

# Newcastle and Wallsend Dental Practice Partnership Mydentist - Laburnum Avenue - Wallsend

## Inspection Report

16-18 Laburnum Avenue  
Wallsend  
Tyne and Wear  
NE28 8HQ  
Tel: 0191 2623726  
Website: [www.mydentist.co.uk](http://www.mydentist.co.uk)

Date of inspection visit: 13 November 2018  
Date of publication: 13/12/2018

## Overall summary

We carried out this announced inspection on 13 November 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**

Mydentist - Laburnum Avenue - Wallsend is in Tyne and Wear and provides NHS and private treatment to adults and children.

The practice is sited in a residential area. There is a small step in front of the main entrance with a portable ramp available for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

# Summary of findings

The dental team includes seven dentists, nine dental nurses, a dental hygienist, two dental therapists and five receptionists. The practice has seven treatment rooms over two floors. Two waiting rooms are available for patients, each with information leaflets and a television screen.

The practice is owned by a partnership 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 Mydentist - Laburnum Avenue – Wallsend is the practice manager.

On the day of inspection, we collected 10 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, five dental nurses, three receptionists, the practice manager and the compliance manager.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 8.30am to 7.30pm

Tuesday, Wednesday, Thursday 8.30am to 5.30pm

Friday 8.30am to 5pm.

## Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice had staff recruitment procedures. The processes for undertaking Disclosure and Barring Service (DBS) checks for staff and for retaining employment records needed review.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The clinical staff provided patients' care and treatment in line with current guidelines. The practice provides training to newly qualified dental therapists.
- The practice provides preventive care and support to patients to ensure better oral health.
- The appointment system met patients' needs. The practice was involved in oral health initiatives in addition to those the company arranged.
- The practice had effective leadership and a culture of continuous improvement. The organisation skills of the practice manager were positively reflective throughout the inspection day.
- The practice had suitable information governance arrangements.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

We identified an area of notable practice. The practice manager introduced a day for children to visit a “tooth fairy” on-site. This was the first dental practice within the company to carry out such an oral health campaign on its own initiative. We believe this is notable because the practice manager organised an oral health promotion project on their own accord taking into account the needs and preferences of children.

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

- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

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

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

Staff were qualified for their roles and the practice completed essential recruitment checks. We noted the processes for undertaking DBS checks, and retaining employment documents, for some members of staff needed improving. Short-comings were addressed promptly and we received evidence of this.

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.

No action



### Are services effective?

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

The dental professionals assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional and excellent. The dental professionals discussed treatment with patients so they could give informed consent and recorded this in their records. The practice was involved in the training of recently qualified dental hygiene therapists, and organised oral health promotion events that were in addition to those arranged by their company.

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

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

The staff were involved in peer review with other dental professionals as part of its approach in providing high quality care.

No action



### Are services caring?

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

The dental professionals assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional and

No action



# Summary of findings

excellent. The dental professionals discussed treatment with patients so they could give informed consent and recorded this in their records. The practice was involved in the training of recently qualified dental hygiene therapists, and organised oral health promotion events that were in addition to those arranged by their company.

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

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

The staff were involved in peer review with other dental professionals as part of its approach in providing high quality care.

## Are services responsive to people's needs?

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

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

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

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

No action



## Are services well-led?

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

The practice 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 positive organisation skills of the practice manager demonstrated on the inspection day were supported by comments made by members of staff.

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

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

No action



# Are services safe?

## Our findings

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

The practice had clear systems to keep patients safe.

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

The practice had a system to highlight vulnerable patients on records, for example, children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or those who require other support such as with mobility or communication. We observed staff notice boards contained information regarding identifying people that were in other vulnerable situations, such as those who were known to have experienced modern-day slavery or female genital mutilation.

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

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

- The provider had not undertaken a Disclosure and Barring Service (DBS) check for two members of staff as they had used the checks undertaken by the staff's previous employers. Risk assessments were not in place to support this. DBS checks or an adequate risk assessment should be undertaken at the point of employment to ensure the employee is suitable to work with children and vulnerable adults.
- The provider could not locate recruitment documents (employment history and references) for one of the five staff files we viewed.

We discussed these gaps in recruitment procedures with the practice manager who assured us they would obtain the relevant documents. They also recognised the need to ensure a more consistent and robust approach.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The provider ensured facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

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

The practice had suitable arrangements to ensure the safety of the X-ray equipment. 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.

# Are services safe?

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulations 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.

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, dental therapists and dental hygienist 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 occasionally used locum staff. We noted that these staff received an 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 (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 in place and protocols 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. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected and patients confirmed that this was usual. A lone working policy and risk assessment was in place to mitigate any risk to the cleaner's safety.

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

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

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were 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 had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

# Are services safe?

The practice stored and kept records of NHS prescriptions as described in current guidance.

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

## **Track record on safety**

The practice had a good safety record.

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

In the previous 12 months there had been five safety incidents. The incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future. Two incidents related to patients tripping over a step in front of the upstairs waiting room. This was addressed by the company's health and safety advisors who assured the practice manager appropriate measures were in place (a sign and yellow warning strip).

## **Lessons learned and improvements**

The practice staff learned and made improvements when things went wrong.

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 staff learned and shared lessons, identified themes and took action to improve safety in the practice. We discussed an example of a "never event" (i.e. serious, largely preventable safety incidents that should not occur if the available preventative measures are implemented). The practice manager demonstrated the measures undertaken by the dental professional following the event and the systems in place to reduce the likelihood of recurrence. Staff meeting minutes confirmed this information was shared with the entire dental team for learning.

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 professionals 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.

The practice offered dental implants. These were placed by a visiting specialist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. They were involved in training newly qualified dental therapists; the mentoring provided was consistent with guidance.

### 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 dental practice was part of a company who ensured oral health promotion was provided to children through use of a “oral health school bus” and requesting all practices to participate in educating school children during the school holidays. In addition to this, the practice manager at Mydentist - Laburnum Avenue – Wallsend introduced a day for children to visit a “tooth fairy” on-site. A map to direct children to the fairy was handed out to all children who visited the practice and a “goodie” bag was given containing a small bag for the tooth to be placed in, a door hanging sign to show the fairy which bedroom the tooth was and a brushing chart. Children were taught how to floss teeth using building blocks and putty. This was the first dental practice within the company to carry out such an oral health campaign on its own initiative. We believe this is notable because the practice manager organised an oral health promotion project on their own accord taking into account the needs and preferences of children.

The dental professionals prescribed high concentration fluoride toothpaste if a patient’s risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dental professionals, 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 available in supporting patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when necessary.

Dental professionals 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.

### Consent to care and treatment

The dental professionals 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 dental professionals gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed staff 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 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.



# Are services effective?

(for example, treatment is effective)

## **Monitoring care and treatment**

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

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

## **Effective staffing**

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

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.

Staff discussed training needs at annual appraisals and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff, including for the dental therapist.

## **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 dental infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two weeks wait arrangements to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly. The practice was a referral clinic for implants and they monitored and ensured the clinicians were aware of all incoming referrals daily.

# 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 respectful, caring and professional in manner. We saw that staff treated patients appropriately and were friendly towards patients at the reception desk and over the telephone. Patients said staff were compassionate and understanding and 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.

Information folders, patient survey results and thank you cards were available for patients to read.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided 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.

Patients' electronic care records were password protected and backed up frequently. Paper records were also stored securely.

### **Involving people in decisions about care and treatment**

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

Interpretation services were available for patients who did not have English as a first language.

Staff communicated with patients in a way that they could understand, for example, 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. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dental professionals 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 dental staff described to us the methods they used to help patients understand treatment options discussed. These included images, X-rays and dental models all of which were used to help patients better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

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

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

The practice had made reasonable adjustments for patients with disabilities. These included a portable ramp for the front step, dual rails for the staircase, ground floor treatment rooms, a hearing loop, prescription glasses and an accessible toilet with hand rails and a call bell.

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

Staff told us that they telephoned all patients 48 hours prior to their appointment to make sure they could get to the practice.

### Timely access to services

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

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

The practice had an efficient appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

They practice took part in an emergency on-call arrangement with other local practices and the emergency 111 out of hour's service.

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

### Listening and learning from concerns and complaints

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

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

The practice manager was responsible for dealing with complaints. Staff 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 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 within the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The practice had received 18 complaints within the last 12 months. These were addressed appropriately and reflected upon by the entire dental team.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The dental practice was owned by a dental partnership and, as such, a hierarchy of leaders oversaw the management. 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 services. They understood the challenges and were visibly addressing these.

On the inspection day, we found the practice manager had an organised approach which was confirmed by members of staff. They reported the practice manager was approachable and rectified issues promptly. The practice manager worked closely with all staff to make sure they prioritised compassionate and inclusive leadership. Supporting them in this role was the compliance manager.

The practice had effective processes to develop leadership capacity and skills amongst other staff members. Staff were delegated with different roles and responsibilities and supported to fulfil these appropriately.

### Vision and strategy

There was a clear vision and set of values throughout the practice. The practice had a realistic strategy and supporting business plan to achieve priorities. This was in line with the company's overall plan.

### Culture

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

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

The practice focused on the needs of patients.

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

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

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

### Governance and management

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

The registered manager had overall responsibility for the management and clinical leadership of the practice. They were responsible for the day to day running of the service. The compliance manager supported them in this. 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. These were made specific to the practice, accessible to all members of staff and were reviewed on a regular basis.

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

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

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

### Engagement with patients, the public, staff and external partners

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

The practice used patient surveys and comment cards to obtain staff and patients' views about the service. 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. We saw the results from the most recent survey were displayed in the waiting room; 96% of people who participated in the survey said they would recommend the practice to others. This was also apparent in the comment cards we received.

# Are services well-led?

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

## **Continuous improvement and innovation**

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 dental professionals had regular appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

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