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Chelmsley Wood Primary Care Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 25 April 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

Crabtree Dental Practice is located on the ground floor of the Chelmsley Wood Health Centre in Chelmsley Wood, West Midlands and provides NHS and private dental treatment to adults and children.

Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including some for blue badge holders, are available in the car park which is shared with the Health Centre.

The dental team includes two dentists, three dental nurses (one of which is also the practice manager), and one receptionist. The practice has two treatment rooms.

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.

On the day of inspection we received comments from eleven patients.

During the inspection we spoke with one dentist, one dental nurse, the dental nurse practice manager and the receptionist. 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 5.30pm.

Our key findings were:

- The practice appeared clean and well maintained and patients spoken with confirmed that this was always the case.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice 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. Patients in dental pain were able to get an appointment within 24 hours of their contact with the practice.
- 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.

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

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 complaints to help them improve and systems were in place to help them learn from incidents.

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

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

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, efficient and five stars. 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.

Are services caring?

No action

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

We received feedback about the practice from eleven people. Patients were positive about all aspects of the service the practice provided. They told us staff were brilliant, friendly and polite.

They said that they were treated with the utmost respect, had their dental concerns listened to and were given detailed explanations about dental treatment. We were told that their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Summary of findings

Are services responsive to people's needs?

No action

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. Patients told us that the receptionist was accommodating and made appointments at times that suited them.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to face to face 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.

Are services well-led?

No action

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

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

The practice team kept patient dental care records which were, clearly written or typed and stored securely. Some changes were made to the dental records following discussions held during this inspection. This included documenting risk assessments for caries, oral cancer, tooth wear and periodontal condition.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff were aware that they could report abuse on-line or complete paper reporting forms. All staff at the practice attended core continuous professional development training once per year, this included safeguarding training. This included safeguarding adults and children. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination. We were told that staff were encouraged to speak out and report poor practice. The whistle blowing policy was available in the staff handbook, all staff were given a copy of this upon employment at the practice and a copy was readily available at the practice for review.

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

The practice did not have a business continuity plan as the responsibility for the majority of issues would rest with the Landlord of the premises. The practice manager told us that they would develop a plan immediately. Following this inspection we were forwarded a detailed business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice did not have a specific staff recruitment policy to help them employ suitable staff. Staff were able to demonstrate that a suitable recruitment procedure was available using relevant documentation and obtaining appropriate pre-employment checks. All staff had worked at the practice for over seven years. We were told that the practice had not utilised the services of agency and locum staff as their existing staff were able to cover any shortfall. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure.

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

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

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested by the Landlord of the premises. The dental practice was located in a Health Centre; the fire warden for the building completed a monthly audit of fire safety and electrical equipment.

The practice had arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the majority of the required information in their radiation protection file. The practice had one intra-oral X-ray machine. We noted that the practice had not gained registration with the Health and Safety Executive under the new regulations regarding the use of this equipment. Following this inspection we received evidence to demonstrate that this had now been completed.

We looked at the critical examination report dated 2016. This required the practice to contact the Radiation Protection Advisor as some of the walls in the room where the X-ray machine was used were of unknown origin. We were told that this was a purpose built room but the principal dentist confirmed they would contact the RPA immediately for further advice. Following this inspection we were sent evidence that the practice had contacted the RPA and the principal dentist confirmed they were following the advice given.

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

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

Risks to patients

No action

Are services safe?

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 dated November 2017; this was on display in the waiting room.

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 sharps risk assessment had been undertaken and was updated annually.

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

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

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. There was no sign on the door where the emergency medical oxygen was stored. The principal dentist confirmed that a sign would be ordered immediately and following this inspection we received evidence to demonstrate that this had been addressed.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Evidence was available to demonstrate that COSHH information had been reviewed on an annual basis.

The practice had an infection prevention and control policy and procedures. The policy was on display in the decontamination room. We noted that the policy did not have an implementation or review date recorded. These policies and procedures followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

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

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The risk assessment did not record any recommendations for action. Records of water testing and dental unit water line management were in place.

The practice was clean when we inspected and patients confirmed that this was usual. The practice was located in a Health Centre and the staff that cleaned the Health Centre also cleaned the dental practice.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. These policies did not contain a date of implementation or review. We saw up to date consignment notices regarding the removal of clinical waste.

The practice carried out infection prevention and control audits on an annual basis. The latest audit showed the practice was meeting the required standards and the practice scored 100% compliance. The principal dentist confirmed that they would undertake infection prevention and control audits on a six monthly basis.

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 data protection requirements.

No action

Are services safe?

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.

The practice stored and kept records of NHS prescriptions as described in current guidance.

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

Track record on safety

The practice had a good safety record.

The practice had health and safety policies and risk assessments to help manage potential risk. There were comprehensive risk assessments in relation to safety issues.

The practice had systems in place to monitor and review incidents. This would help them to understand risks and give a clear, accurate and current picture that could led to safety improvements. In the previous 12 months there had been no safety incidents. A member of staff held the lead role of Patient Safety Officer. A detailed patient safety policy was available. There was no evidence of a date of implementation or review.

We were told that there had been one accident. We saw the practice's accident record book which contained details of the accident.

Lessons learned and improvements

The staff were aware of the Serious Incident Framework and had systems in place to record, respond to and discuss all incidents to reduce risk and support future learning in line with the framework.

There was a system for receiving and acting on safety alerts. The practice had signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The practice learned from external safety events as well as patient and medicine safety alerts.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

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

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay. Patient records demonstrated that oral hygiene advice was given and high concentration fluoride toothpaste was prescribed as necessary. Patients told us that they were offered toothbrushes free of charge.

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

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

The dentist described to us the procedures they used to improve the outcome of periodontal treatment. 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. Records indicated where verbal consent had been obtained and treatment plans containing written consent to treatment were also available. The dentists told us they gave patients information about their condition, treatment options and the risks and benefits of these. Patients were also told about the implications of not undertaking any treatment and the cost of the treatment 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 young peoples' 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

Our discussion with the dentist and review of dental care records demonstrated that patients' dental assessments and treatments were mostly carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. We noted that risk assessments for caries, oral cancer, tooth wear and periodontal condition were not being completed. The principal dentist confirmed that a template would be included in clinical notes regarding this. Following this inspection we received evidence to demonstrate that this had been actioned. Dental care records contained information about the patients' current dental needs, past treatment and medical histories.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. The most recent audit was completed on 12 April 2018 and included a sample of records for both dentists at the practice. The audit showed 100% compliance and no further action was required.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Dental nurses told us that the principal dentist encouraged staff to attend training courses. We confirmed clinical staff completed the continuing professional development required for their registration with the

No action

Are services effective?

(for example, treatment is effective)

General Dental Council. Staff attended an annual training course which met their core continuing professional development requirements. The principal dentist monitored training to ensure staff were up to date.

Staff new to the practice had a period of induction, we saw evidence that staff were involved in a specific infection control induction and copies of risk assessments were given to staff to review.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. The principal dentist told us that they conducted observations of staff's working practices on a quarterly basis. The results of the observations were recorded and discussed with staff. There is a requirement under the new enhanced continuing professional development requirements from the GDC for all dental professionals to have a personal development plan (PDP). Brief PDPs were available for dental nurses but these had not been completed for the dentists. The principal dentist confirmed that these would be completed immediately and following this inspection we were sent copies of PDPs for the dentists.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly. The practice was using an online referral system which enabled them to check the status of any referral they had made.

No action

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Staff said that patients were able to bring family members with them if they wished to provide support. Patients were given appointments at times to suit them.

Staff were aware of their responsibility to respect people's diversity and human rights. Patients commented positively that staff were brilliant, friendly and helpful. We saw that staff treated patients in a caring, respectful manner and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist. Patients told us that the dentist had given helpful advice on the correct treatment and they had received an excellent service.

Patients said that staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. Treatment room doors were closed during consultations to protect patients' privacy.

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. The practice had some knowledge of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. There was no information in the reception area, including in languages other than English, informing patients that this service was available. We were told that although interpretation services were available there had been no demand for this service. A dental nurse told us that some of the staff at the practice were multi-lingual and might be able to support patients if required.
- Staff communicated with patients in a way that they could understand. Documentation could be printed off in large print upon request. For example medical history forms or complaint information.
- Staff helped patients and their carers find further information and access community services.

The practice gave patients clear information to help them make informed choices. Patient dental records that we saw and discussions with staff demonstrated this. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. We were told that dentists gave helpful advice and guidance. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example models, videos, and X-ray images. Patients were given the option to rebook an appointment once they have considered all of the information given to them.

No action

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.

For example, longer appointment slots were arranged for patients who were dental phobic. Staff said that they took their time to chat to patients who were anxious and these patients were able to bring a family member or friend to provide support. Dentists were notified that the patient was anxious by a pop up note on their records. We were told that dentists would see dental phobic patients immediately to try and reduce their anxiety. Patients could be referred for sedation if this was deemed appropriate.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. The practice was located on the ground floor of a purpose built Health Centre. Step free access was available to the building. A portable hearing loop was available at the reception desk of the GP surgery and an agreement was in place that the dental practice could use this when necessary. Door signage which was also written in braille was available to help those patients who had visual impairments and a magnifying glass was available for use at reception. An accessible toilet with hand rails and a call bell was available.

A Disability Access audit was completed on 10 April 2018 and an action plan formulated in order to continually improve access for patients.

Text reminders were sent to patients on the morning of their appointment as a reminder.

Timely access to services

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

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

The practice had an efficient appointment system to respond to patients' needs. Patients told us that it was easy to get an appointment and that staff were accommodating and booked appointments at a time that suited them. Staff told us that patients who requested an urgent appointment were seen the same day. Two appointment slots were kept free each morning and afternoon to be used for patients with a dental emergency. We were told that once these slots were full patients could be seen on a sit and wait basis. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

They took part in an emergency on-call arrangement with some other local practices and the 111 out of hour's service.

The practice information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

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

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

The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist 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 within the last 12 months. These showed the practice responded to concerns appropriately and in a

No action

Are services responsive to people's needs?

(for example, to feedback?)

timely manner. Complainants were offered an apology and were invited to speak with the principal dentist in person. The principal dentist and practice manager told us they aimed to settle complaints in-house.

No action

Are services well-led?

Our findings

Leadership capacity and capability

The principal and associate dentist had the capacity and skills to deliver high-quality, sustainable care. The principal dentist 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.

Dental nurses told us that leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Monthly practice meetings were held. Dental nurses told us that they were encouraged to raise issues for discussion at these meetings and were kept up to date with any changes at 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. A copy of the practice ethos was available in the welcome pack for patients.

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. Dental nurses had worked at the practice for many years and said that all staff worked well together as an effective team.

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Systems had been implemented for incident and complaint reporting which encompassed openness and transparency. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff were aware of the practice's whistle blowing procedure and told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. Staff said that they were encouraged to report issues and identify problems so that improvements could be made.

Governance and management

Staff knew the management arrangements and there were clear responsibilities, roles and systems of accountability to support good governance and management. Staff were aware of who held lead roles within the practice, their individual roles and responsibilities and who to go to for advice and support.

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.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. Two dental nurses that we spoke with confirmed that it was their responsibility for review and update of policies. We were told that these were updated as and when changes occurred and the "most important" policies were reviewed on an annual basis. We noted that some of the policies we looked at during this inspection did not have a date of implementation or review recorded. The principal dentist and practice manager confirmed that all policies would now be reviewed on an annual basis.

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

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. The data protection certificate issued by the Information Commissioners Office was on display in the waiting area.

Engagement with patients, the public, staff and external partners

The practice used patient surveys and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, patients had requested new magazines in the waiting room and evidence was available to demonstrate that these were purchased.

No action

Are services well-led?

The patient satisfaction surveys that we were shown were blurred and difficult to read. We also noted that there was a question for patients regarding how the waiting room could be improved, for example toys. The feedback from the practice regarding the results of the survey states that toys are not available due to infection prevention and control. We noted that this was a standard question each month.

Not all feedback left by patients on the NHS Choices website had been responded to by the practice. We saw that 18 comments, both positive and negative had been recorded and the practice had only responded to one of these.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We looked at the results of the FFT for July to December 2017 and November to February 2018; positive feedback was recorded. The results of the FFT were not on display for patients to view.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. We were told that both formal and informal staff meetings were held. Monthly practice meetings were minuted and staff had access to this information. Informal meetings were held as and when required to update staff with urgent information or updates.

Continuous improvement and innovation

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, patient complaints, a prescription and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. Infection prevention and control audits were currently being completed annually. The provider confirmed that they would in future complete these audits on a six monthly basis.

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

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

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

The 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.