

Mr. Ian Walsh

# The Dentists @ Watling Street Road

## Inspection Report

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### Overall summary

We carried out this announced inspection on 24 October 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 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**

The Dentists @ Watling Street Road is in Preston and provides NHS and private dental care for adults and children.

The provider has installed a ramp to facilitate access to the practice for people who use wheelchairs and for those with pushchairs. Car parking spaces are available outside the practice.

# Summary of findings

The dental team includes four dentists, two dental hygiene therapists, and eight dental nurses. The dental team is supported by a practice manager. The practice has four treatment rooms.

The practice is owned by the two principal dentists. One of the principal dentists has the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

We received feedback from 42 people during the inspection about the services provided. The feedback provided was positive.

During the inspection we spoke to dentists, dental nurses, dental hygiene therapists, 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 Friday 8.30am to 5.30pm.

## Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with medical emergencies. Not all the recommended equipment was available.
- The provider had staff recruitment procedures in place. Not all the required information was available.
- Staff provided patients' care and treatment in line with current guidelines.
- The dental team provided preventive care and supported patients to achieve better oral health.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.

- The provider had a procedure in place for dealing with complaints. The practice dealt with complaints positively and efficiently.
- The practice had a leadership and management structure.
- The provider had systems in place to monitor quality and safety, and manage risk. Some of these systems were not operating effectively.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's Legionella risk assessment and implement any recommended actions, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice, and accurate, complete and detailed records are maintained for all staff.
- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities to ensure they are effective.
- Review the practice's arrangements for ensuring the practice's systems for monitoring the quality and safety of the service are effective.

# 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.

Staff knew how to report safeguarding concerns.

The practice used learning from incidents to help them improve.

Staff were qualified for their roles, where relevant.

The provider completed essential recruitment checks before employing staff. Some of the required information was not available. The provider addressed this after the inspection and sent us evidence to confirm this.

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

The provider had not reviewed the practice's Legionella risk assessment following the replacement of the gas boiler at the practice. After the inspection the provider arranged for a new risk assessment to be carried out.

The practice had arrangements for dealing with medical and other emergencies. Some of the recommended medical emergency equipment was not available at the practice and checks on some of the equipment were not carried out at the recommended frequency. After the inspection the provider sent us evidence they had obtained the equipment and increased the checking frequency.

The dentists were not consistently using rubber dam during root canal treatment and could not demonstrate other means of protecting the patient's airway.

The practice had systems in place for the safe use of X-rays.

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 excellent, thorough and to a high standard. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements for referring patients to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles. We saw that several staff had additional qualifications and skills to support and develop their roles in the practice.

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 42 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, knowledgeable and kind.

Patients commented they were given helpful explanations about dental treatment and excellent after-care advice. They said their dentist listened to them.

Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

Staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff treated them with dignity and respect.

## 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 book an appointment quickly if in pain.

Staff considered patients' differing needs and put measures in place to help all patients receive care and treatment. This included providing facilities for patients with disabilities and families with children. The practice had access to interpreter services and had arrangements to assist patients who had 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 planned its services to meet the needs of the practice population. The provider used a skill mix of dental care professionals, including dentists, hygiene therapists, and dental nurses with enhanced skills to deliver care in the best possible way for patients.

The provider had arrangements in place to ensure the smooth running of the service. These included systems for the practice team to monitor the quality and safety of the care provided. Some of these systems were not operating effectively, for example, processes for monitoring staff training. The provider acted following the inspection to improve their systems.

The provider had put systems in place at the practice to ensure risks were identified and managed, and had put measures in place to reduce risks. Some of these risks had not been reduced sufficiently, for example, in relation to medical emergency equipment. The provider acted following the inspection to address this.

The practice team kept accurate, complete patient dental care records which were stored securely.

No action



# Summary of findings

There was a defined management structure and staff felt supported and appreciated. Staff had additional roles and responsibilities, for example, a lead role for infection prevention and control.

The practice was a member of a dental practice certification scheme as part of its approach in providing high quality care.

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

On the day of the inspection the provider was open to feedback and took immediate action to address the concerns raised during the inspection. The provider sent us evidence to confirm that action had been taken. They demonstrated a commitment to continuing the work and engagement with staff and external organisations to make further improvements.

# Are services safe?

## Our findings

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. Staff knew the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. The provider was unaware as to the appropriate level of safeguarding training for staff. After the inspection the provider sent us evidence demonstrating that all staff had completed safeguarding training within the recommended time interval and to the recommended level.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. Staff told us they felt confident to raise concerns.

We reviewed the procedures the dentists followed when providing root canal treatment and found these were not in accordance with recognised guidance. Procedures were not in place to protect the patient's airway during root canal treatment. The provider assured us this would be addressed.

The provider had staff recruitment procedures in place to help the practice employ suitable staff. These reflected the relevant legislation, with the exception that it was the provider's policy not to carry out a Disclosure and Barring Service, (DBS), check if the staff member could provide a previous DBS certificate regardless of how long ago it had been carried out. The provider addressed this after the inspection.

Most staff had been employed at the practice for several years. We looked at three staff recruitment records. These showed the practice had not followed their recruitment procedure for one member of staff who had been recently employed. The provider told us they had checked at the interview stage whether the staff member was of good character and had the necessary experience, but had not obtained all the required information, including photographic identification, employment history, and a DBS certificate. After the inspection the provider sent us

evidence that photographic identification and an employment history had now been obtained. The provider also obtained a DBS certificate after the inspection. We observed it had been carried out six years prior to the staff member starting at the practice. We saw a DBS certificate for another recently employed member of staff which had been carried out three years before they had commenced employment at the practice. After the inspection the provider told us new checks had been carried out for these staff and sent us evidence of this.

We saw that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Equipment and facilities, including electrical and gas appliances, were not consistently maintained, for example, in accordance with manufacturers' instructions. After the inspection the provider arranged for a gas safety inspection and a fixed electrical inspection to be carried out at the practice and sent us evidence of this.

Records showed that fire detection equipment, such as smoke detectors, was regularly tested, and firefighting equipment, such as fire extinguishers, was regularly serviced. We found the provider had not assessed the need for emergency lighting at the practice. The provider ordered this after the inspection and sent us evidence to confirm this.

The provider had put arrangements in place at the practice to ensure X-ray procedures were carried out safely and had the required radiation protection information available.

We saw that the clinicians justified, graded and reported on the X-rays they took. Staff carried out radiography audits regularly /every year following current guidance and legislation.

Where appropriate, clinical staff completed continuing professional development in respect of dental radiography.

### **Risks to patients**

The provider monitored and acted on risks to patients.

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered

# Are services safe?

general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks. We saw that the practice had put in place measures to reduce the risks identified in the assessments.

The provider had current employer's liability insurance.

Staff followed relevant safety regulations when using needles and other sharp dental items. A sharps risk assessment had been undertaken and this was reviewed annually. Staff confirmed that only the dentists were permitted to dismantle and dispose of needles in order to minimise the risk of inoculation injuries to staff.

Staff were aware of the importance of reporting sharps injuries. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury. We observed the information was not readily accessible to staff, for example, it was not displayed in the decontamination room.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. Arrangements were in place to check the effectiveness of the vaccination.

The provider had had a fire risk assessment carried out at the premises in 2006 by an expert in fire safety. We saw this included several recommendations which the provider had acted on, including regular equipment checks, producing an evacuation plan and carrying out regular fire drills.

Staff knew how to respond to medical emergencies and completed training in medical emergencies and life support every year. The practice had the recommended medical emergency equipment and medicines available with the exception of oro-pharyngeal airways and a child sized self-inflating bag. After the inspection the provider obtained these and sent us evidence to confirm this.

Staff carried out, and kept records of, checks to make sure the medicines and equipment were available, within their expiry dates and in working order. We observed that checks on the medical emergency oxygen and defibrillator were carried out less frequently than recommended and one of the medical emergency medicines was past its expiry date due to incorrect storage. After the inspection the provider ordered a replacement medicine and implemented more frequent checks on the medical emergency oxygen and defibrillator.

We found the mercury spillage kit had expired in 2006. After the inspection the provider ordered a replacement and sent us evidence to confirm this.

A dental nurse worked with each of the dentists and the dental hygiene therapists when they treated patients.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These followed The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), guidance published by the Department of Health.

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

The provider had had a Legionella risk assessment carried out at the practice in 2011 in accordance with current guidance. The risk assessment had not been regularly reviewed. We saw evidence of measures put in place by the provider to reduce the possibility of Legionella or other bacteria developing in the water systems, for example, water temperature testing and the management of dental unit water lines. The provider had a new gas boiler fitted recently but had not reviewed the Legionella risk assessment following this. After the inspection the provider told us they had arranged for a new risk assessment to be carried out at the practice.

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

Staff ensured clinical waste was segregated and stored securely in accordance with guidance.

## 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 several dental care records to confirm what was discussed and observed 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.

# Are services safe?

We found that staff were not aware of NHS guidance on the management of sepsis. The provider immediately addressed this after the inspection.

Medical histories were updated at every patient attendance.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

## **Safe and appropriate use of medicines**

The provider had implemented systems for the appropriate and safe handling of medicines at the practice.

The practice had a stock control system for medicines. This ensured that enough medicines were available when required.

The practice had systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as recommended in current guidance. The dentists were aware of current guidance with regards to prescribing medicines.

## **Track record on safety**

We saw that the practice monitored and reviewed incidents to minimise recurrence and improve systems.

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process. We saw the practice recorded, responded to and discussed incidents to reduce risk and support future learning.

The practice learned from external safety events as well as from patient and medicine safety alerts. The practice received national medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. Relevant alerts were discussed with staff, acted on and stored for future reference.

## **Lessons learned and improvements**

Staff confirmed that learning from incidents, events and complaints was shared with them to help improve systems at the practice, to promote good teamwork and to prevent recurrences.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The dentists assessed patients' care and treatment needs in line with recognised guidance. We saw that the dentists delivered care and treatment in line with current legislation, standards and guidance.

### Helping patients to live healthier lives

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The clinicians told us they discussed smoking, alcohol consumption and provided dietary advice to patients during appointments.

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

The practice was taking part in the Government's Dental Prototype Agreement Scheme and was currently trialling a new NHS dental contract providing dental care with an increased focus on disease prevention.

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

### Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists 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 in certain circumstances. 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 where appropriate and made sure they had enough time to explain treatment options clearly.

### Monitoring care and treatment

The clinicians kept detailed dental care records containing information about patients' current dental needs, past treatment and medical histories.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice completed a period of induction based on a structured induction programme. We were told the clinicians received a less structured induction.

Staff told us the practice provided support and training opportunities to assist them in meeting the requirements of their registration, and with their professional development.

We saw that several staff had additional qualifications and skills to support and develop their roles in the practice. For example, the practice manager had a qualification in health service management, and one of the dental nurses had enhanced skills in fluoride application and ran regular clinics at the practice to improve patient's dental health outcomes.

We saw that the dental nurse with the lead role for infection prevention and control was due to attend a training course specifically for this role.

Staff told us they discussed training needs at annual appraisals.

### Co-ordinating care and treatment

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

The dentists confirmed they referred patients to specialists in primary and secondary care where necessary or where a

## Are services effective?

(for example, treatment is effective)

patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

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

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring, professional and efficient. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients told us they could choose whether they saw a male or female dentist.

### **Privacy and dignity**

The practice team respected and promoted patients' privacy and dignity.

The layout of the reception and waiting areas provided limited privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people 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.

They were aware of the Accessible Information Standard and the requirements of the Equality Act, for example,

- Interpreter services were available for patients whose first language was not English.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentists described to us the conversations they had with patients to help them understand their treatment options.

The practice's website and 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 the treatment options discussed.

# 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 take account of patients' needs and preferences.

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

A disability access audit had been completed recently and an action plan formulated in order to continually review and improve access for patients.

The practice had considered the needs of different groups of people, for example, people with disabilities, wheelchair users, and people with pushchairs, and put in place reasonable adjustments, for example, handrails to assist with mobility, step free access, and an accessible toilet with hand rails.

Two of the treatment rooms were located on the ground floor.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, the practice had a hearing induction loop available, and appointments could be arranged by email.

Larger print forms were available on request, for example, patient medical history forms.

### Timely access to services

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

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

The practice's appointment system took account of patients' needs. We saw that the dentists tailored

appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Staff made every effort to keep waiting times and cancellations to a minimum. Patients told us they had enough time during their appointment and did not feel rushed.

The practice had appointments available for dental emergencies and staff made every effort to see patients experiencing pain or dental emergencies on the same day.

The practice's information leaflet and answerphone provided telephone numbers for patients who needed emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily.

### Listening and learning from concerns and complaints

The provider 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. Information on how to make a complaint was clearly displayed for patients.

The practice manager was responsible for dealing with complaints. 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 aimed to settle complaints in-house. Information was available about organisations patients could contact if they were 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

The provider and practice leaders had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The practice had a business continuity plan describing how the practice would manage events which could disrupt the normal running of the practice.

### Vision and strategy

The provider had set out values for the practice and had a strategy for delivering the service. The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

The provider's strategy included the implementation of a dental team approach to deliver care and treatment at the practice. They did this by using a skill mix of dental care professionals, including dentists, hygiene therapists, and dental nurses with enhanced skills to deliver care in the best possible way for patients.

### Culture

Staff said they were respected, supported and valued.

Managers and staff demonstrated openness, honesty and transparency when responding to incidents and complaints. Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they were confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

### Governance and management

The provider had put systems in place at the practice to support the management and delivery of the service.

We saw the provider had put in place systems and processes, for example, in relation to staffing, patient consent and safeguarding, to support governance and to guide staff. We found that some of these systems were not operating effectively and had resulted in oversights, for example, processes for monitoring staff training. The provider acted quickly following the inspection to address these oversights and improve their systems.

The practice monitored the principal dentists' and staff training to ensure recommended training was completed. We found that no system was in place to ensure the other clinicians had completed recommended training. For example, the provider could not demonstrate that one of the recently recruited staff had completed training in infection control, medical emergencies and life support, safeguarding and radiology. After the inspection the provider checked that this training had all been completed within the recommended time intervals and sent us evidence to confirm this. The provider also sent evidence to us that a log had been introduced to record the dates when recommended training was completed for all staff where relevant.

We saw the provider had put in place systems to ensure risks were identified and managed, and had put measures in place to reduce risks. Some of these risks had not been reduced sufficiently, for example, in relation to medical emergency equipment. The provider acted quickly following the inspection to address this.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff had additional roles and responsibilities, for example, a lead role for infection control. We saw staff had access to supervision and support for their roles and responsibilities.

### Appropriate and accurate information

The practice's staff acted appropriately on information.

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

# Are services well-led?

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.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used. The practice also used patient surveys to obtain the views of patients about the service.

The provider gathered feedback from the practice's staff through meetings, appraisals 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**

The provider had systems and processes in place to encourage learning and continuous improvement.

We saw the practice had systems in place to monitor the quality of the service and make improvements where required. These included, for example, audits. We reviewed audits of X-rays and information governance. Staff kept records of the results of these and produced action plans where necessary. We found the practice did not carry out infection control audits twice yearly in accordance with current guidance. The last infection prevention and control audit was carried out in 2016. After the inspection the provider carried out an infection prevention and control audit and sent us evidence of the action plan resulting from the audit.

The practice was a long-standing member of a dental practice certification scheme which promoted good standards in dental care.

We saw evidence of learning from incidents and feedback.

Staff had annual appraisals, which helped identify individual learning needs.