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Sandy Lane Dental Practice

Inspection Report

Sandy Lane Health Centre
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Date of inspection visit: 28/02/2020

Date of publication: 19/05/2020

Overall summary

We carried out this announced inspection on 28 February 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 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

Sandy Lane Dental Practice is in a residential suburb of Skelmersdale. The practice provides NHS and private dental care for adults and children.

There is level access to the practice for people who use wheelchairs and for people with pushchairs.

Car parking, including dedicated parking for people with disabilities, is available outside the practice.

The dental team includes two principal dentists, four associate dentists, one Foundation dentist, a dental

Summary of findings

hygiene therapist, seven dental nurses, two trainee dental nurses, and two receptionists. The dental team is supported by a practice manager who is also a qualified dental nurse. The practice has six treatment rooms.

The practice is owned by a partnership 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 Sandy Lane Dental Practice is one of the principal dentists.

We received feedback from 62 people during the inspection about the services provided. The feedback provided was positive.

During the inspection we spoke to four dentists, dental nurses, receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesday, Thursday and Friday 9.00am to 5.00pm

Tuesday 9.00am to 7.45pm.

Our key findings were:

- The practice was visibly clean and well maintained.
- The provider had infection control procedures in place.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available.
- The provider had staff recruitment procedures in place. These reflected the current legal requirements. Disclosure and Barring Service checks were not always carried out prior to staff starting work at the practice.
- Staff provided patients' care and treatment in line with current guidelines.

- The dental team provided preventive care and supported patients to achieve better oral health.
- Training and staff development was a high priority for the provider. Staff were knowledgeable, experienced and had appropriate skills for their roles. Staff trained together as a team and individually, and supported each other at all levels.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for handling complaints. The practice dealt with complaints positively and efficiently.
- The practice had strong leadership and management and a culture of learning and continuous improvement.
- The provider had systems in place to manage risk. The management of risk relating to Legionella was insufficient. The provider acted to address this.
- Staff felt valued and supported and worked as a team.
- The provider had systems to support the management and delivery of the service, to support governance and to guide staff.
- The practice asked patients and staff for feedback about the services they provided.






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

- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice, in particular, Disclosure and Barring Service checks.
- Review the practice's systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities, in particular those with shared responsibility, and contribute to ensuring improved co-ordination between the owner of the premises and all tenants.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

| | | |
|---|------------------|---|
| Are services safe? | No action |  |
| Are services effective? | No action |  |
| Are services caring? | No action |  |
| Are services responsive to people's needs? | No action |  |
| Are services well-led? | No action |  |

Are services safe?

Our findings

We found that 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)

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. Staff received safeguarding training, and knew the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

We saw that the qualified clinical staff were registered with the General Dental Council and had professional indemnity in place to ensure means for redress were available for patients should the need arise.

We reviewed the provider's arrangements to ensure standards of cleanliness and hygiene were maintained in the practice.

The practice had an infection prevention and control policy and associated procedures in place to guide staff.

Staff completed infection prevention and control training regularly.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with the Health Technical Memorandum 01-05: Decontamination in primary care dental practices guidance published by the Department of Health. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in accordance with the manufacturers' guidance.

The practice was located in a purpose-built health centre premises which was shared with medical practices. We observed that a Legionella risk assessment had been carried out for the whole premises in September 2019 in

accordance with current guidance. We saw some of the recommended actions in the assessment had not been completed for the premises and for the practice, for example, measures to identify responsible individuals, and measures to reduce the possibility of Legionella or other bacteria developing in the water systems including water temperature testing and microbiological sampling. The provider took action to address this after the inspection, including escalating this to the owner of the premises and the other tenants. We were provided with evidence that the recommended actions had been completed or were in progress.

Staff ensured clinical waste was segregated and stored securely in accordance with guidance.

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

Staff carried out infection prevention and control audits twice a year.

Most of the dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where a dental dam was not used, such as, for example, refusal by the patient other methods were used to protect the airway. This was documented in the dental care record and an assessment made of the risks. We saw one of the dentists was not consistently using dental dam or documenting whether other methods to protect the airway were used. The provider assured us this would be addressed.

The provider had recruitment procedures in place to help the practice employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the practice followed their recruitment procedure, with the exception of Disclosure and Barring Service, (DBS), checks for two of these staff.

- The provider had not carried out their own DBS check for one member of clinical staff prior to them commencing work at the practice. We saw the provider had relied on a DBS check carried out 15 months prior for a previous or other employer. This was not within the current recommended time period for which previous DBS checks can be accepted by a new employer. The provider obtained a DBS check after the inspection and sent us evidence of this.

Are services safe?

- The provider had not carried out a DBS check before a further member of the clinical staff had recently started work at the practice. The provider told us they had applied to have a DBS check carried out.

The provider had not considered the risks inherent in allowing these staff to start work at the practice without such checks. The provider carried out an assessment of the risks after the inspection. We were not provided with evidence of this.

The provider had arrangements in place to ensure that the practice's facilities and equipment were safe, and that equipment, including gas and electrical appliances, was maintained according to manufacturers' instructions.

We observed that the premises landlord had carried out a fire risk assessment for the whole building in September 2019 in line with legal requirements. We saw that one action was identified in the assessment report as to be completed within 60 days, which was to ensure all corridors in the premises were re-fitted with smoke detectors which had not been replaced since refurbishment. We were not provided with confirmation that this had been done. The provider took action to address this after the inspection, including escalating this to the owner of the premises. We were provided with evidence that the recommended actions for the premises had been completed or were in progress.

We saw the assessment report allocated responsibility for individual fire risk assessment to each tenant. We observed that the provider had carried out their own fire risk assessment within the practice. We saw fire exits in the practice were kept clear. Records showed that firefighting equipment, such as fire extinguishers, was regularly serviced. We observed that the provider had carried out a recent fire drill at the practice.

The provider had arrangements in place at the practice to ensure X-ray procedures were carried out safely and had the required radiation protection information available.

Information was displayed next to the control panel of each X-ray machine to ensure the operator was aware of instructions specific to each machine and room.

We saw that the dentists justified, graded, and reported on the X-rays they took. Staff carried out radiography audits regularly following current guidance and legislation.

Where appropriate, clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider assessed, monitored and acted on risks to patients.

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. The practice had carried out risk assessments with a view to keeping patients safe. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks.

The provider had current employer's liability insurance.

Staff followed relevant safety regulations when using needles and other sharp dental items. The provider had undertaken a sharps risk assessment and this was reviewed annually. We observed that only the dentists were permitted to dismantle and dispose of needles and other sharp items in order to minimise the risk of inoculation injuries to staff. Staff were aware of the importance of reporting inoculation injuries. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury.

Information was readily accessible for staff about action to take should they sustain an injury from a used sharp. We observed it included relevant contact details, however no appropriate contact had been included for staff working during the practice's late evening.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. The provider had carried out checks on the effectiveness of the vaccination and acted appropriately.

Staff had completed sepsis awareness training. Prompts for staff to aid with the recognition of sepsis and patient information posters were displayed in the practice. This helped ensure staff made timely appointments to manage patients who presented with dental infection and where necessary referred patients for specialist care.

Staff knew how to respond to medical emergencies and completed training in medical emergencies and life support annually.

Are services safe?

The practice had medical emergency equipment and medicines available as recommended in recognised guidance. Staff carried out, and kept records of, checks to make sure the recommended medicines and equipment were available, within their expiry dates and in working order.

A dental nurse worked with each of the clinicians when they treated patients.

Information to deliver safe care and treatment

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

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

Safe and appropriate use of medicines

The provider ensured the proper and safe use of medicines at the practice.

The practice had a stock control system for medicines. This ensured that medicines did not exceed their expiry dates and enough medicines were available when required. We found one medical emergency medicine used to help manage low blood sugar was not stored appropriately nor was the date adjusted with the manufacturer's guidance. The provider sent us evidence that this medicine had been replaced after the inspection.

The practice had systems for prescribing medicines. Staff stored and kept records of NHS prescriptions as recommended in current guidance.

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

Track record on safety

The provider monitored the ongoing safety of the service.

Lessons learned and improvements

The provider ensured lessons were learned and improvements made when things went wrong.

We saw that the practice monitored and reviewed incidents to minimise recurrence and improve systems.

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events to reduce risk, support learning and prevent such occurrences happening again. Staff knew about these and understood their role in the process.

The provider had a system for receiving and acting on safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. The practice learned from external safety events as well as from patient and medicine safety alerts. We saw that relevant alerts were shared with staff, acted on and stored for future reference. We observed that inappropriate action had been taken in relation to a safety alert about a medical emergency adrenaline auto-injector having a manufacturing defect. The provider was aware of this but had not removed this item from their medical emergencies kit.

The practice regularly reviewed Coronavirus, (COVID-19), advisory information and updates. Information was provided to staff and displayed for patients.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. The policy included details of external organisations staff could raise concerns with. Staff told us they felt confident to raise concerns.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The dentists assessed patients' care and treatment needs in line with recognised guidance. The practice had systems to keep clinicians up-to-date with current evidence-based practice, including peer review and clinical support. We saw that the clinicians took into account current legislation, standards and guidance when delivering care and treatment. The clinicians ensured any changes to guidance were put into practice.

We discussed with the dentists how information to deliver safe care and treatment was handled

and recorded. We looked at several dental care records with the clinicians to confirm what was discussed and observed 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. Medical histories were updated at every patient attendance.

Helping patients to live healthier lives

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The clinicians discussed smoking, alcohol consumption and provided dietary advice to patients during appointments.

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

Consent to care and treatment

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

The practice team demonstrated a good understanding of 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 told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves in certain circumstances. 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 where appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The clinicians kept detailed dental care records containing information about patients' current dental needs, past treatment and medical histories.

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

Effective staffing

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

All staff new to the practice completed a period of induction based on a structured induction programme to familiarise them with the practice's procedures.

We saw ongoing supervision and support was provided to staff appropriately for their role.

Staff skills and knowledge were updated using a variety of means, including online and face-to-face training courses, in-house training, shadowing and knowledge quizzes.

Are services effective?

(for example, treatment is effective)

Learning was carried out both as a team and individually. Skills, for example, in medical emergencies, were additionally updated between the recommended time intervals and when new staff joined the practice.

Staff training needs were identified and appropriate training provided. We saw role-specific training had been provided where appropriate, for example, for the dental nurse with the lead role for infection prevention and control.

The provider offered support, training opportunities and encouragement to assist staff in meeting the requirements of their professional registration with the General Dental Council, and with their career development. We saw evidence to confirm staff were up-to-date with their recommended continuing professional development.

The learning needs and career development of all staff were identified at regular appraisals, one to one meetings and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff, their wellbeing and aims for their future professional development.

We observed clinicians at all levels met regularly for peer review and discussion of cases. Clinicians with greater expertise supported their less experienced colleagues.

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 specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

The practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections.

Staff tracked the progress of all referrals to ensure they were dealt with promptly.

Are services caring?

Our findings

We found that 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 attentive, calm and professional. We saw that staff treated patients reassuringly, respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

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

Privacy and dignity

The practice team respected and promoted patients' privacy and dignity.

The layout of the reception and waiting areas provided limited privacy when reception staff were attending to patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other

patients. Staff told us that if a patient requested further privacy they would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patient information where people 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 requirements of the Accessible Information Standard, (a requirement to make sure that patients and their carers can access and understand the information they are given), and the Equality Act.

We saw that

- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Interpreter services were available for patients whose first language was not English.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentists described to us the conversations they had with patients to help them understand their treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that 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 take account of patients' needs and preferences.

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

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

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

Sixty-two comment cards were completed. All the views expressed by patients were positive.

Common themes within the positive feedback included

- all staff were outstanding in their efforts to make sure patients were comfortable,
- detailed information was provided and options thoroughly explained,
- staff were very helpful with enquiries or problems, and
- patients felt they were really listened to, care was person-centred and individual needs always addressed.

Several patients commented that particularly excellent care was provided to patients in vulnerable groups.

We shared these themes with the provider in our feedback.

The practice had considered the needs of different groups of people, for example, people with disabilities, wheelchair users and people with pushchairs, and put in place reasonable adjustments, for example, handrails to assist with mobility, and accessible patient toilet facilities. The practice was not accessible for wheelchairs due to its first-floor location but staff provided information about practices nearby which were accessible.

Parking was available directly outside the premises, including dedicated parking for people with disabilities.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, appointments could be arranged by email or text message.

Larger print forms were available on request, for example, patient medical history forms.

We saw information was displayed for patients in the waiting room, including information about dental health, dental treatment fees, and emergency appointments.

Timely access to services

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

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

The practice's appointment system took account of patients' needs. Patients who required an urgent appointment were offered an appointment the same day. We saw that the clinicians tailored appointment lengths to patients' individual needs. Patients could choose from morning, afternoon and evening appointments. Staff made every effort to keep waiting times and cancellations to a minimum.

The practice had appointments available for dental emergencies and staff made every effort to see patients experiencing pain or dental emergencies on the same day.

The practice had emergency on-call arrangements for when the practice was closed. The practice's website and answerphone provided information for patients who needed emergency dental treatment during the working day and when the practice was not open.

Listening to and learning from concerns and complaints

The provider 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.

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.

Information on how to make a complaint was clearly displayed for patients in the waiting room. We observed it did not include the details of organisations patients could contact, including NHS England and the Dental Complaints

Service, if they were not satisfied with the way the practice dealt with their concerns or should they not wish to approach the practice initially. The provider assured us this would be added and sent us evidence to confirm this had been done after the inspection.

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

Leadership capacity and capability

We found the practice leaders had the skills, knowledge, experience and integrity to deliver high-quality, sustainable care. They were knowledgeable about the issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The leaders at all levels were visible and approachable, and demonstrated inclusive leadership.

The provider had effective processes in place to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The provider had a clear vision and had set out values for the practice.

The provider had a strategy for delivering high-quality, patient-centred care and supporting business plans to achieve priorities. The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

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

Staff said they were respected, supported and valued. Staff told us that the provider motivated them to succeed.

We saw strong teamwork between the leaders, and between staff in similar and in different roles. Leaders encouraged supportive relationships among the staff. Staff worked together as a team and shared responsibility.

Leaders acted on behaviour and performance inconsistent with the vision and values. We saw that all staff had clear objectives to follow and were aware of what was expected of them.

Managers and staff demonstrated openness, honesty and transparency when responding to incidents and complaints. Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they were confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

Continual appraisal was used to identify staff training needs and areas for development. We found staff at every level were provided with appropriate development. Staff were encouraged to complete recommended training and to acquire new skills.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Governance and management

The provider had systems in place at the practice to support the management and delivery of the service.

Systems included policies, procedures and risk assessments to support governance and to guide staff. These were accessible to all members of staff. We saw that these were regularly reviewed to ensure they were up-to-date with regulations and guidance.

We saw the provider had put in place effective governance systems and processes for example, in relation to staffing, patient consent and safeguarding.

We saw the practice had systems in place to monitor the quality and safety of the service and make improvements where required.

The practice had systems in place to ensure risks were identified and managed, and had put measures in place to reduce risks. We saw evidence to confirm the provider had considered risks to patients, visitors and staff. We found that the management of risk associated with fire safety and Legionella was insufficient in the premises as a whole.

The practice was located in a purpose-built healthcare premises which was shared with several medical practices. The practices were all tenants and their responsibilities were outlined in the tenant's handbook. The tenants met infrequently to discuss issues arising at the premises. We found there was a lack of clarity over responsibilities in relation to Legionella and fire safety as to whether they were shared or individual responsibilities. We observed that the provider had raised this at a tenant's meeting.

Are services well-led?

The provider took action to address this after the inspection, including escalating this risk to the owner of the premises and the other tenants.

The partners 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 had additional roles and responsibilities, for example, a lead role for infection prevention and control. We saw staff had access to supervision and support for their roles and responsibilities.

The practice had a business continuity plan describing how the practice would manage events which could disrupt the normal running of the practice.

Appropriate and accurate information

The practice's staff acted appropriately on information.

Quality and operational information was used to ensure and improve performance. Performance information, for example, NHS performance information for the individual dentists and for the practice as a whole, audit results, and external body reviews, 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.

The provider had effective arrangements to ensure that notifications were submitted to external bodies where required, including notifications to the CQC.

Engagement with patients, the public, staff and external partners

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

We saw the provider engaged in regular communication with NHS England and local dental networks.

The practice used patient surveys and encouraged verbal comments to obtain the views of patients about the service. We saw that feedback from patients had been

analysed and used to make improvements within the practice, for example, patients commented in CQC feedback cards that waiting times were much improved on previous years.

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. We saw a summary of feedback was displayed in reception.

The practice gathered feedback from staff through meetings, appraisals, surveys and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

The provider and staff were open to discussion and feedback during the inspection.

Continuous improvement and innovation

The provider had systems and processes in place to encourage learning, continuous improvement and innovation.

The practice was a member of a practice certification scheme which encouraged good standards in dental care.

The provider and practice were committed to learning and improving and valued staff contributions. We saw evidence of learning from complaints, incidents, audits and feedback. The practice was a training practice for Foundation training for post-qualification dentists. The practice also had a policy to recruit apprentices for dental nursing training.

We saw the practice had systems in place to monitor the quality of the service and make improvements where required. These included, for example, audits to help the practice identify where improvements could be made. We reviewed audits of dental care records, antibiotic prescribing, X-rays, and infection prevention and control. Staff kept records of the results of these and produced action plans where necessary. We saw audits were repeated at appropriate intervals until satisfactory standards had been achieved.