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Albert Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 18 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

Albert Dental Practice is in Donnington, Telford and provides NHS and private treatment to adults and children.

The practice is located on the first floor of the building and there is no level access for people who use wheelchairs and those with pushchairs. Car parking spaces, which are shared with the local shops are available at the front of the practice.

Summary of findings

The dental team includes three dentists, three dental nurses (including two trainee dental nurses), and a part time receptionist. The practice has two treatment rooms. At the time of inspection, a dental practice advisor had been employed on a short-term contract.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Albert Dental Practice was the senior partner and was present at the time of this inspection.

On the day of inspection we collected 17 CQC comment cards filled in by patients and spoke with three other patients.

During the inspection we spoke with two dentists (including the principal dentist), one dental nurse (who also acts as the practice manager and head nurse), one receptionist and the dental practice advisor. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 8.30am to 5pm. The practice is closed for one hour each lunchtime between 12.30pm to 1.30pm.

Our key findings were:

- The practice appeared clean and well maintained.
- 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 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 responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010. [MT1][SD2]

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 had systems in place to use learning from incidents and complaints to help them improve.

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 pain free. 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. The dental practice advisor provided additional training to staff and staff were able to attend their lectures at the West Midlands Deanery.

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 20 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, courteous and caring.

They said that they were given helpful, detailed explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist. We were told that the dentist was very calming.

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.

Albert Dental Practice was located on the first floor and was only accessible via stairs. The practice did not provide a disabled toilet, or arrangements to help patients with hearing loss. For example, there was no hearing loop. We were told that information could be printed in large print to help those patients with sight difficulties. Staff told us that they did not have any difficulties communicating with patients registered with the practice. The practice had access to face to face interpreter services.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. A patient satisfaction survey was to be implemented when the principal dentist had been in post for approximately a year.

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

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. The principal dentist held the lead role regarding safeguarding and staff were aware of this. We saw evidence that staff received safeguarding training at the appropriate level. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

Staff were not aware that notifications should be sent to the CQC if the practice raised any allegations of suspected abuse. The dental practice advisor confirmed that they would ensure that policies were amended to include this information and staff would be updated regarding this change to policy. Contact details were not readily available for raising concerns regarding vulnerable adults. We were told that a new leaflet had been received at the practice which would be included in the safeguarding file. This leaflet contained the relevant contact details. Following this inspection we received evidence to demonstrate that these contact details were readily available to staff.

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 communication.

Information was available to staff regarding female genital mutilation (FGM). The practice had an FGM reporting policy and flow chart. The principal dentist told us that this topic was to be included in the next in-house safeguarding training.

The practice had a whistleblowing policy. The policy included external contact details for reporting concerns. Staff we spoke with told us they felt confident they could raise concerns without fear of recrimination.

The dentists 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. We were told that a copy of the plan was also kept off the premises for use at any time when there was no access to the dental 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 three staff recruitment records. These showed the practice followed their recruitment procedure. A risk assessment was in place where disclosure and barring checks had been applied for but not yet received.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The practice also employed two trainee dental nurses who were attending training to become qualified and registered with the GDC.

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 checked by staff at the practice. A certificate was available to demonstrate that fire extinguishers had received an annual test. There was no information to demonstrate that emergency lighting had received a service. We were told that an external company had been booked to complete a fire risk assessment on 26 April 2018 and this would be discussed with them with a view to ensuring all equipment was serviced and maintained as required.

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. Plans were in place to change to digital radiography and this was taking place in May 2018. Dentists were up to date with training regarding the Ionising Radiation (Medical Exposure) Regulations 2018.

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.

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. We were told that there was no practice health and safety risk assessment but a blank template was available which would be discussed with staff at the next practice meeting and would be completed with input from all staff. Following this inspection we were forwarded a copy of this document. The practice had current employer's liability insurance which expired in December 2018, 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. We were told that there had been no sharps injuries at the practice since the principal dentist took over in 2017.

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. A risk assessment was available for use should there be any "non- responders" to the vaccine and for any new staff prior to vaccination.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. All staff at the practice had complete BLS with airway management training in 2018.

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 were told that there was always adequate staff to ensure that 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. Information was kept in a control of substances hazardous to health (COSHH) folder. Annual reviews were completed of information contained in this folder and new product updates were included as and when necessary.

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. The head dental nurse held the lead role for infection control. Staff had completed infection prevention and control training on 13 April 2018 and evidence was available to demonstrate that updates were completed as required. We were told about the changes planned for the decontamination room, this included changes in the layout, a new ventilation system and the introduction of a second sink. The principal dentist confirmed that this work was to be completed within the next 12 months in accordance with the practice's improvement plan.

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 maintained and used in line with the manufacturers' guidance. We were told that the data logger for the autoclave was broken but would be replaced. Following this inspection we received confirmation that a new data logger had been ordered.

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 some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Not all of the recommendations of the risk assessment had been actioned. For example, staff had not undertaken any training and although staff were taking water temperatures, records did not show that the sentinel taps had been

No action

Are services safe?

identified. Following this inspection we received a copy of the new water temperature log sheet which identified sentinel taps and we were told that legionella training was planned for May 2018.

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

The practice had policies and procedures in place to ensure clinical waste was segregated and appropriately in line with guidance. Clinical waste was stored in an unlocked cupboard in an unlocked room. We were told that a lock would be put in place to secure the clinical waste. Following this inspection we received evidence to demonstrate that a lock was in place.

The practice had previously carried out infection prevention and control audits twice a year. The latest audit completed in August 2017 showed the practice was meeting the required standards. We were told that six monthly audits would be re-introduced.

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. Information was backed up to secure storage and computers were password protected to prevent unauthorised access.

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.

There were comprehensive risk assessments in relation to safety issues. Policies were in place regarding patient safety incidents. The practice also had a policy for communication with patients and carers following an adverse incident. There had been no safety incidents since the principal dentist took over in December 2017. We were told that systems were in place to monitor and review incidents. This would help it to understand risks and give a clear, accurate and current picture that led to safety improvements.

An accident book was available to record any staff or patient accidents. We were told that there had been no accidents since December 2017.

Lessons learned and improvements

The practice had systems and processes for learning and making improvements when things went wrong.

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 were adequate systems for reviewing and investigating when things went wrong.

There was a system for receiving and acting on safety alerts. The practice had systems in place to learn 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.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. Posters were on display in the waiting area regarding the risks of alcohol and smoking on oral health. 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. 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 dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age. Some staff had not received training regarding the Mental Capacity Act, we were told that this was being arranged by the dental practice advisor.

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

Effective staffing

Staff new to the practice had a period of induction based on a structured induction programme. A new induction process was being introduced by the dental practice advisor. We were told that an induction package was also to be made available for locum staff. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

The principal dentist took over this practice in December 2017. Staff had all been employed within the last 12 months. Two of the dental nurses were trainees and were currently completing ongoing training to become qualified dental nurses. We were told that a new appraisal system was being introduced and all staff would receive an annual appraisal at the end of 2018. Staff told us that they could discuss training at any time with the principal dentist.

No action

Are services effective?

(for example, treatment is effective)

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 also 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 used the NHS electronic referral system and monitored all referrals to make sure they were dealt with promptly.

No action

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 efficient, courteous and caring. We saw that staff treated patients in a kind and caring 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 staff were kind and helpful when they were in pain, distress or discomfort. One patient told us that the dentist was very calming.

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. We observed the receptionist offering to speak with a patient in a private room on the day of our inspection. 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. 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 informing patients that this service was available. We were told that although interpretation services were available there had been no demand for this service.
- Staff communicated with patients in a way that they could understand. Documentation could be printed off in large print upon request.
- 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. 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 information leaflet provided patients with information about the range of treatments available at the practice.

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

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, staff said that they took their time to chat to patients who were anxious. Dentists were notified that the patient was anxious by means of a pop up note on their records. These patients would be seen by the dentist immediately to try and reduce their anxiety. Longer appointments were booked and they were able to bring a friend or family member to provide support.

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

The practice was located on the first floor of the building and did not provide step free access to the service. The receptionist told us that when patients enquired about becoming registered at the practice they were informed that it was a first-floor practice which would need to be accessed via stairs. The practice did not provide facilities for patients with disabilities. The principal dentist told us that they signposted patients with a disability to other local practices who had disabled access.

The principal dentist told us that annual data collated by the NHS England Area Team was analysed annually and gave them information regarding patient groups and their needs.

Staff told us that they telephoned patients who had an appointment for 20 minutes or longer to remind them of the date and time of their appointment.

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. Staff told us that patients who requested an urgent appointment were seen the same day wherever possible. The receptionist told us that when all appointment slots were full they would contact the dentist who would look at clinical notes to triage the appointment. Patients would be offered a sit and wait appointment. 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 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 had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. 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.

The principal dentist told us they 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 practice dealt with their concerns.

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care. We were told that any complaint received, either written or verbal would be discussed at practice meetings. We saw that complaints were a standard agenda item and evidence was available to demonstrate discussions held when a complaint was received.

We looked at comments, compliments and complaints the practice received since December 2017 when the principal dentist took over this practice. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

No action

Are services responsive to people's needs?

(for example, to feedback?)

The practice had not responded to comments made on the NHS Choices website. The principal dentist told us that they had recently requested a log on identification and password so that they could update this.

No action

Are services well-led?

Our findings

Leadership capacity and capability

The principal 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.

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. We discussed development plans with the principal dentist which included making changes to the decontamination room.

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.

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

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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 head nurse/practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

An advisor had been employed to introduce paperwork review and quality assure systems at the practice. Processes were in place to ensure that quality and operational information was used to improve performance.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. A leaflet was available in the waiting area regarding how the practice looked after patients' personal information. This recorded information about patients' rights to view their records and the type of information held for patients and what it was used for.

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.

The practice used verbal comments to obtain staff and patients' views about the service. The dental practice advisor confirmed that a satisfaction survey would be given to patients when the principal dentist had been in post for a year. Staff would be given a survey as part of their appraisal process.

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. A poster showing the results of the recent FFT was on display in the waiting room. This recorded that 100% of patients who responded to the survey would recommend the practice.

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. Staff told us that

agendas were sent to them prior to any meetings so that they could add items for discussion. Staff were also able to record items for discussion on the notice board prior to receipt of the agenda.

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 and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. The practice had an audit and practice meetings calendar which recorded the dates that various audits, risk assessments and practice meetings were to be held. For example, a health care waste audit was to be completed in August, record keeping in July and a Disability access audit in November. We were told that staff at the practice were each given an area to audit.

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

Plans were in place to conduct annual appraisals for the whole staff team. The principal dentist had become a partner in this dental practice in December 2017. Staff were all newly employed and had not worked at the practice for 12 months. We were shown details of the new appraisal system to be introduced. This included discussions regarding learning needs, general wellbeing and aims for future professional development. We saw evidence of personal development plans in the staff folders. We were told that appraisals would be conducted later in 2018 and personal development plans had been completed in the meantime.

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 dental practice advisor was a lecturer and provided training to staff. Staff were also able to attend any lectures that the advisor was conducting at the West Midlands Deanery.

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.