

Barton DS Ltd

Barton Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 10 July 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Barton Dental Practice is in Barton-under-Needwood, Staffordshire and provides private treatment to adults and children.

A portable ramp is used to gain access to the premises for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available near the practice.

The dental team includes one dentist, two dental nurses, one dental hygienist, and one receptionist. The practice has one treatment room on the ground floor of the premises.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Barton Dental Practice is the principal dentist.

On the day of inspection, we received feedback from 17 patients.

During the inspection we spoke with one dentist, one dental nurse, and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday, Wednesday and Friday 8.30am to 5pm, Tuesday 8.30am to 5.30pm and Thursday 8.30am to 7.30pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. Checks were in place to make sure these were within their expiry date.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs. Extended opening hours were provided once per week until 7.30pm.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked patients for feedback about the services they provided.
- The provider had systems in place to deal with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities.
- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Review the practice's responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.
- Review the availability of an interpreter service for patients who do not speak English as their first language.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

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

No action



Are services effective?

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

No action



Are services caring?

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

No action



Are services responsive to people's needs?

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

No action



Are services well-led?

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

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)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The registered manager had safeguarding policies and procedures in place at the practice. Staff knew about the signs and symptoms of abuse and neglect; however the practice policy did not include this information. The registered manager was the named safeguarding lead. Contact details to enable staff to report child or adult safeguarding concerns were on display on the staff noticeboard. We were provided with evidence to demonstrate that most staff received safeguarding training. Following the inspection, we were sent evidence showing that all staff had now completed this training.

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

The provider had a system 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 (FGM) and a policy was available regarding FGM.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination. Staff said that they would raise concerns with the Care Quality Commission. Staff were aware that other external organisations could be contacted if they wanted to report concerns to someone not connected with the practice. The names of these organisations were detailed on the whistleblowing policy, however the contact details were not provided.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not

used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a disaster planning and business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. Some emergency contact details were available on the staff noticeboard. For example, contact details for an electrician, plumber, fire alarm and Public Health England. This document did not contain all important contact details for emergency situations, such as IT or if the practice had a problem with their telephone system.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider followed their recruitment procedure.

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

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. We were told that there was no mains gas supply to the building and therefore gas safety checks were not required. Portable appliance testing had taken place in December 2018 and stickers were on equipment to demonstrate this. An electrical five-year fixed wire certificate was available dated 16 April 2019.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. Emergency lighting was serviced, and fire alarm maintenance was carried out on 3 July 2019. Fire extinguishers were serviced in December 2018. We saw evidence that a maintenance contract had been set up with an external company to provide fire detection and alarm maintenance including emergency lighting and fire extinguishers. A fire log book had recently been introduced and the first weekly alarm test was recorded on 8 July 2019. Records were available of annual fire drills. Maintenance and service information had been recorded by an external company. Recommendations

Are services safe?

for improvements to fire detection and safety equipment were recorded. There was no evidence that action had been taken. Regular checks of emergency exits had not been recorded.

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

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

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

Risks to patients

There were systems to assess, monitor and manage risks to patient safety although some improvements were required.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. A fire risk assessment was available dated 15 March 2018 and a further risk assessment had been completed on 9 July 2019, the day prior to this inspection. An external organisation completed the risk assessment and updated documentation had not been sent to the practice. We saw that some issues identified had been addressed following the initial risk assessment. The provider was aware that there were some outstanding issues which we were told would be addressed. This included moving combustible materials stored within close proximity to the compressor, fitting of some fire doors and completing routine checks of final exit doors.

A health and safety risk assessment had been completed in March 2018, there was no plan to demonstrate action taken to address issues identified.

The practice had completed a practice risk assessment in March 2019.

The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items and were using safety sharps. Information regarding sharps was included within the practice's general risk assessment. The practice had not completed a separate

sharps risk assessment, the registered manager confirmed that this would be addressed immediately. Following the inspection, we were sent a copy of a sharps risk assessment.

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. There were no systems in place to check the effectiveness of the vaccination. Titre levels were not recorded for all staff and there was no other evidence to demonstrate that some staff had responded to the vaccination. The provider confirmed that they would obtain this information for staff as soon as possible. This information was not provided following the inspection.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Certificates were available to demonstrate that training was last completed on 27 November 2018.

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

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

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

The provider had a control of substances hazardous to health (COSHH) folder which contained product safety data sheets for products in use at the practice. There were some risk assessments to minimise the risk that can be caused from substances that are hazardous to health, but these were not available for all products in use at the practice.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. The date of last training was 27 November 2018.

Are services safe?

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed on 29 March 2019. All recommendations had been actioned and records of water testing and dental unit water line management were in place. Staff had completed training regarding legionella and a member of staff had a lead role regarding this.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

We discussed sepsis management and identified that sepsis management had been discussed at a practice meeting. Systems were in place to enable assessment of patients with presumed sepsis in line with National Institute of Health and Care Excellence guidance. Information regarding sepsis was on display on the noticeboard in the waiting room.

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 complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) 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 provider 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 dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Systems were in place to enable staff to monitor and review incidents and an incident policy was available. This would help staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents. There were adequate systems for reviewing and investigating when things went wrong. The practice had an accident book and significant event reporting forms.

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

Are services effective?

(for example, treatment is effective)

Our findings

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

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 patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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

Helping patients to live healthier lives

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

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

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

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

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the

risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Written treatment plans with costs were given to all patients. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy did not include information about the Mental Capacity Act 2005. The registered manager amended this policy and sent a copy of the updated version following this inspection. The team understood their responsibilities under the act when treating adults who might 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 may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age. Evidence was available to demonstrate that some staff had completed training regarding the Mental Capacity Act.

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.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, we saw that dental nurses had completed training regarding radiography, infection prevention and control, fire safety and oral cancer.

Staff new to the practice had a period of induction based on a structured programme. Staff told us that the induction process provided them with all the information they needed and included reading policies and procedures, training and shadowing other staff at the practice. Staff were given a copy of the staff handbook during the induction process. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Are services effective?

(for example, treatment is effective)

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. Staff confirmed that training needs were discussed during appraisal and that they were able to discuss any issues or concerns. An appraisal meeting had not been held with the self-employed dental hygienist.

Co-ordinating care and treatment

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems 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 was using an online referral system which enabled them to check the status of any referral to an NHS service they had made. The practice monitored all referrals to make sure 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 first class, kind and efficient. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. We were told that staff were caring and made them feel relaxed.

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

A patient information folder was available in the waiting area for patients to read.

Privacy and dignity

Staff 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. If a patient asked for more privacy, staff 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 when the dentist was seeing patients.

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 and were aware of the requirements under the Equality Act.

- Staff were not aware whether interpretation services were available for patients who did speak or understand English. We were told that interpreters had not been used as patients were able to communicate in English.
- Staff told us that they communicated with patients in a way that they could understand.

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

The practice's website provided patients with information about the range of treatments available at the practice. Treatment costs were detailed on the practice website and were on display in waiting areas within the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models, videos and X-ray images.

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 meet patients' needs. It took account of patient needs and preferences. The practice offered extended opening hours on a Thursday until 7.30pm and opened at 8.30am each morning Monday to Friday. This enabled patients to see the dentist outside of usual working hours.

Costs of treatment were on display in the waiting room and were available on the practice website. Staff said that all costs were clearly explained and recorded in patient's treatment plans.

Staff were clear on the importance of emotional support needed by patients when delivering care. Staff discussed the actions they took to try and make nervous patients feel relaxed. Information to help nervous patients was available on the practice website. The website encouraged patients to bring a friend, bring headphones and listen to music, and to have a look around the practice and chat to members of staff to get to know them. Staff said that they always took time to chat to patients to try and make them feel at ease. A radio was playing music in the waiting room and magazines were available for patients to read. Staff were aware of anxious patients and were able to put a note on their records to inform the dentist, this helped to ensure that the dentist could see them as soon as possible after they arrived.

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

The practice did not have step free access and a portable ramp was used for patients to enter the building. The patient toilet was located on the first floor of the building and was only accessible by using stairs. The practice did not have a hearing loop or magnifying glass. Staff told us that where necessary they were able to provide information in larger print and would always help patients complete any documentation. The practice website informed patients that the patient toilet was situated upstairs and that the practice did not provide disabled toilet access.

Staff gave a courtesy call to patients following any extraction or lengthy dental treatment and to those who were extremely anxious about visiting the dentist.

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 information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients commented that the practice were responsive and that they were seen quickly if they were in dental pain. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice had an appointment system to respond to patients' needs. Patients could access care and treatment from the practice within an acceptable timescale for their needs. Patients who requested an urgent appointment were seen the same day wherever possible. One appointment slot was kept vacant each day to be used by patients who needed to be seen urgently. Patients were offered sit and wait appointments if there were no vacant appointment slots. All patients in dental pain were seen within 24 hours of contacting the practice. Patients could contact the practice through the practice website. We were told that patients occasionally requested appointments through the website. Reception staff were accommodating and tried to ensure appointments were booked at a time that suited the patient. Reception staff offered a range of appointment options to meet patient needs. Appointments ran smoothly on the day of the inspection and patients were not kept waiting. Staff said that appointments generally ran on time, but they would tell patients if a dentist was running late.

The staff took part in an emergency on-call arrangement with some other local practices.

The practice's 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.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The registered manager took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care. The practice had not received any formal written complaints.

The practice had a policy providing guidance to staff on how to handle a complaint. A copy of the practice's complaint procedure which explained how to make a complaint was available on the practice website.

The registered manager was the complaint lead and the receptionist was the complaint officer. Staff would tell the registered manager about any formal or informal comments or concerns straight away so patients received a quick response.

The registered manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the registered manager had dealt with their concerns.

A complaint log and folder was available to record details of any complaints received. We were told that verbal complaints would also be recorded in the complaint log. We saw details of one verbal concern raised by a patient.

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 registered manager had the capacity and skills to deliver high-quality, sustainable care. The registered manager demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The registered manager was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

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

Vision and strategy

There was a clear vision and set of values. The practice aims and objectives were set out in the practice Statement of Purpose and included;

- offering patients a friendly and professional service;
- establishing personal dental regimes for each patient to meet individuals' dental needs whilst aiming for a high level of oral health;
- offering a preventative service;
- providing a high-quality range of services to the whole community, including consultations, x-rays, routine restorative work, endodontics, periodontal treatment, prostheses and cosmetic work;
- keeping patients well-informed of costs and discussing treatment progress at each stage, obtaining the relevant consent.

The statement of purpose was on display in the reception area for patients to view.

Culture

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

Staff stated they felt respected, supported and valued. Staff said that they were always thanked for a job well done. We were told that this was a small friendly practice located in a village setting. Staff said that they knew their patients well. They told us that they were proud to work in the practice.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. Staff said that this was a very open, honest practice, staff were encouraged to raise issues, concern and own up to any mistakes made. The practice had a Duty of Candour policy.

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

Governance and management

A compliance system had been purchased and introduced at the practice. This supported the system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Policies and procedures recorded a date of implementation and review. Staff had signed documentation to confirm they had read and understood policy documents. Issues were identified in some of the policies seen. For example, the whistleblowing policy did not record contact details for external organisations that could be contacted if staff wanted to report concerns to someone not connected with the practice, the safeguard policy did not give staff information on the signs and symptoms of abuse and neglect.

Some improvements were required for governance arrangements as risks were not being effectively identified or addressed. For example, action had not been taken to address all issues identified in the fire risk assessment, the practice had not developed an action plan to demonstrate action taken following the health and safety risk assessment, and control of substance hazardous to health risk assessments were not available for each hazardous product in use at the practice.

The registered manager had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. Lead roles had been allocated to some staff, for example one of the dental nurses was a fire marshal and decontamination lead whilst the head nurse was the first aid lead.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Are services well-led?

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

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

Engagement with patients, the public, staff and external partners

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

The provider used patient surveys and verbal comments to obtain patients' views about the service. Reception staff gave satisfaction surveys to patients and then collated information received. These results were put onto a graph which was discussed with staff. We saw the results of the January to February 2019 satisfaction surveys. Positive comments were received. There was some inconsistency in the number of responses received which could not be accounted for as we were told that the original surveys had been destroyed.

The provider 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. Staff had access to on-line training and external providers conducted training at the practice. The practice was a member of the British Dental Association.

The practice had quality assurance processes to encourage learning and continuous improvement. We saw the audits of dental care records, and radiographs dated July 2019 and infection prevention and control dated February 2019. They had clear records of the results of these audits and the resulting action plans and improvements.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Practice meetings were held monthly, standardised agendas were arranged for each 12-month period covering a range of topics and training. Staff were also able to add items to the agenda for discussion during the meeting.

The dental nurses and receptionist 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. We were told that the hygienist was self-employed, and a performance appraisal had not been completed.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.