Oasis Dental Care Limited

Bupa - Church Street, Wellington

Inspection Report

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Overall summary

We carried out this announced inspection on 12 March 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser and a second CQC inspector who was newly recruited and was shadowing the inspection team.

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

Bupa – Church Street, Wellington is in Telford and provides NHS and private treatment to adults and children.

There is step access into the practice and access for people who use wheelchairs and those with pushchairs

Summary of findings

via portable ramps. There are no dedicated car parking spaces; however, parking without restrictions is available in surrounding streets. Blue badge holders can park on the road outside the practice.

The dental team includes four dentists (one of whom is a locum dentist), four dental nurses (one of whom is a trainee dental nurse), two dental hygienists and three receptionists. The practice manager was on maternity leave at the time of our visit and a covering manager was managing the practice in their absence. The practice has three treatment rooms. There is an additional treatment room on the first floor but this was not operational at the time of our visit.

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 Bupa – Church Street, Wellington is the practice manager.

On the day of inspection, we collected 13 CQC comment cards filled in by patients.

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

The practice is open: Monday, Wednesday, Thursday and Friday 8.30am to 5pm, and Tuesday 8.30am to 7pm. The practice is closed at the weekend.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider 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 to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had systems and processes to provide safe care and treatment. They used learning from significant events and complaints to help them improve. Not all incidents were logged to share learning. This was implemented promptly by the practice once we had brought it to their attention.

All staff had received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. One member of staff had not completed training to the required level. This was completed within 48 hours of our visit.

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

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

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

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, professional and thorough. 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 provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?

No action

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

We received feedback about the practice from 13 patients. Patients were positive about all aspects of the service the practice provided. They told us staff were very friendly, caring and gentle.

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

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

Summary of findings

Are services responsive to people's needs?

No action

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

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

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

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

Are services well-led?

No action

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

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

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

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

Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

We saw evidence that all staff had received safeguarding training. One member of staff was not trained to the appropriate level. Within 48 hours of our visit, the practice manager forwarded evidence of completion of training to us.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication. An alert or note could be created to convey this on patients' electronic records.

The practice also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced female genital mutilation. Information about this was displayed in the staff room and this had been discussed in staff meetings.

The practice had a whistleblowing policy which was clearly displayed for staff. It included both internal and external contacts for reporting but it included details of only one external organisation. Within 48 hours, the practice sent an amended version to us and this included all relevant information. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for locum staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure except for one staff member. The practice policy was to ensure that a new Disclosure and Barring Service (DBS) check had been completed for all newly recruited staff. We reviewed the personnel files and found that one person had been recruited without a new DBS check. However, they did have a DBS check that had been completed five months previously. This person was recruited prior to the current practice manager joining this practice so they were unable to explain this shortfall. They took action and applied for a new DBS check immediately once we brought this to their attention.

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. We saw evidence of a Portable Appliance Testing certificate from November 2017. This was valid for two years for most appliances. However, they recommended that approximately five appliances should be tested after 12 months. This had not been completed at the time of our visit. The practice manager promptly contacted the company and sent us evidence this had been booked for the week after our visit.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. Illuminated fire exit signage was displayed throughout the building. Two staff members were trained fire marshals.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. We noted that a recommendation had been made during the previous maintenance test but there was no evidence that this had been actioned. Following our visit, the practice manager

Are services safe?

contacted the practice's medical physics expert about this recommendation. We received confirmation that the advisor was satisfied with the current situation and that no further action was required.

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 reviewed at least annually to help manage potential risk. The organisation would also send updates as and when required. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. Not all staff followed relevant safety regulations when using needles and other sharp dental items. Following our visit, the practice manager promptly ordered the appropriate safety devices for staff to use. 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 every year.

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

A dental nurse worked with the dentists and one dental hygienist when they treated patients in line with GDC Standards for the Dental Team. One dental hygienist preferred to treat patients without chairside support. We were told that a dental nurse was allocated to them and the dental nurse was responsible for sterilising their instruments. A risk assessment was in place for when the dental hygienist worked without chairside support. The practice manager contacted us after our visit and informed us that all clinicians have been advised they must treat patients with a dental nurse providing chairside support.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. These were reviewed monthly by the lead dental nurse.

The corporate organisation had a pool of locum dental nurses that could travel to practices during periods of staff shortages. Therefore, there was no need to use agency staff. The practice manager told us these staff received a verbal induction to ensure that they were familiar with the practice's procedures.

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 (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

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

The fourth treatment room had not been used for almost one year. There were two autoclaves in this treatment room that had been decommissioned and had not been labelled as such. Immediate action was taken by staff once we brought this to their attention and clear labels were subsequently displayed to inform staff of the situation.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

Are services safe?

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. The 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 complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) 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 stored and kept records of NHS prescriptions as described in current guidance.

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

Antimicrobial prescribing audits had not been carried out to ensure dentists were prescribing according to national guidelines. The practice manager informed us they had planned to complete this by the end of March 2019.

Track record on safety and Lessons learned and improvements

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

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

There were adequate systems for reviewing and investigating when things went wrong. The practice mostly learned and shared lessons, identified themes and acted to improve safety in the practice. One example was when a patient tripped over an internal step. Staff acted to add hazard tape around the step to make it more visible.

We noted that staff were not recording all incidents to support future learning. Examples of incidents were discussed with the practice manager and we were assured that these would be documented with immediate effect. Within 48 hours, the practice manager sent us an incident log that would be kept at reception for all staff to record incidents. Reporting of incidents was also added to the agenda for the practice meeting which was due to take place the week after our visit.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

New patients were able to book appointments online via the practice website.

The practice manager had recently initiated peer review meetings for the dentists. This would give staff the opportunity to be involved in quality improvement initiatives as part of their approach in providing high quality care.

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 prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

The dentists, where applicable, 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 in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The lead dental nurse had completed training in oral health education and carried out visits to local schools and nurseries. Young children were advised on oral hygiene and healthy eating and these took place a few times per year.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

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

Consent to care and treatment

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

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

Written treatment plans with costs were given to all patients. Consent forms were given to patients who required more complex treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

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

The practice carried out orthodontic treatment as a private item of treatment.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

Staff new to the practice had a period of induction based on a structured programme and we saw evidence of completed programmes. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. One dentist had not received a formal induction and we were told they would have received a verbal induction. The practice manager explained this staff member was recruited before they managed this practice so could not explain the shortfall. However, they arranged for a new formal induction to be carried out and sent us evidence of the completed paperwork within 48 hours of our visit. They assured us that all new staff would receive a formal and written induction.

Staff discussed their training needs at biannual appraisals. The dentists were appraised monthly. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

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

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

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

There was no robust system for monitoring all referrals to make sure they were dealt with promptly. Within 48 hours, the practice manager sent us a template that had been implemented for monitoring this.

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 welcoming, caring and gentle. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. All dentists and dental hygienists at the practice were female and patients could choose which clinician treated them.

Many of the staff were longstanding members of the team and told us they had built strong professional relationships with the patients over the years. Several staff members had worked at the practice for over 15 years.

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

Information folders and patient survey results were available for patients to read.

A water machine and a selection of magazines were provided for patients in the waiting room.

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. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not speak or understand English. We saw information in the reception area, written in languages other than English, informing patients translation service were available. Patients were also told about multi-lingual staff that might be able to support them. Additional languages spoken by staff included Polish and Punjabi.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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

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 treatment options discussed. These included X-ray images, study models and diagrams online. Toothbrushes and interdental brushes were also available in the treatment rooms to help demonstrate oral hygiene procedures to patients.

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.

Staff shared examples of how the practice met the needs of more vulnerable members of society such as patients with dental phobia and people living with dementia, autism and long-term conditions.

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

The practice 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 via portable ramps, a hearing loop, a magnifying glass and reading glasses. Reading materials were available in larger font size. Pen grips and templets were also available for patients who had difficulties with manual dexterity. Toilet facilities were available on the ground floor but they could not accommodate a wheelchair.

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

Staff described examples of patients who found it unsettling to wait before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived. We were told patients who were nervous or needed additional support were often seen at quieter times of the day when the waiting room was less noisy and stressful.

The practice sent appointment reminders to all patients that had consented. The method used depended on the patient's preference, for example, via text message or telephone reminders. The patient's preference was recorded on their file.

Timely access to services

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

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Dedicated daily slots were incorporated into each dentist's appointment diary to allow them to treat patients requiring urgent dental care. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Reception staff informed patients immediately if there were any delays over five minutes beyond their scheduled appointment time.

The staff took part in an emergency on-call arrangement with some other local practices for patients that had registered as private patients under its monthly payment plan. All other patients requiring urgent dental care were asked to contact 111 out of hours service.

The practice's 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 policy providing guidance to staff on how to handle a complaint. The practice information folder explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. Written and verbal comments from patients were logged.

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

Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and complaints the practice received in the previous 18 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. No written complaints had been received in the previous 12 months.

Are services well-led?

Our findings

Leadership capacity and capability

We found that the leaders had the capacity and skills to deliver high-quality, sustainable care. They demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

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

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

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

There was a clear vision and set of values.

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 practice aims and objectives were to provide a high standard of ongoing preventive dental care in a safe, caring, supportive environment in which their patients were treated with respect and dignity.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

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

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

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed by the practice manager.

Governance and management

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

The covering practice manager had overall responsibility for the management and clinical leadership of the practice whilst the registered manager was on leave. The covering practice manager was 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.

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

Practice meetings for all staff were held monthly. Clinical meetings were held every three months for the clinicians.

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.

The practice held monthly staff meetings where learning was disseminated.

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, comment cards and verbal comments to obtain staff and patients' views about the service.

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.

Are services well-led?

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.

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 dentists had monthly appraisals and the rest of team completed these biannually. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.