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# Brookview Dental Clinic

## Inspection Report

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### Overall summary

We carried out this announced inspection on 10 January 2020 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 Care Quality Commission (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 this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

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

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

##### **Background**

Brookview Dental Clinic Limited is in Leicester, a town in the East Midlands. It provides NHS and private dental care and treatment for adults and children. The service provides general dentistry.

There is level access to the practice for people who use wheelchairs and those with pushchairs. There are some car parking spaces at the practice and free on road parking is also available within a short distance of the premises.

# Summary of findings

The dental team includes six dentists (including one foundation dentist), five dental nurses (including two trainee nurses), one dental hygienist, two receptionists and a practice manager. The practice has three treatment rooms; one is located on the ground floor.

The practice is an approved training practice for dentists new to general practice. Two of the principal dentists are trainers.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC 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 Brookview Dental Clinic Ltd is one of the principal dentists.

On the day of inspection, we collected 35 CQC comment cards filled in by patients and some staff members.

During the inspection we spoke with two dentists, three dental nurses, the hygienist and the practice manager. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday, Wednesday, Thursday and Friday from 9am to 5.30pm and Tuesday from 9.30am to 6pm. The practice closes over lunch from 1.15pm to 2pm.

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- 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 provided preventive care and supported patients to ensure better oral health. We viewed information regarding the practice's ongoing campaigns to raise awareness of oral health amongst children, their families and carers. The practice was a finalist in the 'Dental Check by One Practice of the Year' (DCby1) award.
- The appointment system took account of patients' needs.
- An investment in staff training and development and a commitment to learning and continuous improvement was at the forefront in the practice. The practice had a dedicated practice manager and all staff spoke highly of the support they received from management.
- Audit activity was extensive and drove improvement.
- The provider asked staff and patients for feedback about the services they provided. We noted 100% of feedback from those who responded in CQC comment cards was extremely positive.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

## We identified an area of notable practice.

The provider was actively taking measures to address the issue of high decay rate in children in Leicester. This geographical area is recognised as having a higher rate of decay in comparison to the national average. The practice was a finalist in the 'Dental Check by One Practice of the Year' (DCby1) award. The dental check by one campaign was established by the British Society of Paediatric Dentistry (BSPD) in partnership with the Chief Dental Officer for England to ensure all children see a dentist as their teeth come through, or by their first birthday. As a result of their campaigns, the practice saw a 13% increase in NHS patients joining the practice. Successful education of parents and carers had increased their knowledge that children should not wait until the ages of two or three to see a dentist. We were provided with patient feedback and other evidence which supported the positive outcomes from the practice's campaigns.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

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

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

Staff 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training, all to the appropriate level. The lead for safeguarding was one of the principal dentists. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We saw records confirming that safeguarding issues were discussed in practice meetings.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

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

The provider had 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 provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records of water testing and dental unit water line management were maintained.

The practice utilised a contractor to maintain cleanliness in the general areas of the practice. We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. We saw action plans completed after audits were undertaken. We noted audits were also completed for hand hygiene, staff nail length and cleaning of the treatment rooms in between patients, for example.

The provider had a Speak-Up policy. This included external organisations contact details for reporting concerns. Staff we spoke with felt confident they could raise concerns without fear of recrimination and were knowledgeable about the policy provision.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a 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. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

# Are services safe?

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We looked at records dated within the previous 12 months.

A fire risk assessment was carried out in line with the legal requirements, dated January 2020. Recommendations had been implemented, for example, the purchase of torches which were available on each floor of the practice.

We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

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

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

## Risks to patients

The provider had implemented 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 provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. A safer sharps audit had also been completed.

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

Staff had completed sepsis awareness training. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Training was last completed in June 2019. Medical emergency scenarios were discussed, and staff quizzes were also undertaken to refresh knowledge.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with General Dental Council Standards for the Dental Team.

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

The provider could share staff across from the other two dental practices run by them, if required. The practice occasionally used locum and agency staff. We observed that these staff received an induction to ensure they were familiar with the practice's procedures.

## 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 dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

## Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

## Are services safe?

There was a 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.

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

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

Antimicrobial prescribing audits were carried out.

### **Track record on safety, and lessons learned and improvements**

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety

issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

Where there had been a safety incident we saw this was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again. The practice had also undertaken a significant events analysis to ensure strategic overview of potential risk issues.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

We received very positive comments from patients about treatment received. Patients described the treatment they received as 'professional', 'expert' and 'the best ever'.

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' 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 very active in the local community and worked to raise awareness of the importance of oral health. This involved visits to local nurseries, childminders, a library and holding a summer fete in 2019 where local residents were invited to attend an open day to familiarise themselves with the dental environment and meet with staff. Staff had utilised the outside of the premises in the event which also encouraged involvement from the community. We were shown photos of the activities provided for children on the day of the fete. For example, play-doh was placed in between lego bricks to act as plaque stuck between teeth; children were invited to use floss and therefore practise interdental cleaning. The opportunity was used to hold conversations with parents and carers about oral hygiene. A group of independent childminders had visited the practice with children on a separate occasion and role play activities were carried out.

The practice was a finalist in the 'Dental Check by One Practice of the Year' (DCby1) award. The dental check by one campaign was established by the British Society of Paediatric Dentistry (BSPD) in partnership with the Chief Dental Officer for England to ensure all children see a dentist as their teeth come through, or by their first birthday.

The practice had invested in dental toys, models, puppets, books and gifted toothbrushes to children in the events held.

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. We were told how the dental nurses were also utilised in the approach adopted within the practice.

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

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

The clinicians described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

### **Consent to care and treatment**

Staff 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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients spoke highly of their dentist and confirmed their dentist listened to them and gave them clear information about their treatment.

The practice had policy provision about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who



# Are services effective?

(for example, treatment is effective)

might not be able to make informed decisions. The practice's consent policy referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. 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.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements, where required.

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. For example, the practice manager had a diploma in leadership and management and provided help and guidance as a regional mentor to other practice managers in a network.

One of the dental nurses had completed a training course in assessing vocational achievement; this enabled them to assess other staff who were currently training in the

practice. The nurse was receiving support through the practice manager to continue their studies in a management and leadership course. Another of the dental nurses had undertaken a dental photography course.

Staff completed questionnaires at the request of management which identified their best learning styles. Training and support was then tailored to the individual staff member based on results.

The practice was an approved training practice for dentists new to general practice. One foundation dentist worked in the practice and received ongoing support from one of the principal dentists who was a trainer.

Staff new to the practice including locum or agency staff had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

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

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. We noted that systems could be improved to ensure tracking of non-urgent referrals. We discussed this with the practice and were assured that this would be reviewed.



# Are services caring?

## Our findings

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

### **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', 'welcoming' and 'well informed'.

We saw 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. One patient told us that staff 'explained and reassured' and another said that staff including the dental nurses and receptionist had 'an exceptional manner'.

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

The practice manager told us of their plans to complete a dementia champion course devised by the Alzheimer's Society and roll out focussed training to all staff. Guides to inform staff were available for example, helping a dementia patient on the telephone and creating a friendly workplace. Signage in the building had started to be placed in dementia friendly colours.

There were also plans for the practice to become more autism friendly; we were shown an action plan which included a story sheet for adults and children with autism. The story sheet would include information about what they could expect to happen on their visit and would be sent prior to their visit. A video was also planned to be made of the surgeries and sent out to these patients.

There was a television screen, children's educational play area, information board, patient feedback area and a water machine available in the patients waiting area.

### **Privacy and dignity**

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008).

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. If a patient asked for more privacy, the practice would respond appropriately. 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 to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act.

We saw:

- Interpreter services were available for patients who did not speak or understand English. We were informed that this service had been used. Patients were also told about multi-lingual staff that might be able to support them. Languages spoken by staff included Gujarati, Hindi, Punjabi and Urdu.
- Staff told us they communicated with patients in a way they could understand, and easy-read materials could be obtained, if needed.
- An alert could be placed on a patient's clinical care record if they had any specific requirements.

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.

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

## Are services caring?

The practice's website 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### 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 about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. For example, noise was kept to a minimum when a patient with a mental health condition attended for treatment. Appointments were allocated at the start of the day when these patients may feel less likely to be anxious or stressed. New patients who had a long-term condition were invited to look around the practice and meet with staff prior to their first appointment. Anxious patients' needs were accommodated; examples of this included some patients wearing headphones during treatment as an aid to help distract and relax them.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients and others to share their views of the service.

35 cards were completed, giving a response rate of 70%

100% of views expressed by patients were positive.

Common themes within the positive feedback were the friendliness of staff, the flexibility of staff in accommodating patients' needs and the cleanliness of the environment.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Longer appointment times could be allocated dependent on individual patients' requirements.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a bell at the front door which was easy to reach for those using wheelchairs, reading glasses at the reception desk

and accessible toilet with hand rails but no call bell. The practice did not have a hearing loop, they told us they had not identified a need for this based on their current patients' needs. The manager told us this would be subject to review and they would consider a call bell being installed.

Staff had carried out a disability access audit.

Staff contacted patients prior to their appointment to remind them to attend. This was based on their preference of communication.

### Timely access to services

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

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Time was allocated in the dentists' diaries daily for emergency appointments.

Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept unduly waiting.

The staff took part in an emergency on-call arrangement with some other local practices for private patients. NHS patients were directed to the appropriate out of hours service.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients confirmed they could make routine and emergency appointments easily.

### Listening and learning from concerns and complaints

Staff told us the practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. There was information displayed in the practice that explained how to make a complaint. Information was also available on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice manager was responsible for dealing with complaints. 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 manager aimed to settle complaints in-house and invited 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 manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the previous 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

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

The practice demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustain high-quality sustainable services and demonstrate improvements over time.

### Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice had merged with another local practice in April 2018; this had resulted in an increased patient list and extensive modifications made to the premises. For example, an additional treatment room, air conditioning and a loft conversion had been installed. Other plans included new dental chairs and an update to one of the treatment rooms.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

### Culture

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

Staff stated they felt respected, supported and valued. They were proud to work in the practice. We also viewed some

CQC comment cards completed by staff. Comments included that staff had 'great supportive bosses', that they had 'achieved lots with this support network' and 'everyone works together as a team'.

Staff discussed their training needs at an annual appraisal, one to one meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. For example, plans were in place to enhance the care delivered for patients with dementia and autism.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, specific training was provided to a staff member as a result of a complaint.

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

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### Governance and management

Staff had 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. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

We saw there were clear and effective processes for managing risks, issues and performance.

### Appropriate and accurate information

Staff acted on appropriate and accurate information.

# Are services well-led?

Quality and operational information, for example, NHS BSA performance information, surveys, audits and external body reviews was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider 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**

Staff involved patients, staff and external partners to support the service.

The provider used surveys, comment cards and encouraged verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on. For example, patient feedback resulted in new phonelines being installed to allow patients to receive a call back option when lines were busy.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider 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. Staff feedback resulted in air conditioning being installed, new uniforms and flexible working hours for those who required this.

## **Continuous improvement and innovation**

The provider had systems and processes for learning, continuous improvement and innovation.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

The practice was also a member of a good practice certification scheme.

The provider had quality assurance processes to encourage learning and continuous improvement. These included extensive audits such as dental care records, mouth cancer, topical fluoride, antibiotic prescribing, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.