

Dr Sandeep Suzy Kaur Khaira

Worcester Road Dental Practice

Inspection Report

91 Worcester Road,
Droitwich,
Worcestershire,
WR9 8AQ
Tel: 01905 796331
Website: No website at present.

Date of inspection visit: 4 April 2019
Date of publication: 24/04/2019

Overall summary

We carried out this announced inspection on 4 April 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

Worcester Road Dental Practice is in Droitwich and provides NHS and private treatment to adults and children.

There is a step into the practice which is accessed with the use of a portable ramp for people who use wheelchairs and those with pushchairs. Car parking spaces are available in the practice car park.

Summary of findings

The dental team includes four dentists, five dental nurses (all cover reception duties and two are trainee dental nurses), a dental hygiene therapist and a practice manager. The practice has three 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 spoke with four patients.

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

The practice is open:

Monday to Thursday from 9am to 5.30pm.

Friday from 9am to 5.15pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which did not fully reflect published guidance. Improvements were made to strengthen processes within 48 hours of our inspection.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of a child self-inflating bag with reservoir, child and adult oxygen face masks with reservoir and tubing and clear face masks for the self-inflating bag sizes 0,1,2, 4. The oxygen cylinder was not the correct size as detailed in the resuscitation guidelines and the defibrillator checks were not logged. These items were ordered on the day of our inspection and a log was implemented to check the defibrillator.

- The practice 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. Safeguarding contact details and flow charts were displayed in the waiting room.
- The provider had staff recruitment procedures although right to work documentation and photographic identification of staff were not retained on all personnel files.
- 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 were providing preventive care and supporting patients to ensure better oral health. They routinely referred patients to their dental hygiene therapist through a clear care pathway.
- The appointment system took account of patients' needs. Patients could access routine treatment and urgent care when required.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt 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 recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

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?

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

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

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. Safeguarding contact details and flow charts were displayed in the waiting room.

Staff were qualified for their roles and the practice completed essential recruitment checks. We found that right to work documentation and photographic identification of staff were not retained on all personnel files.

Premises and equipment were clean and properly maintained. The practice mostly followed national guidance for cleaning, sterilising and storing dental instruments. Improvements to the infection prevention and control audit analysis and policy were made and a new magnifying glass with illuminator was ordered to strengthen processes within 48 hours of our inspection.

The practice had suitable arrangements for dealing with medical and other emergencies. Not all recommended equipment was present however missing items were ordered on the day of our inspection.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as high quality, professional and excellent. 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. An online referral system was used to monitor and track outgoing referrals. In house referrals were made to the practice's dental hygiene therapist.

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this. The provider was supporting two trainee dental nurses to become qualified at the time of our visit. The lead dental nurse had extended duties which included impression taking and topical fluoride application to enhance patient support.

The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in local schools and a local residential home for young adults with moderate learning disabilities.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from four people and looked at patient survey results and the practice comments book. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, lovely and very caring. Patients consistently advised that they would highly recommend this practice and received exceptional care. Notes left in the comments book included 'very pleased with the service and my results', 'Thank you for your kindness and professionalism in looking after me when taking my tooth out – you're amazing' and 'absolute pleasure, friendly staff'.

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

We observed receptionist team members supporting patients in a friendly, helpful and polite manner. All patients were met by the dental nurses in the waiting area and escorted to the treatment rooms.

Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to telephone 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. The practice displayed their complaints procedure in the reception area and in the patient information leaflet.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated. Staff told us that they could raise any concerns with the principal dentist and practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

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

The provider 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 and 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. Safeguarding contact details and flow charts were displayed in the waiting room. We saw evidence that staff received safeguarding training. 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 system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice also had 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. This subject had been discussed at a practice meeting to ensure all staff were aware of relevant guidance.

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

The dentists used dental 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 documented in the dental care record and a risk assessment completed.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for

agency and locum staff. These mostly reflected the relevant legislation. We looked at five staff recruitment records. These showed the practice followed their recruitment procedure. We found that right to work documentation and photographic identification of staff were not retained on all personnel files.

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 fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. The practice used digital X-rays which reduced the dose of radiation.

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 in respect of dental radiography.

Risks to patients

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

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The practice 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. A comprehensive sharps risk assessment had been undertaken and was updated annually.

Are services safe?

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 every year.

Appropriate medicines and life-saving equipment were available with the exception of a child self-inflating bag with reservoir, child and adult oxygen face masks with reservoir and tubing and clear face masks for the self-inflating bag sizes 0,1,2, 4. The oxygen cylinder was not the correct size as detailed in the resuscitation guidelines. These items were ordered on the day of our inspection. Staff kept records of their checks of all medicines and equipment with the exception of the defibrillator to make sure these were available, within their expiry date, and in working order. A log was implemented to record the daily and monthly checks of the defibrillator following our inspection.

A dental nurse worked with the dentists and the dental hygiene therapist 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.

The practice had an infection prevention and control policy and procedures however, the infection control and prevention policy detail was limited, this was amended and sent to us following the inspection. 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 practice 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 that the magnifying glass illuminator was not working, a new magnifier with illuminator was ordered following our inspection.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been completed in May 2018. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

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 practice carried out infection prevention and control audits twice a year. The infection prevention and control audits we viewed did not contain any analysis or action plans. We were sent an updated audit following our inspection which showed the practice had achieved a result 100% and no further action plan was required.

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 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.

Are services safe?

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 and Lessons learned and improvements

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

In the previous 12 months there had been no safety incidents. We were informed that any incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The practice 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

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 practice had access to digital X-rays to enhance the delivery of care.

Helping patients to live healthier lives

The dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. The dentists provided verbal advice and information to patients about oral health, smoking cessation and sensible alcohol consumption.

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 children and adults based on an assessment of the risk of tooth decay.

The practice provided hygiene appointments with the dental hygiene therapist. The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in local schools and a local residential home for young adults with moderate learning disabilities. One of the dental nurses and the principal dentist had recently visited a local infant school to educate children in tooth brushing techniques and deliver healthy eating advice. In addition to this the dental hygiene therapist and a dental nurse visited a local residential home for young adults with moderate learning disabilities to educate residents and care staff in oral hygiene and toothbrushing techniques.

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

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

The principal 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.

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

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 gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients we spoke with 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 may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The provider was supporting two trainee dental

Are services effective?

(for example, treatment is effective)

nurses to become qualified at the time of our visit. The lead dental nurse had extended duties which included impression taking and topical fluoride application to enhance patient support.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

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.

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

The practice 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.

An online referral system was used to monitor and track outgoing referrals to make sure they were dealt with promptly. In house referrals were made to the practice's dental hygiene therapist.

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 helpful, lovely and very caring. Patients consistently advised that they would highly recommend this practice and received exceptional care. Notes left in the comments book included 'very pleased with the service and my results', 'Thank you for your kindness and professionalism in looking after me when taking my tooth out – you're amazing' and 'absolute pleasure, friendly staff'.

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

Patients said staff were compassionate and understanding. Patients 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.

Information was displayed on a noticeboard in the waiting room for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. 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.

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 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 speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available upon request.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice 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. One patient we spoke with showed us the treatment plan they had been given which clearly detailed the treatment options and costs. They advised us that they were always given detailed information during appointments.

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 X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

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

The practice manager shared examples of how the practice met the needs of more vulnerable members of society such as patients with a learning difficulty, patients living with dementia and patients living with long-term conditions. Contrasting door frames, door handles and a blue toilet seat had been implemented to help patients with visual impairments and patients living with dementia.

Patients described high levels of satisfaction with the responsive service provided by the practice and consistently advised that they would highly recommend this practice to friends and family.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were told that some patients had medical conditions which made reclining the dental chair uncomfortable for them. Their needs were flagged on the electronic clinical care records to ensure that the clinicians did not fully recline the chair. The dental nurses working on reception supported patients that were unable to read and write to complete forms in the treatment room.

The practice had made reasonable adjustments for patients with disabilities. These included a portable ramp to provide wheelchair and pushchair users access into the building, two wheelchair accessible treatment rooms, a hearing loop, large print documents upon request and an accessible toilet with hand rails and a call bell.

A disability access audit had been completed in November 2018 and an action plan formulated to continually improve access for patients.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to ensure that a team member could sit and chat with the patient whilst they waited to be seen.

All patients were reminded of appointments two working days before either by text message or a telephone call dependant on the patient's preference. Staff told us that they telephoned some patients on the morning of their appointment to make sure they could get to the practice particularly if they had a long appointment scheduled.

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 who requested an urgent appointment were seen the same day. 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 principal dentist facilitated an emergency on-call service for patients on a private payment plan. Patients seen on the NHS were signposted to the NHS111 out of hour's service.

The practice's 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 policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

Are services responsive to people's needs?

(for example, to feedback?)

The practice 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 practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The leadership team consisted of the principal dentist who was supported by the practice manager and lead dental nurse. We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. The leadership team demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

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

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice manager had been supported and developed from a dental nurse into the practice manager role.

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.

We saw the provider took effective action to deal with poor performance.

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 could raise concerns and were encouraged to do so. They told us that they had confidence that any concerns would be addressed.

Governance and management

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

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The

practice manager and lead dental nurse were 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.

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

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

Engagement with patients, the public, staff and external partners

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

The practice used patient surveys, a comments book and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from staff the practice had acted on. For example, a new piece of equipment had been ordered and placed in the decontamination room following feedback from a staff member.

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. Results from 13 respondents in February 2019 showed that 100% of patients would recommend this practice to family and friends.

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.

Continuous improvement and innovation

Are services well-led?

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 waiting times, oral cancer risk assessment and infection prevention and control. With the exception of the infection, prevention and control audit they had clear records of the results and the resulting action plans and improvements.

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

The whole staff team 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 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.