

Ashton Road Limited Elli and Associates

Inspection Report

234 Ashton Road,
Hathershaw
Oldham
Greater Manchester
OL8 1QN
Tel: 0161 6285676
Website: none

Date of inspection visit: 5 June 2018
Date of publication: 19/06/2018

Overall summary

We carried out this announced inspection on 5 June 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

Elli and Associates is in Oldham and provides NHS and private treatment to adults and children.

The practice is located in premises on a high street with surrounding shops and businesses. Access is via a small step, there are arrangements for people who use wheelchairs to access care. On street parking is available near the practice.

The dental team includes two dentists, four dental nurses who also carry out reception and administrative duties and a part time dental hygiene therapist. The practice has two treatment rooms.

Summary of findings

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 Elli and Associates was the principal dentist.

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

During the inspection we spoke with both dentists and three dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 9:00am to 5:30pm

Friday 9:00am to 2:30pm

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 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.

- 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 had systems to deal 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 arrangements for receiving and 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.
- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Review the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's protocols to ensure audits of radiography and infection prevention and control to ensure that 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.

We asked the following question(s).

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.

Risks were assessed and the practice sought advice where appropriate and acted on recommendations to mitigate these.

A basic sharps risk assessment had been undertaken but this did not include all sharp items. We discussed this with the principle dentist who gave assurance that this would be reviewed and risk assessed more thoroughly.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations. There was no evidence of the efficacy of these vaccinations for one member of staff. This was discussed with the partners to follow up and risk assess as appropriate.

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

The practice could improve the system for receiving and acting on safety alerts and prescription security. We discussed these areas with the team who confirmed they would be addressed.

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 commented that staff made them feel comfortable during treatment.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. They had sourced flipcharts describing dental procedures and oral health advice in a range of locally spoken languages to help patients understand the diagnosis and treatment.

The practice's consent policy included information about the Mental Capacity Act 2005 and Gillick competency. The whole team demonstrated that they understood their responsibilities under the act when treating adults who may not be able to make informed decisions.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

No action



Summary of findings

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

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 10 people. Patients were positive about all aspects of the service the practice provided. They told us staff were pleasant, helpful and kind.

They said that they were given helpful, 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.

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



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 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.

There was a clear set of values. The practice had a realistic strategy and planned its services to prioritise and meet the needs of the local community they served.

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. We noted that audits did not include clinicians' reflections or action plans to encourage improvement. We discussed this with the registered manager to review

The practice asked and listened 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 that the dentists received safeguarding training. There were plans for the full team to attend further safeguarding training together.

Staff demonstrated that they knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Staff on reception had a good understanding of their role in safeguarding, and gave examples of where potential issues were reported to the dentists, monitoring carried out and consideration of referral.

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. Staff reviewed patient attendance and made every attempt to encourage patients to attend future appointments.

The practice displayed information for patients who may be in other vulnerable situations. For example, domestic violence and those at risk of modern day slavery or exploitation.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentists told us they use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment, or other methods to protect the airway.

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 a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at staff recruitment records. These showed the practice followed their recruitment procedure.

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

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

A fire risk assessment was in place and the practice had followed the recommendations which included installing emergency lighting, fire detection equipment. Records showed that smoke detectors and fire extinguishers were regularly tested. Staff had practised emergency evacuation procedures.

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. They had registered their practice's use of dental x-ray equipment with the Health and Safety Executive in line with the Ionising Radiation Regulations 2017 (IRR17). Recommendations had been made in the reports of critical examinations of the X-ray equipment. We saw evidence that the practice had sought, and acted upon advice from their Radiation Protection Adviser in relation to these.

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.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A basic sharps risk assessment had been undertaken but this did not include all sharp items. We discussed this with the principal dentist who gave assurance that this would be reviewed and risk assessed more thoroughly. Staff confirmed that only the clinicians were permitted to assemble, re-sheath and dispose of needles where necessary to minimise the risk of inoculation injuries to staff. Protocols were in place and clearly displayed to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.

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. There was no evidence of the efficacy of these vaccinations for one member of staff. This was discussed with the partners to follow up and risk assess as appropriate.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

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 and dental hygiene therapist 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.

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 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.

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. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual. Staff placed coloured markers throughout the premises to ensure the correct mops and cloths are used to clean.

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 daily checks and quarterly infection prevention and control audits. 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 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 and kept records of NHS prescriptions as described in current guidance. We noted that the system to record prescriptions would not recognise whether any prescriptions had been taken. We discussed this with the team who confirmed they would implement this without delay.

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 monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Staff told us there had been no safety incidents in the previous 12 months. We reviewed incidents previously reported and saw these were documented and investigated appropriately.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff recorded, responded to and discussed any incidents to reduce risk and support future learning in.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. We noted that the alerts retained by the practice were not relevant to the practice, and staff did not were not aware of some recent relevant alerts relating to medicines and devices kept at the practices. The inspector alerted the practice manager on the day of the inspection, the items were checked to ensure they were not affected by the alert. Staff gave assurance that they would ensure that future alerts are received, acted upon and retained for reference.

The practice learned from external safety events as well as patient and medicine safety alerts. For example, scenarios and case studies shared by the dentists' indemnity provider and practice managers forums.

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.

Helping patients to live healthier lives

The practice was proactive at 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. We saw evidence that 81% of children had fluoride varnish applied compared with the national rate of 55%.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice displayed information and provided health promotion leaflets throughout the practice 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. They directed patients to these schemes when necessary.

The dentists described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice (using simple language and diagrams where appropriate) taking plaque and gum bleeding scores and detailed charts of the patient's gum condition. They had sourced flipcharts describing dental procedures and oral health advice in a range of locally spoken languages to help patients understand. Patients told us the dentist gave them advice on the prevention of dental disease for them and their children.

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 whole team demonstrated that they 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. 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 that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

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

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, one to one discussions and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. Recently qualified staff told us that the practice was supportive during their training.

Are services effective?

(for example, treatment is effective)

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.

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 pleasant, helpful and kind. We saw that staff treated patients respectfully, appropriately and kindly, and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding, 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.

Information folders, patient survey results and thank you cards were available for patients to read.

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 the ground floor waiting area provided 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. The Accessible Information Standard is 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 have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids including information about procedures and treatment options in languages other than English were available.
- 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. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, models, X-ray images and drawing diagrams of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

They described how they met the needs of more vulnerable members of society such as adults and children with a learning difficulty and those living with dementia, autism and other 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. For example, patient notes were flagged if they were unable to access the first floor surgery.

The practice had made reasonable adjustments for patients with disabilities. These included a hearing loop, providing reading glasses, a dexterity pen and hand rails in the patient toilet. The provider had arrangements to see patients who were wheelchair users at their other practice a short distance away.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. They could choose to receive appointment reminders by text message or email.

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

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

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

The registered manager 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.

Staff told us they had not received any complaints in the last 12 months. They were aware of the need to respond to concerns appropriately and discuss outcomes to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The team 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.

Staff 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 set of values. The practice had a realistic strategy and planned its services to prioritise and meet the needs of the local community they served. The practice was located in an area with high levels of deprivation and dental disease. Staff used every opportunity to encourage patients to live healthier lives and attend for appointments. Staff were keen to learn new ways to improve support for patients and increase their knowledge of local cultures. For example, by talking to patients about their lives.

The strategy was in line with health and social priorities across the region. They were aware of and had recently signed up to participate in the 'Baby Teeth do Matter' programme. This was developed by the Greater Manchester Local Dental Network to promote early dental attendance amongst young children, improve the delivery of preventive care and advice as well as the treatment of dental decay.

Culture

The practice had a culture of high-quality sustainable care.

On the day of the inspection, all staff valued the opportunity to engage in discussion and feedback to improve the practice. Teamwork was evident, it was clear that all staff were engaged with the process.

Staff stated they felt respected, supported and valued. They spoke passionately about the service they provided and 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. 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 had overall responsibility for the management and clinical leadership of the practice. They were supported by the dental nurses who were encouraged to contribute and participate in the governance and day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

They were aware of the European General Data Protection Regulations, and had reviewed their processes for obtaining, storing and using information in line with this.

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.

Are services well-led?

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 patients' views about the service.

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 latest results showed that 78% of respondents would recommend the practice.

The practice gathered feedback from staff through informal discussion, weekly staff huddles and monthly meetings. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Several members of the team also attended external events, meetings and practice managers forums to discuss and share best practice.

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 ongoing checks and audits of dental care records, radiographs and infection prevention and control. We noted that these did not include clinicians' reflections or action plans to encourage improvement. We discussed this with the registered manager to review.

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

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

Staff 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 practice had recently engaged an external company to provide face to face training to the whole team.

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.