's office. The practice told us they would seek to resolve the issue.

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

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

Involving people in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. This included in languages other than English, informing patients this service was available. Patients were told about multi-lingual staff that might be able to support them. We found that the practice also utilised family members of patients to interpret on their behalf. This may present a risk of miscommunications/misunderstandings between staff and patients.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and 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. For example, these included models, software, screens and written information. These were 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. For example, staff told us how they met the needs of more vulnerable members of society such as patients living with long-term conditions.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were told that patients who were anxious could be allocated longer appointment times and reception staff allowed flexibility for patients with memory problems if they did not attend planned appointments. Reception staff told us they knew their patient list well.

Staff told us they would assist patients with mobility problems if they needed any additional help.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and accessible toilet.

A Disability Access audit had been completed in December 2017 and an action plan formulated in order to continually improve access for patients.

Staff told us that they contacted patients by text message 24 hours in advance of their scheduled routine appointments to remind them to attend the practice. Those receiving treatments received a telephone call the day before.

Timely access to services

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

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. We saw that time was blocked on a daily basis with each dentist for emergency appointments. We noted that the next routine appointments were available with one of the dentists and the hygienist on the same day as our inspection taking place. If patients were unable to be seen within their chosen timeframe, the practice held a list of their names and contact information in case a free appointment became available.

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 unduly waiting.

The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients were advised of other local Bupa practices that were open when this practice was closed and they were informed to make contact with them to be seen. Outside of access to a Bupa practice, patients were asked to contact NHS 111.

Patients confirmed they could make routine and emergency appointments easily and were not often kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

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

The practice managers we spoke with on the day told us that the practice manager based at this site aimed to settle complaints in-house and would invite patients to speak with them in person to discuss these, if appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and complaints the practice received within the previous twelve months.

Review of complaints showed that the practice responded to concerns appropriately. We were not provided with other documentation to support that outcomes had been shared with staff for learning purposes and to improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The leaders had the capacity and skills to deliver high-quality, sustainable care. 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 provider 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. Part of the business plan included the refurbishment of surgeries to create more space and replacement of the flooring.

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 on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, the practice had notified its Head Office as well as external organisations when a significant event had recently occurred. They were taking steps to improve systems and were introducing measures to prevent recurrence of the issue.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff 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 registered manager was the practice manager and had overall responsibility for the management and clinical leadership of the practice. They were also 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. The practice manager attended monthly meetings with other practice managers in the organisation as well as weekly conference calls where issues, knowledge and best practice was shared.

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, staff and external partners to support high-quality sustainable services.

The practice used surveys and verbal comments to obtain staff and patients' views about the service. Results of patient feedback were included on the practice's website.

Are services well-led?

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.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these would be listened to and acted on if considered reasonable by management and beneficial for staff / patients involved.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, infection prevention and control and options discussed with patients. They had clear records of the results of these audits and the resulting action plans and improvements.

The registered manager 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.