

## Willenhall Dental Centre

# Willenhall Dental Centre

## Inspection Report

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Website: No website at present.

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### Overall summary

We carried out this announced inspection on 26 June 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**

Willenhall Dental Centre is located in a purpose-built health centre in Willenhall, Coventry. The practice provides predominantly NHS treatment with a small private provision to patients of all ages. This is a vocational training practice for dentists and is currently supporting one newly qualified foundation dentist.

There is level access for people who use wheelchairs and those with pushchairs. The practice has ample car parking available for patients in the free car park adjacent to the building.

# Summary of findings

The dental team includes two principal dentists, one foundation dentist, one qualified dental nurse and four trainee dental nurses who also work in reception. The practice has two treatment rooms.

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

On the day of inspection we collected 32 CQC comment cards filled in by patients and spoke with two other patients.

During the inspection we spoke with two principal dentists, one foundation dentist, one dental nurse and two trainee dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday: from 8am to 5pm and after 5pm by appointment.

## **Our key findings were:**

- The practice had effective leadership and culture of continuous improvement.
- Staff we spoke with felt supported by the principal dentists and were committed to providing quality dental care to their patients in a caring environment.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice staff had safeguarding processes and staff knew their responsibilities for safeguarding adults and children. Copies of the safeguarding flow chart with local authority safeguarding contact details were displayed in the reception and both treatment rooms.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines. New updates were shared with staff at practice meetings.
- 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. Patients could access routine treatment and urgent and emergency care when required.
- The practice asked staff and patients for feedback about the services they provided. Results of these audits were analysed and action plans were displayed in the waiting room.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

# 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. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Safeguarding flow charts with local authority contact details were displayed in reception and both treatment rooms.

Staff were qualified for their roles and the practice completed essential recruitment checks.

The practice held NHS prescriptions which were stored securely and logged so that they could be tracked and monitored.

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

The practice had suitable arrangements for dealing with medical and other emergencies. Medical emergency scenario training and discussion was completed in house at staff meetings to ensure staff were kept up to date.

No action



### Are services effective?

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

The dental care provided was evidence based and focused on the needs of the patients. The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as exceeding expectation, outstanding, exemplary 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.

Training and development was at the forefront of this practice due to one of the principal dentists being a verified trainer to support newly qualified foundation dentists. The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. At the time of our inspection the practice were supporting three trainee dental nurses to become qualified dental nurses.

Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who might lack capacity to make decisions.

The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in local nurseries and care homes. One of the dentists and a dental nurse

No action



# Summary of findings

regularly visited local nurseries to educate children in tooth brushing techniques and deliver healthy eating advice. In addition to this they visited local care homes to deliver oral health advice and highlight the importance of denture maintenance and regular health checks with the dentist even if patients did not have their own teeth.

## 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 34 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, informative and very helpful. Many patients commented that the team were excellent at treating and calming children whilst making them comfortable.

They consistently said that they were given detailed explanations relating to their treatment and said their dentist listened to them. Patients commented that they reassured them and 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 consistently commented that staff treated them with dignity and respect.

No action



## 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. The practice offered extended hours appointments opening early Monday to Friday from 8am.

The practice was aware of the needs of the local population and took those these into account operationally. One of the principal dentists gave oral health education talks stressing the importance of regular oral health assessments at a local temple for people whose first language was not English. Arrangements were made for these patients to contact a multi lingual staff member to schedule appointments as it was identified that this was a barrier for some patients when trying to access care.

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

The practice took patients views very seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. The practice displayed their complaints policy in the reception area.

No action



## Are services well-led?

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

No action



# Summary of findings

Strong and effective leadership was provided by the principal dentists. There was a no blame culture in the practice. Staff told us that they felt well supported and could raise any concerns with the principal dentists. All the staff we met said that they were happy in their work and the practice was a good place to work.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff. The practice carried out regular patient surveys and results of these audits were analysed and action plans were displayed in the waiting room.

# Are services safe?

## Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Safeguarding flow charts with local authority contact details were displayed in reception and both treatment rooms.

There was a system to highlight vulnerable patients on electronic care 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, which included contact details for Public Concern at Work, a charity which supports staff who have concerns they want to report about their workplace. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the practice followed their recruitment procedure.

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

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 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 (CPD) 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 up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance which was displayed in reception.

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 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 (BLS) every year. This was last completed in November 2017.

# Are services safe?

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.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

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. 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 were validated, maintained and used in line with the manufacturers' guidance.

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

The practice had 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 December 2016. 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 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 completed in May 2018 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 typed 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 General Data Protection Regulation (GDPR) 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 held NHS prescriptions which were stored securely and logged so that they could be tracked and monitored.

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

Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentists were following current guidelines.

## Track record on safety

The practice had a good safety record.

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

The practice protected staff and patients with guidance available for staff on the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Copies of manufacturers' product safety data sheets and risk assessments were held for all materials and substances. This information and a COSHH policy were stored in a designated COSHH file.

# Are services safe?

## **Lessons learned and improvements**

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action 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.



# 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 and provided health promotion leaflets to help patients with their oral health.

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

We spoke with the dentists who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

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.

The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in

local nurseries. One of the dentists and a dental nurse regularly visited local nurseries to educate children in tooth brushing techniques and deliver healthy eating advice. All children were given goody bags with free dental samples and oral hygiene information leaflets. In addition to this the practice visited local care homes to deliver oral health advice and highlight the importance of denture maintenance and regular health checks with the dentist even if patients did not have their own teeth.

### Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to the legal precedent (formerly called the 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.

### 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

# Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles. The team had dedicated leads who were delegated responsibility for different tasks to utilise strengths within the team.

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

Training and development was at the forefront of this practice due to one of the principal dentists being a verified trainer to support newly qualified foundation dentists. Staff told us they discussed training needs at annual appraisals and during staff meetings. At the time of our inspection the practice were supporting three trainee dental nurses to become qualified dental nurses. We saw evidence of completed appraisals and personal development plans.

## **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. During our visit we spoke with a patient who had been referred under this system and they advised us that they were fully supported by their dentist and were seen within two weeks.

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 extremely positively that staff were caring, informative and very helpful. Many patients commented that the team were excellent at treating and calming children whilst making them comfortable. 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.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. Patients consistently told us that this was the best dentist they had been to and that they would highly recommend this practice to family and friends.

Information leaflets, treatment prices 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. Patients were also told about multi-lingual staff that might be able to support them. Practice information leaflets and forms were available in alternate languages and large print.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

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

The practice's information leaflet and NHS Choices website 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 team shared examples of how they met the needs of more vulnerable members of society such as patients living with dementia, patients with autism and patients with other long-term conditions.

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

The practice was aware of the needs of the local population and took those into account operationally. For example, the staff were aware of patients who were unable to read and write resulting in difficulty completing forms. These patients were offered support in a private room in the practice and the staff completed the forms with them.

One of the principal dentists attended annual health days at a local temple for people whose first language was not English. They delivered oral health education talks stressing the importance of regular oral health assessments and encouraged the attendees to visit a dentist regularly. Arrangements were made for these patients to contact a multi lingual staff member to schedule appointments as it was identified that this was a barrier for some patients when trying to access care.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a low-level reception desk for wheelchair users, a magnifying glass, large print documents, a hearing loop and an accessible patient toilet with hand rails.

Staff told us that patients were given appointment reminder calls 24 hours prior to their appointment. These significantly reduced the number of failed appointments at the practice which was now minimal.

### Timely access to services

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

The practice displayed its opening hours in the premises, in their practice information leaflet and on the NHS Choices website. The practice offered extended hours appointments opening early Monday to Friday from 8am and late on evenings by appointment only.

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.

The practice 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 displayed their complaints policy on the notice board in the waiting room and their patient information leaflet also explained how to make a complaint.

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

The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in 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 principal dentists demonstrated that they had the capacity and skills to deliver high-quality, sustainable care. 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.

### **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.

The practice ethos included delivering excellent high quality dental care in a friendly and caring environment.

### **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. The principal dentists completed a location report in 2016 which focussed on social deprivation levels and services within the local area. This highlighted different population group needs and plans were put in place to support to these patient groups.

The principal dentists advised that they would act on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### **Governance and management**

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

The principal dentists had overall responsibility for the management and clinical leadership of the practice. They were also 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. We found that all the policies were reviewed in February 2018 and specific policy discussion at staff meetings were a standing agenda item to ensure that all the policies were understood and embedded.

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, suggestion cards complaints and verbal comments to obtain staff and patients' views about the service. Feedback from the most recent patient satisfaction survey was very positive with no

# Are services well-led?

suggestions for improvement. The practice displayed patient feedback results in the waiting room and highlighted their own areas in which they wanted to maintain high standards.

Recent patient survey results from January 2018 were very positive and showed that 100% of respondents had confidence in the knowledge and abilities of the dental team, 100% of respondents felt that they were always treated with dignity, gentleness and care by the dental team and 100% of respondents would recommend this practice to friends and family.

The practice gathered feedback from 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**

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 principal dentists showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The principal dentists regularly supported and funded specialist courses for staff members.

The whole staff team had received annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals and personal development plans in the staff folders.

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.