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Jct20 Dental Clinic

Inspection Report

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Overall summary

We carried out this announced inspection on 31 July 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Jct20 Dental Clinic is in Blackley, Manchester and provides private dental treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice. Additional parking, including spaces for blue badge holders, was available at the supermarket next to the practice.

The dental team includes one dentist, two part time dental nurses, a part time dental hygiene therapist, a receptionist and a practice manager. The practice has two treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They 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 practice manager is the registered manager at Jct20 Dental Clinic.

On the day of inspection, we collected 18 CQC comment cards filled in by patients. Patients were positive about all aspects of the service the practice provided.

During the inspection we spoke with the dentist, a dental nurse, the dental hygiene therapist, the receptionist 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 to Friday 9am to 6pm

Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Improvements were needed to the life-saving equipment available.
- The practice had systems to help them manage risk.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.

- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- Review the practice's policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Review the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review staff training to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services safe?

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

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

The practice had systems to help them identify and manage risk. Improvements could be made to the arrangements to assess hazardous substances, sharps safety and receive safety alerts

Not all staff had received safeguarding training updates. They demonstrated they 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.

Improvements were needed to the arrangements for dealing with medical and other emergencies. Immediate action was taken to address this.

The dental hygiene therapist was not supported by a trained member of the dental team when treating patients. The provider told us this would be reviewed.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients commented that staff were caring and calming during treatment. 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 18 people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, knowledgeable and helpful.

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them and gave them time to consider options. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

No action



Summary of findings

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 was efficient and met patients' needs. Patients confirmed they could get an appointment quickly if in pain.

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

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

No action



Are services well-led?

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

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

On the day of the inspection, staff valued the opportunity to engage in discussion and feedback to improve the practice. Teamwork was evident.

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

The practice continuously monitored elements of 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 & premises and Radiography (X-rays))

The practice had 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. Three members of staff had not received safeguarding training updates. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We discussed the requirement to notify the CQC when a safeguarding referral is made, as staff were not aware of this.

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

The practice also had information available to staff on how to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation.

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

The dentist used rubber 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 the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant

legislation. We looked at staff recruitment records. These showed the practice followed their recruitment procedure. All staff had a Disclosure and Barring Service (DBS) check to prevent unsuitable people from working with vulnerable groups, including children. Risk assessments were carried out until the results of these were received.

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

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Staff were unsure when the electric hot water tank was last serviced. The practice manager confirmed this would be addressed.

Staff told us that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested but not documented. Record showed that these, and firefighting equipment, such as fire extinguishers, were regularly serviced.

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. The practice had registered their use of dental X-ray equipment with the Health and Safety Executive in line with the Ionising Radiation Regulations 2017. We noted that local rules were not available, we discussed this with the practice manager who confirmed they would address this with the support of the Radiation Protection Advisor (RPA).

We saw evidence that the dentist justified, graded and reported on the radiographs they took. The grading of radiographs was continuously monitored.

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

Risks to patients

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

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

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A risk assessment had not been undertaken for the safe use of sharps (needles and sharp instruments). We discussed this with the practice manager who gave assurance that this would be addressed. Staff confirmed that only the dentist and therapist were permitted to assemble, re-sheath and dispose of needles where necessary to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.

The provider told us they ensured 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. We noted that the results for one clinical staff member showed they had a low response to the vaccine in 2013. We saw evidence they attended for a follow up booster. The practice manager told us they would carry out a risk assessment for this staff member.

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted that two sizes of oxygen mask, a paediatric oxygen mask and reservoir were not available, and the battery for the automated external defibrillator was not installed in the device ready for use. Glucagon, which is required in the event of severe low blood sugar, was kept with the emergency drugs kit but the expiry date had not been adjusted in line with the manufacturer's instructions. The provider took action and evidence was seen that these areas were immediately addressed.

A dental nurse worked with the dentist, but not with the dental hygiene therapist (who was providing dental hygiene services) when they treated patients in line with GDC Standards for the Dental Team. A risk assessment was not in place for when the dental hygiene therapist worked without chairside support. We discussed this with the provider who explained the diary for the dental hygiene

therapist had taken time to fill as demand for services increased. They agreed it was now necessary to review this to ensure the dental hygiene therapist was supported appropriately in line with General Dental Council standards.

Product safety data sheets for hazardous substances were retained and accessible to staff, the practice had not risk assessed these to ensure that manufacturer's instructions were followed. The practice manager confirmed this would be addressed.

The practice occasionally used agency dental nurses. The practice manager obtained evidence of their qualifications, GDC registration, indemnity and immunity before they were permitted to work in the practice. These staff received an induction to ensure that they were familiar with the practice's procedures.

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

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

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

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

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

Are services safe?

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

The practice carried out monthly audits of cleanliness and decontamination processes to ensure procedures were followed. We spoke with the practice manager about carrying out six-monthly audits in line with the guidance in HTM01-05.

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.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

Private prescriptions were printed out when required following assessment of the patient. The practice

dispensed antimicrobials as necessary. These were stored securely and detailed records maintained. The dentist was aware of current guidance with regards to prescribing medicines.

Track record on safety

The practice had a good safety record.

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

The incidents were investigated, documented and discussed with the rest of the team to prevent such occurrences happening again in the future.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

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.

A system was not in place for receiving and acting on safety alerts. We discussed these with the dentist and the practice manager on the day of the inspection and checked four items to confirm they were not affected by recent alerts. The practice manager gave assurance that they would ensure that future alerts are received, acted upon and retained for reference.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentist kept up to date with current evidence-based practice. We saw they assessed and documented 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 providing preventive care and supporting patients to ensure better oral health.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products as samples, and 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 hygiene therapist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

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

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information about treatment

options and the risks and benefits of these so they could make informed decisions. Patient comments confirmed their dentist listened to them, gave them clear information about their treatment and time to consider options.

The practice's consent policy included information about the Mental Capacity Act 2005 and capacity assessment templates. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. We noted some confusion around the process to gain consent in certain circumstances. For example, from carers and family members. The practice manager confirmed they would discuss this as a team and investigate the availability of training. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

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 one to one meetings and practice meetings. We saw evidence of discussions held to ensure new staff were supported 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.

Are services effective?

(for example, treatment is effective)

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. We saw feedback from a patient who was happy with the process for referring them to a specialist.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had 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 dentist monitored all referrals to make sure they were dealt with promptly. We discussed how the process could be improved by ensuring other staff were aware of how to check the progress of referrals, if the dentist was away for example.

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 professional, knowledgeable and helpful.

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

Patients stated that staff were compassionate and understanding. Patients told us staff were kind and helpful when they were in pain, distress or discomfort. Several said that they had recommended the practice to family, friends and colleagues.

Practice information, magazines and thank you cards were available for patients to read. A television was installed in the waiting room which showed examples of treatments available.

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 limited privacy when reception staff were dealing with patients. Staff told us that if a patient needed more privacy they would hold discussions in the treatment room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the

requirements under the Equality Act:

- Interpretation services were available for patients who did not have English as a first language, staff told us these had not been required. Patients were also told about multi-lingual staff that might be able to support them.
- 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. Patient comments confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentist described and showed us how they documented 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. New patients were offered a welcome pack which included information about the service and oral health advice.

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

The provider had installed a closed-circuit television system, (CCTV), internally in the corridor and reception. We discussed how signage informing patients of this could be improved by stating for what purpose the CCTV was in use and to make them aware of their right of access to footage which contains their images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

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

Patients described high levels of satisfaction with the responsive service provided by the practice, they described a professional, friendly and responsive staff team.

A disability access audit had been completed and the practice had made some reasonable adjustments for patients with disabilities. For example, step free access to the facilities which were all on the ground floor and a lowered reception desk for wheelchair users.

Patients could choose to receive text messages for upcoming appointments. Staff told us that they telephoned some patients to make sure they could get to the practice. Staff also telephoned patients after complex treatment to check on their well-being and recovery.

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 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 urgent advice or treatment were offered an appointment the same day. Patients commented that staff accommodated urgent requests and 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. Arrangements were in place for a nearby practice to provide emergency cover when the dentist was away.

Listening and learning from concerns and complaints

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

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

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

We looked at comments, compliments and complaints the practice received in the last 12 months.

These showed the practice responded to concerns appropriately and in a timely way. The practice manager told us they aimed to settle complaints in-house and we saw evidence they invited patients to speak with them in person to discuss these, and offer different options to resolve complaints. The outcomes of discussions and whether the patient accepted these were not always documented. The practice manager confirmed they would review the process.

Where appropriate, complaints and compliments were discussed with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The management team had the capacity and skills to deliver high-quality, sustainable care.

They had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the team had comprised of the dentist and one dental nurse when the practice was first established. The provider had increased staffing levels and skill mix as demands for services had grown. The recent addition of two part time dental nurses had enabled the senior nurse to fulfil the role of practice manager, with support from the dentist.

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

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy 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. They monitored demand for services and increased their capacity accordingly.

Culture

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

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

The practice focused on the needs of patients.

The managers acted on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We

discussed how the documentation of these could be improved. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist 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. We saw how the governance systems were under constant review in line with the growth of the service and staffing levels. The practice had recently invested in a clinical governance package to support them in this process.

There were clear processes for identifying, managing risks, issues and performance. We highlighted where these could be improved. For example, in relation to hazardous substances, sharps safety and MHRA alerts.

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?

On the day of the inspection, staff valued the opportunity to engage in discussion and feedback to improve the practice. Teamwork was evident.

The practice encouraged patients to give their views about the service in several ways to establish their preferred methods. For example, patient surveys, a feedback and suggestion box and online. They identified the most effective methods were the suggestion box and online, patients were encouraged to complete suggestion forms in the practice and provide feedback online. The practice website included reviews of the service. We saw thank you cards and feedback from patients. Comments about the staff and service were highly positive.

The practice gathered feedback from staff through meetings 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 regular monitoring of dental care records, the grading of

radiographs, decontamination and cleaning procedures on a monthly basis. We discussed how the practice could improve using audits in radiography and infection prevention and control.

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.

There were processes to ensure dental nurses had annual appraisals. We saw that the practice manager held and documented discussions with the recently appointed dental nurses to ensure they were supported and happy in their roles. They discussed learning needs, general wellbeing and aims for future professional development.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.