

# Smile and Facial Aesthetics Ltd Olive Dental Care

## Inspection Report

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Date of inspection visit: 7 June 2019

Date of publication: 19/07/2019

### Overall summary

We carried out this announced inspection on 7 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.

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**

Olive Dental Care is in Exning, Newmarket and provides private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available behind the practice.

The dental team includes one dentist, two dental nurses, two hygienists, the business manager (who was also the sedationist) and the front desk coordinator. 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 Olive Dental Care was the business manager.

On the day of inspection, we collected 50 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, the business manager, one dental nurse, one dental hygienist and the front desk coordinator. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday from 8:30am to 6:00pm.

## Our key findings were:

- We received positive comments from patients about the dental care they received and the staff who delivered it.
- The practice appeared clean and well maintained.
- The practice staff had infection control procedures. The practice carried out infection prevention and control audits annually, but not as regularly as recommended by guidance which states completion on a six-monthly basis. An annual infection control statement had not been completed.
- Staff knew how to deal with emergencies. The provider had emergency medicines and equipment in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. However, we

found that both oxygen cylinders and the adult automated external defibrillator (AED) pads were out of date. We were assured the practice had ordered replacements before the end of the inspection.

- The practice had systems to help them manage risk.
- The provider 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.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of 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 had suitable information governance arrangements.

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

- 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.
- 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.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

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

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. The practice carried out infection prevention and control audits annually, but not as regularly as recommended by guidance which states completion on a six-monthly basis. An annual infection control statement had not been completed.

Staff knew how to deal with emergencies. The provider had emergency medicines or equipment in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. However, we found that both oxygen cylinders were out of date as were the adult defibrillator pads. We were assured the practice had ordered replacements for these before the end of the inspection.

No action



### Are services effective?

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

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

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

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

No action



### Are services caring?

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

We received feedback about the practice from 50 people. Patients were positive about all aspects of the service the practice provided. They told us staff were courteous, excellent and professional.

No action



# Summary of findings

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.

## **Are services responsive to people's needs?**

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

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

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

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

**No action**



## **Are services well-led?**

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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

The 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.

**No action**



# 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. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice manager understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

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

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the practice followed their recruitment procedure.

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

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

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, was regularly tested and firefighting equipment, such as fire extinguishers, was regularly serviced. There was an evacuation chair located on the first-floor landing for the safe evacuation of a sedated patient in the event of an emergency. Staff told us they had undertaken some scenario training with this equipment. There was no signage inside or outside the premises to alert the emergency services of the defibrillator or the oxygen stored in the building.

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. There was scope to expand the analysis of X ray logs to ensure a complete audit was undertaken.

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

The practice had a cone beam computed tomography machine. Staff had received training and appropriate safeguards were in place for patients and staff.

### **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

# Are services safe?

items. A sharps risk assessment had been undertaken and was updated annually. We noted the sharps bin in one treatment room had not been dated and therefore it was not possible to monitor how long this had been in place. We discussed this with the practice team who confirmed they would review the procedure for dating sharps bins when opened.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

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

A dental nurse worked with the dentist and the dental hygienists 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 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 was working towards best practice as it had separate dirty and clean rooms in the decontamination area. We noted there was no occupational health contact information to hand in the decontamination room in the event of a sharp's injury. In addition, we found there was no signage to denote the dirty to clean flow through the decontamination room. We discussed this with the practice team and were assured these would be put in place.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. We noted mop heads were worn and stained and the business manager was unable to confirm how often mop heads were replaced. The practice was visibly clean when we inspected.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted the external waste bin was locked but was not secured.

Staff uniforms were clean and their arms were bare below the elbows to reduce the risk of cross contamination. We noted staff changed out of their uniforms at lunch. The practice carried out infection prevention and control audits annually, but not as regularly as recommended by guidance which states completion on a six-monthly basis. An annual infection control statement had not been completed.

## 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 General Data Protection Regulation (GDPR) 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.

Emergency equipment and medicines were mostly available as described in recognised guidance. We found that some items were out of date including both oxygen

# Are services safe?

cylinders and the adult AED pads automated external defibrillator pads. There were no logs in place to ensure expiry dates were overseen. We discussed this with the provider and were assured replacements were ordered during our inspection and a log put in place.

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

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

## **Track record on safety and Lessons learned and improvements**

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

We noted not all incidents or accidents were recorded as significant events. There was scope to ensure all events were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future. We found that where one incident had occurred, the practice had made several changes to their systems as a result. However, these were not documented.

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.

There was a system for receiving and acting on safety alerts. There was scope for the practice to ensure that any changes or learning from external safety events, as well as patient and medicine safety alerts, were documented with any actions completed 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 needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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

The practice had access to an intra-oral camera 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 and adults based on an assessment of the risk of tooth decay.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

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 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 told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. There was scope to ensure all patients signed their medical history at consultation. We discussed this with the dentist who confirmed the practice was moving to an electronic tablet system which would enable patient signatures in future. 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 might 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. The practice had processes in place to establish and confirm parental/legal responsibility when seeking consent for treatment for children and young people.

### 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 sedation patients' dental care records to check that the dentists recorded the necessary information. This identified that there was scope to improve and expand on the information recorded during consultation. We discussed this with the business manager who confirmed action would be taken to improve this in future. We did not see an audit of general dental care records.

The practice carried out conscious sedation for patients who were nervous. This included people who were very nervous of dental treatment and those who needed



# Are services effective?

(for example, treatment is effective)

complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The sedationist was supported by a suitably trained second individual. The name of this individual was recorded in the patients' dental care record.

## **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 and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

## **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

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 dental 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 courteous, professional and excellent. 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. One patient told us all the staff have shown extreme kindness and understanding, another that staff were very caring and understanding and had talked them through everything in detail as they were a very nervous.

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

Information folders 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 waiting areas provided some 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. Tea, coffee and drinking water were available for patients on arrival at the practice. There was a calm and relaxing room available for patients and their escorts to recover following sedation procedures.

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

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Many patients told us the dentist answered all their questions and took time to explain things in a way they understood.

Interpretation services were available for patients who did not speak or understand English. Multi-lingual staff were also able to support them. However, we were told there had been little demand for these services. 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. One patient told us, 'everything is explained to ease my nerves and if at any point I need to stop, I know my wishes would be respected'. Another patient told us their treatment had always been explained, discussed and carried out successfully and one other commented they had always been given choices with regard to their treatment.

The 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 dentist described to us the methods they used to help patients understand treatment options discussed. These included photographs, models, videos, X-ray images and an intra-oral camera. The intra-oral cameras and microscope with a camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

In addition to general dentistry the practice also provided a hygienist and a sedation service.

The practice offered its own payment plan to help patients spread the cost of their dental treatment.

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

Staff described how they supported patients for whom they needed to make adjustments to enable them to receive treatment such as patients with a dental phobia.

The practice had made reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails and a call bell. One patient told us they especially liked the relaxing music and television screen which had a calming effect.

Staff told us that they used text messaging and e-mails to remind patients they had an appointment. Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

### Timely access to services

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

The practice displayed its opening hours in the premises and included it in their practice information leaflet 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. 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 website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

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

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

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

The business manager aimed to settle complaints in-house and told us they would invite 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.

It was not possible for us to assess how the practice managed patient complaints as none had been received.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The business manager and principal dentist had the capacity and skills to deliver high-quality, sustainable care and 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 practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy If applicable

There was a clear vision and set of values. The practice aims and objectives were outlined in its statement of purpose and included;

- To promote good oral health to all patients attending the practice.
- To provide high quality dental care, including periodic examinations and treatment, where required
- To understand and meet the needs of patients, involve them in decisions about their care and encourage them to participate fully.
- To involve other professionals in the care of patients, where this is in the patient's interests.
- To participate in local initiatives
- To ensure that all members of the team have the right skills and training.
- To ensure an awareness of current national guidelines.

### 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 business manager and principal dentist worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff spoke highly

of the business manager and dentist, telling us they were approachable and responsive to their ideas. Although the staff team was small, it was clear they worked and communicated well together.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Leaders were 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 business manager had overall responsibility for the management of the practice and was responsible for the day to day running of the service. The principal dentist provided clinical leadership. Staff knew the management arrangements and their roles and responsibilities.

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

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

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

# Are services well-led?

The practice used patient surveys, social media sites and verbal comments to obtain staff and patients' views about the service.

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 were listened to and acted on.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. There was scope to expand the analysis of X ray logs to ensure a complete audit was undertaken. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist and 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 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.