

Dawley Dental Practice Ltd

# Dawley Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 29 May 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**

Dawley Dental Practice is in Telford and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes six dentists, seven dental nurses, two dental hygienists, one dental hygiene therapist, one practice manager and two receptionists. The practice has 7 treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the

# Summary of findings

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 Dawley Dental Practice was the principal dentist.

On the day of inspection, we collected 33 CQC comment cards filled in by patients.

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

The practice is open:

## **Our key findings were:**

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance. Some improvements were required with the testing of equipment but these were promptly resolved.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk. Improvements were required in some areas and these issues were resolved promptly.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures. The processes were not always consistent.
- 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.
- 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 current Legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures.
- Review the systems for checking and monitoring equipment taking into account current national guidance and ensure that all equipment is well maintained.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray ensuring compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.
- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- 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.

We asked the following question(s).

### Are services safe?

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

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

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

Staff were qualified for their roles and the practice completed recruitment checks. Some information was missing from staff personnel files and we were assured this would be obtained.

The practice followed national guidance for cleaning, sterilising and storing dental instruments. Premises were clean and most of the equipment was properly maintained. Some service and maintenance checks were overdue at the time of our visit but these were promptly organised.

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

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 fantastic, effective and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



### Are services caring?

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

We received feedback about the practice from 33 people. Patients were positive about all aspects of the service the practice provided. They told us staff were calm, caring and friendly.

They said that they were given fantastic and professional treatment, and said their dentist listened to them. Patients commented that staff 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.

No action



# Summary of findings

## Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

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

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

No action



## Are services well-led?

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

The practice acted quickly and effectively to address a number of shortfalls identified in our inspection. This demonstrated to us that they were committed to improving their service.

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 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 systems to keep patients safe. We identified some necessary improvements which were promptly actioned by staff.

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. We saw evidence that some staff had completed safeguarding training. The practice responded promptly and sent us evidence within two days which showed that most remaining staff had completed training within 48 hours of our visit. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. They shared an anonymous example of a recent safeguarding referral they had made. Staff we spoke with were knowledgeable but they were not aware that safeguarding referrals required notification to the CQC. Within 48 hours, we were informed this information had been added to the practice policy.

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

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

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, the dentist described to us alternative methods they used to protect the airway.

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

The practice had a recruitment policy to help them employ suitable staff. This reflected the relevant legislation but they did not always carry out recruitment procedures in a consistent manner. For example, some staff had references in their files but others did not. We reviewed three staff recruitment records and we found that the practice did not have written risk assessments for staff that did not hold recent DBS checks. Within 48 hours, the practice sent us evidence of a completed risk assessment for a staff member without a current DBS check. They also stated that missing documents (such as photographic identity verification documents) had been requested from staff and they would update their personnel files accordingly.

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. Staff told us that a gas safety check was booked for early June 2018. This was overdue as the previous one was issued in October 2016. Gas appliances should be tested annually. Electrical appliance testing had been carried out annually.

Records showed that fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. The practice carried out annual fire drills to ensure staff were rehearsed in evacuation procedures. New smoke detectors had been fitted in April 2018 and staff had tested these weekly since then. A specialist company had undertaken a fire risk assessment four days before our visit. The practice had undergone recent renovation and had waited until its completion to have this carried out. The results of this assessment were not available for review on the day of our visit. Staff assured us they would carry out any recommended actions (if relevant). We saw that an internal fire risk assessment had been carried out in March 2017.

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.

We saw evidence that all dentists reported on the radiographs they took. They all justified and graded the

# Are services safe?

X-rays, except for one dentist who did neither. Within 48 hours, the practice informed us that this had been reviewed with each clinician. The practice carried out radiography audits following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography with the exception of two dentists whose training was overdue. We were sent evidence that these dentists completed this training within two days of our visit.

The X-ray equipment was not fitted with a part called a rectangular collimator. Staff ordered this part within two days of our visit. Rectangular collimation is good practice as it reduces the radiation dose to the patient.

## Risks to patients

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

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider did not have a robust system in place to ensure clinical staff had received appropriate vaccinations. There was evidence that most staff members had received the vaccination to protect them against the Hepatitis B virus. Some of these records lacked details about whether they had adequately responded to the vaccination. Within 48 hours, the practice sent us evidence of staff's immunisation levels. We received evidence that all clinical staff were adequately immunised apart from three members. We were told that they were in the process of obtaining evidence for the remaining staff.

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

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

Dentists, dental hygienists and hygiene therapists worked with a dental nurse apart from one dental hygienist who requested to work alone when they treated patients. The GDC Standards for the Dental Team recommends that a clinician should work with another appropriately trained member of the dental team at all times when treating patients. A risk assessment was in place for when the dental hygienist worked without chairside support.

The provider had a lot of reference material for staff about handling hazardous substances. This file did not contain risk assessments so that staff knew how to minimise the risk that can be caused from substances that are hazardous to health. Within 48 hours, the provider informed us they had started to compile risk assessments for the hazardous substances. They also forwarded us a template of the risk assessments they would be using. This template contained all the necessary information.

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. We identified some necessary improvements and these were actioned with immediate effect. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance, apart from the ultrasonic cleaning bath and the autoclaves. The ultrasonic cleaning bath had been serviced. Current guidance recommends weekly maintenance tests but staff carried these out at monthly intervals. Within 48 hours, the practice manager informed us these would now be carried out weekly with immediate effect. The practice had three autoclaves but they only showed us service documentation for one autoclave. The practice manager contacted us after the inspection and informed us that the two other autoclaves were serviced two weeks after the inspection. HTM 01-05 also recommends that various daily tests are carried out for the autoclaves. Staff carried out some, but not all, of these

# Are services safe?

recommended tests. The practice manager informed us that they had arranged for the engineer to fit a data logger to the autoclave which would allow them to carry out all the remaining recommended tests.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Some, but not all, recommendations from the previous report had been actioned by staff. Records of water testing and dental unit water line management were in place but these were not carried out as frequently as recommended.

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 stored appropriately in line with guidance.

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

## 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.

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 NHS prescriptions as described in current guidance. The practice did not keep a log of prescriptions issued so that all prescriptions could be tracked.

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

An antimicrobial prescribing audit had been carried out in February 2018 to help ensure that the dentists were following current guidelines.

## Track record on safety

The practice had a good safety record.

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

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

## Lessons learned and improvements

The practice learned and made improvements when things went wrong.

Not all staff we spoke with were aware of the Serious Incident Framework and Never Events. There were some processes in place to report, investigate and learn from these. We found they were not recording all incidents to support future learning and reduce risk. Within two working days, the provider informed us that all staff had been made aware of incident reporting at 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.

# 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. The practice had a selection of dental products for sale.

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

The dentist described to us the procedures they used to improve the outcome of periodontal treatment. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

The practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

### Consent to care and treatment

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

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

options and the risks and benefits of these so they could make informed decisions. 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 and this had been reviewed in February 2018. The team understood their responsibilities under the Act when treating adults who might not be able to make informed decisions although some staff members could not recall all key information within the Act. Within 48 hours, the practice sent us evidence of dates when staff had completed training on the Mental Capacity Act. Most staff completed this within two days of our visit. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Staff carried out an audit on obtaining consent from patients.

### 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 had the skills, knowledge and experience to carry out their roles. For example, some of the dental nurses had further qualifications in radiography and oral health education.

Staff new to the practice had a period of induction based on a structured programme with the exception of newly recruited dentists. Some of the induction records we reviewed were incomplete. Within 48 hours, the practice wrote to us and stated that inductions would be prioritised for new recruits. They also planned to carry out 'refresher inductions' for existing staff during their upcoming appraisals.

# Are services effective?

(for example, treatment is effective)

We reviewed a selection of records and confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed their training needs at annual appraisals but some were overdue due to historical issues with staff shortages. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. The practice informed us that all staff had appraisals scheduled within eight weeks of our visit.

## **Co-ordinating care and treatment**

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

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

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

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 monitored all referrals to make sure they were dealt with promptly.

# 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 kind, friendly and efficient. 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 and they told us they could choose whether they saw a male or female dentist. Several patients commented that staff were good at managing nervous patients and children.

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

Information folders, patient survey results and thank you cards were available 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 some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

### Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act.

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, 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. 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 and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand their treatment options. These included X-ray images and an intra-oral camera. The intra-oral camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

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

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

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

The practice had made reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails and a call bell. Patients with visual impairments had access to a screen magnifier with an additional light. Reading materials, such as appointment slips, were available in larger font size. A hearing induction loop was not available but staff were able to communicate by writing information down or patients could bring an interpreter with them.

### Timely access to services

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

The practice included its opening hours in their practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

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 111 out-of-hours service. Patients were also able to contact one of the dentists from the practice for any urgent queries.

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

### Listening and learning from concerns and complaints

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

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

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

The practice manager 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.

We looked at comments, compliments and complaints the practice received in the previous 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

Leaders 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. We identified necessary improvements and the vast majority were addressed promptly.

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.

The practice acted quickly and effectively to address a number of shortfalls identified in our inspection. This demonstrated to us that they were committed to improving their service.

### 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.

### 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.

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 registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

There were clear 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 and staff to support high-quality sustainable services.

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. Examples included fitting handrails on the staircase and the addition of baby changing facilities at the practice. Some patients were also invited to practice meetings to offer their views on the services provided.

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.

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.

# Are services well-led?

## **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 manager 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 but some were overdue due to staff shortages.

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

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